Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Definitions:

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

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

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

Method – Source of fee determination
Fee Sched: Medicaid fee; not determined using RBRVS payment schedule
Medicare: Medicare-prevailing fee.
MSRP: Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available)
EAC: Estimated Acquisition Cost
Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of $28.66
RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2015 is $35.86
***If a valid, current code is not present, that code may be a non-covered service**

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

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

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

Pass - Passport Referral
Y: Passport referral is required

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

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

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

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A4206		1 CC STERILE SYRINGE&NEEDLE	07/01/2005	RBRVS	$0.00	$0.00									
A4207		2 CC STERILE SYRINGE&NEEDLE	07/01/2005	RBRVS	$0.00	$0.00									
A4208		3 CC STERILE SYRINGE&NEEDLE	07/01/2005	RBRVS	$0.00	$0.00									
A4209		5+ CC STERILE SYRINGE&NEEDLE	07/01/2005	RBRVS	$0.00	$0.00									
A4211		SUPP FOR SELF-ADM INJECTIONS	07/01/2003	RBRVS	$0.00	$0.00									
A4212		NON CORING NEEDLE OR STYLET	07/01/2003	RBRVS	$0.00	$0.00									
A4213		20+ CC SYRINGE ONLY	07/01/2005	RBRVS	$0.00	$0.00									
A4215		STERILE NEEDLE	07/01/2005	RBRVS	$0.00	$0.00									
A4244		ALCOHOL OR PEROXIDE PER PINT	07/01/2005	RBRVS	$0.00	$0.00									
A4245		ALCOHOL WIPES PER BOX	07/01/2005	RBRVS	$0.00	$0.00									
A4246		BETADINE/PHISOHEX SOLUTION	07/01/2005	RBRVS	$0.00	$0.00									
A4247		BETADINE/IODINE SWABS/WIPES	07/01/2005	RBRVS	$0.00	$0.00									
A4250		URINE REAGENT STRIPS/TABLETS	07/01/2003	RBRVS	$0.00	$0.00									
A4258		LANCET DEVICE EACH	07/01/2003	RBRVS	$0.00	$0.00									
A4261		CERVICAL CAP CONTRACEPTIVE	07/01/2006	MSRP	$0.00	$0.00									
A4262		TEMPORARY TEAR DUCT PLUG	07/01/2003	RBRVS	$0.00	$0.00									
A4263		PERMANENT TEAR DUCT PLUG	07/01/2003	RBRVS	$0.00	$0.00									
A4265		PARAFFIN	07/01/2003	RBRVS	$0.00	$0.00									
A4266		DIAPHRAGM	07/01/2014	FEE SCHED	$45.90	$0.00									
A4267		MALE CONDOM	07/01/2014	FEE SCHED	$3.06	$0.00									
A4268		FEMALE CONDOM	04/01/2012	FEE SCHED	$3.00	$0.00									
A4269		SPERMICIDE	12/01/2003	FEE SCHED	$45.00	$0.00									
A4270		DISPOSABLE ENDOSCOPE SHEATH	07/01/2003	RBRVS	$0.00	$0.00									
A4300		CATH IMPL VASC ACCESS PORTAL	07/01/2003	RBRVS	$0.00	$0.00									
A4305		DRUG DELIVERY SYSTEM >=50 ML	07/01/2003	RBRVS	$0.00	$0.00									
A4306		DRUG DELIVERY SYSTEM <=50 ML	07/01/2003	RBRVS	$0.00	$0.00									
A4310		INSERT TRAY W/O BAG/CATH	07/01/2003	RBRVS	$0.00	$0.00									
A4311		CATHETER W/O BAG 2-WAY LATEX	07/01/2003	RBRVS	$0.00	$0.00									
A4312		CATH W/O BAG 2-WAY SILICONE	07/01/2003	RBRVS	$0.00	$0.00									
A4313		CATHETER W/BAG 3-WAY	07/01/2003	RBRVS	$0.00	$0.00									
A4314		CATH W/DRAINAGE 2-WAY LATEX	07/01/2003	RBRVS	$0.00	$0.00									
A4315		CATH W/DRAINAGE 2-WAY SILCNE	07/01/2003	RBRVS	$0.00	$0.00									
A4316		CATH W/DRAINAGE 3-WAY	07/01/2003	RBRVS	$0.00	$0.00									
A4320		IRRIGATION TRAY	07/01/2003	RBRVS	$0.00	$0.00									
A4321		CATH THERAPEUTIC IRRIG AGENT	07/01/2003	RBRVS	$0.00	$0.00									
A4322		IRRIGATION SYRINGE	07/01/2003	RBRVS	$0.00	$0.00									
A4326		MALE EXTERNAL CATHETER	07/01/2003	RBRVS	$0.00	$0.00									
A4327		FEM URINARY COLLECT DEV CUP	07/01/2003	RBRVS	$0.00	$0.00									
A4328		FEM URINARY COLLECT POUCH	07/01/2003	RBRVS	$0.00	$0.00									
A4330		STOOL COLLECTION POUCH	07/01/2003	RBRVS	$0.00	$0.00									
A4335		INCONTINENCE SUPPLY	07/01/2003	RBRVS	$0.00	$0.00									
A4336		URETHRAL INSERT	01/01/2015	MEDICARE	$1.60	$0.00									
A4338		INDWELLING CATHETER LATEX	07/01/2003	RBRVS	$0.00	$0.00									
A4340		INDWELLING CATHETER SPECIAL	07/01/2003	RBRVS	$0.00	$0.00									
A4344		CATH INDW FOLEY 2 WAY SILICN	07/01/2003	RBRVS	$0.00	$0.00									
A4346		CATH INDW FOLEY 3 WAY	07/01/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A4351		STRAIGHT TIP URINE CATHETER	07/01/2003	RBRVS	$0.00	$0.00									
A4352		COUDE TIP URINARY CATHETER	07/01/2003	RBRVS	$0.00	$0.00									
A4353		INTERMITTENT URINARY CATH	07/01/2003	RBRVS	$0.00	$0.00									
A4354		CATH INSERTION TRAY W/BAG	07/01/2003	RBRVS	$0.00	$0.00									
A4355		BLADDER IRRIGATION TUBING	07/01/2003	RBRVS	$0.00	$0.00									
A4356		EXT URETH CLMP OR COMPR DVC	07/01/2003	RBRVS	$0.00	$0.00									
A4357		BEDSIDE DRAINAGE BAG	07/01/2003	RBRVS	$0.00	$0.00									
A4358		URINARY LEG OR ABDOMEN BAG	07/01/2003	RBRVS	$0.00	$0.00									
A4361		OSTOMY FACE PLATE	07/01/2003	RBRVS	$0.00	$0.00									
A4362		SOLID SKIN BARRIER	07/01/2003	RBRVS	$0.00	$0.00									
A4364		ADHESIVE, LIQUID OR EQUAL	07/01/2003	RBRVS	$0.00	$0.00									
A4367		OSTOMY BELT	07/01/2003	RBRVS	$0.00	$0.00									
A4368		OSTOMY FILTER	07/01/2003	RBRVS	$0.00	$0.00									
A4369		SKIN BARRIER LIQUID PER OZ	07/01/2003	RBRVS	$0.00	$0.00									
A4371		SKIN BARRIER POWDER PER OZ	07/01/2003	RBRVS	$0.00	$0.00									
A4372		SKIN BARRIER SOLID 4X4 EQUIV	07/01/2003	RBRVS	$0.00	$0.00									
A4373		SKIN BARRIER WITH FLANGE	07/01/2003	RBRVS	$0.00	$0.00									
A4375		DRAINABLE PLASTIC PCH W FCPL	07/01/2003	RBRVS	$0.00	$0.00									
A4376		DRAINABLE RUBBER PCH W FCPLT	07/01/2003	RBRVS	$0.00	$0.00									
A4377		DRAINABLE PLSTIC PCH W/O FP	07/01/2003	RBRVS	$0.00	$0.00									
A4378		DRAINABLE RUBBER PCH W/O FP	07/01/2003	RBRVS	$0.00	$0.00									
A4379		URINARY PLASTIC POUCH W FCPL	07/01/2003	RBRVS	$0.00	$0.00									
A4380		URINARY RUBBER POUCH W FCPLT	07/01/2003	RBRVS	$0.00	$0.00									
A4381		URINARY PLASTIC POUCH W/O FP	07/01/2003	RBRVS	$0.00	$0.00									
A4382		URINARY HVY PLSTC PCH W/O FP	07/01/2003	RBRVS	$0.00	$0.00									
A4383		URINARY RUBBER POUCH W/O FP	07/01/2003	RBRVS	$0.00	$0.00									
A4384		OSTOMY FACEPLT/SILICONE RING	07/01/2003	RBRVS	$0.00	$0.00									
A4385		OST SKN BARRIER SLD EXT WEAR	07/01/2003	RBRVS	$0.00	$0.00									
A4387		OST CLSD POUCH W ATT ST BARR	07/01/2003	RBRVS	$0.00	$0.00									
A4388		DRAINABLE PCH W EX WEAR BARR	07/01/2003	RBRVS	$0.00	$0.00									
A4389		DRAINABLE PCH W ST WEAR BARR	07/01/2003	RBRVS	$0.00	$0.00									
A4390		DRAINABLE PCH EX WEAR CONVEX	07/01/2003	RBRVS	$0.00	$0.00									
A4391		URINARY POUCH W EX WEAR BARR	07/01/2003	RBRVS	$0.00	$0.00									
A4392		URINARY POUCH W ST WEAR BARR	07/01/2003	RBRVS	$0.00	$0.00									
A4393		URINE PCH W EX WEAR BAR CONV	07/01/2003	RBRVS	$0.00	$0.00									
A4394		OSTOMY POUCH LIQ DEODORANT	07/01/2003	RBRVS	$0.00	$0.00									
A4395		OSTOMY POUCH SOLID DEODORANT	07/01/2003	RBRVS	$0.00	$0.00									
A4397		IRRIGATION SUPPLY SLEEVE	07/01/2003	RBRVS	$0.00	$0.00									
A4398		OSTOMY IRRIGATION BAG	07/01/2003	RBRVS	$0.00	$0.00									
A4399		OSTOMY IRRIG CONE/CATH W BRS	07/01/2003	RBRVS	$0.00	$0.00									
A4400		OSTOMY IRRIGATION SET	07/01/2003	RBRVS	$0.00	$0.00									
A4402		LUBRICANT PER OUNCE	07/01/2003	RBRVS	$0.00	$0.00									
A4404		OSTOMY RING EACH	07/01/2003	RBRVS	$0.00	$0.00									
A4421		OSTOMY SUPPLY MISC	07/01/2005	RBRVS	$0.00	$0.00									
A4455		ADHESIVE REMOVER PER OUNCE	07/01/2003	RBRVS	$0.00	$0.00									
A4550		SURGICAL TRAYS	07/01/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A4556		ELECTRODES, PAIR	07/01/2003	RBRVS	$0.00	$0.00									
A4557		LEAD WIRES, PAIR	07/01/2003	RBRVS	$0.00	$0.00									
A4558		CONDUCTIVE GEL OR PASTE	07/01/2003	RBRVS	$0.00	$0.00									
A4562		PESSARY, NON RUBBER,ANY TYPE	01/01/2015	MEDICARE	$57.12	$0.00									
A4565		SLINGS	01/01/2015	MEDICARE	$8.54	$0.00									
A4570		SPLINT	07/01/2005	RBRVS	$0.00	$0.00									
A4590		SPECIAL CASTING MATERIAL	07/01/2006	EAC	$0.00	$0.00			Y						
A4615		CANNULA NASAL	07/01/2003	RBRVS	$0.00	$0.00									
A4616		TUBING (OXYGEN) PER FOOT	07/01/2003	RBRVS	$0.00	$0.00									
A4617		MOUTH PIECE	07/01/2003	RBRVS	$0.00	$0.00									
A4618		BREATHING CIRCUITS	07/01/2003	RBRVS	$0.00	$0.00									
A4619		FACE TENT	07/01/2003	RBRVS	$0.00	$0.00									
A4620		VARIABLE CONCENTRATION MASK	07/01/2003	RBRVS	$0.00	$0.00									
A4623		TRACHEOSTOMY INNER CANNULA	07/01/2003	RBRVS	$0.00	$0.00									
A4624		TRACHEAL SUCTION TUBE	07/01/2003	RBRVS	$0.00	$0.00									
A4625		TRACH CARE KIT FOR NEW TRACH	07/01/2003	RBRVS	$0.00	$0.00									
A4626		TRACHEOSTOMY CLEANING BRUSH	07/01/2003	RBRVS	$0.00	$0.00									
A4627		SPACER BAG/RESERVOIR	07/01/2003	RBRVS	$0.00	$0.00									
A4628		OROPHARYNGEAL SUCTION CATH	07/01/2003	RBRVS	$0.00	$0.00									
A4629		TRACHEOSTOMY CARE KIT	07/01/2003	RBRVS	$0.00	$0.00									
A4642		IN111 SATUMOMAB	02/20/2005	FEE SCHED	$1,423.75	$0.00		Y							
A4648		IMPLANTABLE TISSUE MARKER	01/01/2008	RBRVS	$0.00	$0.00									
A4649		SURGICAL SUPPLIES	07/01/2003	RBRVS	$0.00	$0.00									
A4650		IMPLANT RADIATION DOSIMETER	01/01/2008	RBRVS	$0.00	$0.00									
A5051		POUCH CLSD W BARR ATTACHED	07/01/2003	RBRVS	$0.00	$0.00									
A5052		CLSD OSTOMY POUCH W/O BARR	07/01/2003	RBRVS	$0.00	$0.00									
A5053		CLSD OSTOMY POUCH FACEPLATE	07/01/2003	RBRVS	$0.00	$0.00									
A5054		CLSD OSTOMY POUCH W/FLANGE	07/01/2003	RBRVS	$0.00	$0.00									
A5055		STOMA CAP	07/01/2003	RBRVS	$0.00	$0.00									
A5061		POUCH DRAINABLE W BARRIER AT	07/01/2003	RBRVS	$0.00	$0.00									
A5062		DRNBLE OSTOMY POUCH W/O BARR	07/01/2003	RBRVS	$0.00	$0.00									
A5063		DRAIN OSTOMY POUCH W/FLANGE	07/01/2003	RBRVS	$0.00	$0.00									
A5071		URINARY POUCH W/BARRIER	07/01/2003	RBRVS	$0.00	$0.00									
A5072		URINARY POUCH W/O BARRIER	07/01/2003	RBRVS	$0.00	$0.00									
A5073		URINARY POUCH ON BARR W/FLNG	07/01/2003	RBRVS	$0.00	$0.00									
A5081		STOMA PLUG OR SEAL, ANY TYPE	07/01/2003	RBRVS	$0.00	$0.00									
A5082		CONTINENT STOMA CATHETER	07/01/2003	RBRVS	$0.00	$0.00									
A5093		OSTOMY ACCESSORY CONVEX INSE	07/01/2003	RBRVS	$0.00	$0.00									
A5102		BEDSIDE DRAIN BTL W/WO TUBE	07/01/2003	RBRVS	$0.00	$0.00									
A5105		URINARY SUSPENSORY	07/01/2003	RBRVS	$0.00	$0.00									
A5112		URINARY LEG BAG	07/01/2003	RBRVS	$0.00	$0.00									
A5113		LATEX LEG STRAP	07/01/2003	RBRVS	$0.00	$0.00									
A5114		FOAM/FABRIC LEG STRAP	07/01/2003	RBRVS	$0.00	$0.00									
A5121		SOLID SKIN BARRIER 6X6	07/01/2003	RBRVS	$0.00	$0.00									
A5122		SOLID SKIN BARRIER 8X8	07/01/2003	RBRVS	$0.00	$0.00									
A5126		DISK/FOAM PAD +OR- ADHESIVE	07/01/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A5131		APPLIANCE CLEANER	07/01/2003	RBRVS	$0.00	$0.00									
A5513		MULTI DEN INSERT CUSTOM MOLD	01/01/2015	MEDICARE	$42.96	$0.00									
A6154		WOUND POUCH EACH	07/01/2003	RBRVS	$0.00	$0.00									
A6196		ALGINATE DRESSING <=16 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6197		ALGINATE DRSG >16 <=48 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6198		ALGINATE DRESSING > 48 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6199		ALGINATE DRSG WOUND FILLER	07/01/2003	RBRVS	$0.00	$0.00									
A6203		COMPOSITE DRSG <= 16 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6204		COMPOSITE DRSG >16<=48 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6205		COMPOSITE DRSG > 48 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6206		CONTACT LAYER <= 16 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6207		CONTACT LAYER >16<= 48 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6208		CONTACT LAYER > 48 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6209		FOAM DRSG <=16 SQ IN W/O BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6210		FOAM DRG >16<=48 SQ IN W/O B	07/01/2003	RBRVS	$0.00	$0.00									
A6211		FOAM DRG > 48 SQ IN W/O BRDR	07/01/2003	RBRVS	$0.00	$0.00									
A6212		FOAM DRG <=16 SQ IN W/BORDER	07/01/2003	RBRVS	$0.00	$0.00									
A6213		FOAM DRG >16<=48 SQ IN W/BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6214		FOAM DRG > 48 SQ IN W/BORDER	07/01/2003	RBRVS	$0.00	$0.00									
A6215		FOAM DRESSING WOUND FILLER	07/01/2003	RBRVS	$0.00	$0.00									
A6216		NON-STERILE GAUZE<=16 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6217		NON-STERILE GAUZE>16<=48 SQ	07/01/2003	RBRVS	$0.00	$0.00									
A6218		NON-STERILE GAUZE > 48 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6219		GAUZE <= 16 SQ IN W/BORDER	07/01/2003	RBRVS	$0.00	$0.00									
A6220		GAUZE >16 <=48 SQ IN W/BORDR	07/01/2003	RBRVS	$0.00	$0.00									
A6221		GAUZE > 48 SQ IN W/BORDER	07/01/2003	RBRVS	$0.00	$0.00									
A6222		GAUZE <=16 IN NO W/SAL W/O B	07/01/2003	RBRVS	$0.00	$0.00									
A6223		GAUZE >16<=48 NO W/SAL W/O B	07/01/2003	RBRVS	$0.00	$0.00									
A6224		GAUZE > 48 IN NO W/SAL W/O B	07/01/2003	RBRVS	$0.00	$0.00									
A6228		GAUZE <= 16 SQ IN WATER/SAL	07/01/2003	RBRVS	$0.00	$0.00									
A6229		GAUZE >16<=48 SQ IN WATR/SAL	07/01/2003	RBRVS	$0.00	$0.00									
A6230		GAUZE > 48 SQ IN WATER/SALNE	07/01/2003	RBRVS	$0.00	$0.00									
A6234		HYDROCOLLD DRG <=16 W/O BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6235		HYDROCOLLD DRG >16<=48 W/O B	07/01/2003	RBRVS	$0.00	$0.00									
A6236		HYDROCOLLD DRG > 48 IN W/O B	07/01/2003	RBRVS	$0.00	$0.00									
A6237		HYDROCOLLD DRG <=16 IN W/BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6238		HYDROCOLLD DRG >16<=48 W/BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6239		HYDROCOLLD DRG > 48 IN W/BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6240		HYDROCOLLD DRG FILLER PASTE	07/01/2003	RBRVS	$0.00	$0.00									
A6241		HYDROCOLLOID DRG FILLER DRY	07/01/2003	RBRVS	$0.00	$0.00									
A6242		HYDROGEL DRG <=16 IN W/O BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6243		HYDROGEL DRG >16<=48 W/O BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6244		HYDROGEL DRG >48 IN W/O BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6245		HYDROGEL DRG <= 16 IN W/BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6246		HYDROGEL DRG >16<=48 IN W/B	07/01/2003	RBRVS	$0.00	$0.00									
A6247		HYDROGEL DRG > 48 SQ IN W/B	07/01/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A6248		HYDROGEL DRSG GEL FILLER	07/01/2003	RBRVS	$0.00	$0.00									
A6250		SKIN SEAL PROTECT MOISTURIZR	07/01/2003	RBRVS	$0.00	$0.00									
A6251		ABSORPT DRG <=16 SQ IN W/O B	07/01/2003	RBRVS	$0.00	$0.00									
A6252		ABSORPT DRG >16 <=48 W/O BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6253		ABSORPT DRG > 48 SQ IN W/O B	07/01/2003	RBRVS	$0.00	$0.00									
A6254		ABSORPT DRG <=16 SQ IN W/BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6255		ABSORPT DRG >16<=48 IN W/BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6256		ABSORPT DRG > 48 SQ IN W/BDR	07/01/2003	RBRVS	$0.00	$0.00									
A6257		TRANSPARENT FILM <= 16 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6258		TRANSPARENT FILM >16<=48 IN	07/01/2003	RBRVS	$0.00	$0.00									
A6259		TRANSPARENT FILM > 48 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6260		WOUND CLEANSER ANY TYPE/SIZE	07/01/2003	RBRVS	$0.00	$0.00									
A6261		WOUND FILLER GEL/PASTE /OZ	07/01/2003	RBRVS	$0.00	$0.00									
A6262		WOUND FILLER DRY FORM / GRAM	07/01/2003	RBRVS	$0.00	$0.00									
A6266		IMPREG GAUZE NO H20/SAL/YARD	07/01/2003	RBRVS	$0.00	$0.00									
A6402		STERILE GAUZE <= 16 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6403		STERILE GAUZE>16 <= 48 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A6404		STERILE GAUZE > 48 SQ IN	07/01/2003	RBRVS	$0.00	$0.00									
A7520		TRACH/LARYN TUBE NON-CUFFED	01/01/2015	MEDICARE	$52.70	$0.00									
A9155		ARTIFICIAL SALIVA	01/01/2008	RBRVS	$0.00	$0.00									
A9500		TC99M SESTAMIBI	07/01/2003	FEE SCHED	$108.89	$0.00									
A9502		TC99M TETROFOSMIN	10/01/2007	FEE SCHED	$108.31	$0.00									
A9503		TC99M MEDRONATE	10/01/2007	FEE SCHED	$21.25	$0.00									
A9504		TC99M APCITIDE	02/26/2004	FEE SCHED	$425.00	$0.00									
A9505		TL201 THALLIUM	10/01/2007	FEE SCHED	$29.73	$0.00									
A9507		IN111 CAPROMAB	10/01/2007	FEE SCHED	$3,193.12	$0.00									
A9508		I131 IODOBENGUATE DX	10/01/2007	FEE SCHED	$1,185.75	$0.00									
A9510		TC99M DISOFENIN	10/01/2007	FEE SCHED	$39.10	$0.00									
A9512		TC99M PERTECHNETATE	10/01/2007	FEE SCHED	$12.10	$0.00									
A9516		I123 IODIDE CAP DX	10/01/2007	FEE SCHED	$92.58	$0.00									
A9517		I131 IODIDE CAP RX	10/01/2008	EAC	$0.00	$0.00									
A9521		TC99M EXAMETAZIME	10/01/2007	FEE SCHED	$507.86	$0.00									
A9524		I131 SERUM ALBUMIN DX	10/01/2007	FEE SCHED	$264.35	$0.00									
A9526		NITROGEN N-13 AMMONIA	10/01/2008	EAC	$0.00	$0.00									
A9527		IODINE I-125 SODIUM IODIDE	01/01/2007	EAC	$0.00	$0.00									
A9528		IODINE I-131 IODIDE CAP DX	10/01/2008	EAC	$0.00	$0.00									
A9529		I131 IODIDE SOL DX	10/01/2008	EAC	$0.00	$0.00									
A9530		I131 IODIDE SOL RX	10/01/2008	EAC	$0.00	$0.00									
A9531		I131 MAX 100UCI	10/01/2008	EAC	$0.00	$0.00									
A9532		I125 SERUM ALBUMIN DX	10/01/2008	EAC	$0.00	$0.00									
A9536		TC99M DEPREOTIDE	10/01/2007	FEE SCHED	$680.00	$0.00									
A9537		TC99M MEBROFENIN	10/01/2007	FEE SCHED	$8.46	$0.00									
A9538		TC99M PYROPHOSPHATE	10/01/2007	FEE SCHED	$36.51	$0.00									
A9539		TC99M PENTETATE	10/01/2007	FEE SCHED	$2.27	$0.00									
A9540		TC99M MAA	10/01/2007	FEE SCHED	$19.55	$0.00									
A9542		IN111 IBRITUMOMAB DX	10/01/2007	FEE SCHED	$2,478.09	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A9543		Y90 IBRITUMOMAB RX	10/01/2007	FEE SCHED	$21,453.02	$0.00									
A9544		I131 TOSITUMOMAB DX	10/01/2007	FEE SCHED	$2,363.76	$0.00									
A9545		I131 TOSITUMOMAB RX	10/01/2007	FEE SCHED	$20,486.70	$0.00									
A9547		IN111 OXYQUINOLINE	10/01/2007	FEE SCHED	$260.91	$0.00									
A9548		IN111 PENTETATE	10/01/2007	FEE SCHED	$730.68	$0.00									
A9551		TC99M SUCCIMER	10/01/2007	FEE SCHED	$113.30	$0.00									
A9553		CR51 CHROMATE	10/01/2007	FEE SCHED	$382.50	$0.00									
A9554		I125 IOTHALAMATE DX	10/01/2007	FEE SCHED	$19.10	$0.00									
A9555		RB82 RUBIDIUM	10/01/2007	FEE SCHED	$12,535.37	$0.00									
A9556		GA67 GALLIUM	10/01/2007	FEE SCHED	$295.49	$0.00									
A9557		TC99M BICISATE	10/01/2007	FEE SCHED	$379.53	$0.00									
A9558		XE133 XENON 10MCI	10/01/2007	FEE SCHED	$34.86	$0.00									
A9559		CO57 CYANO	10/01/2007	FEE SCHED	$74.73	$0.00									
A9560		TC99M LABELED RBC	10/01/2007	FEE SCHED	$95.27	$0.00									
A9561		TC99M OXIDRONATE	10/01/2007	FEE SCHED	$44.88	$0.00									
A9562		TC99M MERTIATIDE	10/01/2007	FEE SCHED	$526.32	$0.00									
A9563		P32 NA PHOSPHATE	10/01/2007	FEE SCHED	$1,562.64	$0.00									
A9564		P32 CHROMIC PHOSPHATE	10/01/2007	FEE SCHED	$296.27	$0.00									
A9568		TECHNETIUM TC99M ARCITUMOMAB	10/01/2007	FEE SCHED	$1,105.00	$0.00									
A9579		GAD-BASE MR CONTRAST NOS,1ML	01/01/2015	FEE SCHED	$2.03	$0.00									
A9600		SR89 STRONTIUM	10/01/2007	FEE SCHED	$789.86	$0.00									
A9700		ECHOCARDIOGRAPHY CONTRAST	02/26/2004	FEE SCHED	$132.60	$0.00									
A9946		LOCM 150-199MG/ML IODINE, 1ML	04/01/2005	MEDICARE	$1.96	$0.00									
A9947		LOCM 200-249MG/ML IODINE, 1ML	04/01/2005	MEDICARE	$0.77	$0.00									
E0110		CRUTCH FOREARM PAIR	01/01/2015	MEDICARE	$86.12	$0.00									
E0112		CRUTCH UNDERARM PAIR WOOD	01/01/2015	MEDICARE	$41.07	$0.00									
E0113		CRUTCH UNDERARM EACH WOOD	01/01/2015	MEDICARE	$19.94	$0.00									
E0114		CRUTCH UNDERARM PAIR NO WOOD	01/01/2015	MEDICARE	$52.38	$0.00									
E0116		CRUTCH UNDERARM EACH NO WOOD	01/01/2015	MEDICARE	$30.80	$0.00									
E0117		UNDERARM SPRINGASSIST CRUTCH	01/01/2015	MEDICARE	$213.80	$0.00									
G0008		ADMIN INFLUENZA VIRUS VAC	01/01/2013	FEE SCHED	$21.32	$0.00									
G0009		ADMIN PNEUMOCOCCAL VACCINE	01/01/2013	FEE SCHED	$21.32	$0.00									
G0010		ADMIN HEPATITIS B VACCINE	01/01/2013	FEE SCHED	$21.32	$0.00									
G0101		CA SCREEN;PELVIC/BREAST EXAM	07/01/2014	RBRVS	$38.19	$27.79									
G0103		PSA SCREENING	01/01/2015	MEDICARE	$25.03	$0.00									
G0108		DIAB MANAGE TRN PER INDIV	07/01/2014	RBRVS	$53.72	$53.72							Y		
G0109		DIAB MANAGE TRN IND/GROUP	07/01/2014	RBRVS	$14.77	$14.77							Y		
G0123		SCREEN CERV/VAG THIN LAYER	01/01/2015	MEDICARE	$27.57	$0.00									
G0124		SCREEN C/V THIN LAYER BY MD	07/01/2014	RBRVS	$32.09	$32.09									
G0127		TRIM NAIL(S)	07/01/2014	RBRVS	$23.38	$7.96	000						Y	Y	
G0141		SCR C/V CYTO,AUTOSYS AND MD	07/01/2014	RBRVS	$32.09	$32.09									
G0143		SCR C/V CYTO,THINLAYER,RESCR	01/01/2015	MEDICARE	$27.57	$0.00									
G0144		SCR C/V CYTO THINLAYER RESCR	01/01/2015	MEDICARE	$29.08	$0.00									
G0145		SCR C/V CYTO THINLAYER RESCR	01/01/2015	MEDICARE	$36.04	$0.00									
G0147		SCR C/V CYTO, AUTOMATED SYS	01/01/2015	MEDICARE	$15.49	$0.00									
G0148		SCR C/V CYTO, AUTOSYS, RESCR	01/01/2015	MEDICARE	$20.68	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G0168		WOUND CLOSURE BY ADHESIVE	07/01/2014	RBRVS	$102.02	$27.79	000		Y	Y					
G0202		SCREENINGMAMMOGRAPHYDIGITAL	07/01/2014	RBRVS	$135.48	$135.48									
G0202	TC	SCREENINGMAMMOGRAPHYDIGITAL	07/01/2014	RBRVS	$99.76	$99.76									
G0202	26	SCREENINGMAMMOGRAPHYDIGITAL	07/01/2014	RBRVS	$35.75	$35.75									
G0204		DIAGNOSTICMAMMOGRAPHYDIGITAL	07/01/2014	RBRVS	$165.31	$165.31									
G0204	TC	DIAGNOSTICMAMMOGRAPHYDIGITAL	07/01/2014	RBRVS	$120.56	$120.56									
G0204	26	DIAGNOSTICMAMMOGRAPHYDIGITAL	07/01/2014	RBRVS	$44.75	$44.75									
G0206		DIAGNOSTICMAMMOGRAPHYDIGITAL	07/01/2014	RBRVS	$130.10	$130.10									
G0206	TC	DIAGNOSTICMAMMOGRAPHYDIGITAL	07/01/2014	RBRVS	$94.38	$94.38									
G0206	26	DIAGNOSTICMAMMOGRAPHYDIGITAL	07/01/2014	RBRVS	$35.75	$35.75									
G0237		THERAPEUTIC PROCD STRG ENDUR	07/01/2014	RBRVS	$10.11	$10.11									
G0238		OTH RESP PROC INDIV	07/01/2014	RBRVS	$10.83	$10.83									
G0239		OTH RESP PROC GROUP	07/01/2014	RBRVS	$12.98	$12.98									
G0245		INITIAL FOOT EXAM PTLOPS	07/01/2014	RBRVS	$66.63	$44.04			Y						
G0246		FOLLOWUP EVAL OF FOOT PT LOP	07/01/2014	RBRVS	$38.55	$21.70			Y						
G0247		ROUTINE FOOTCARE PT W LOPS	07/01/2014	RBRVS	$73.41	$24.28	ZZZ		Y						
G0248		DEMONSTRATE USE HOME INR MON	07/01/2014	RBRVS	$110.88	$110.88									
G0249		PROVIDE INR TEST MATER/EQUIP	07/01/2014	RBRVS	$111.24	$111.24									
G0276		PILD/PLACEBO CONTROL CLIN TR	01/01/2015	RBRVS	$374.69	$374.69	000		Y	Y		Y	Y		
G0277		HBOT, FULL BODY CHAMBER, 30M	01/01/2015	RBRVS	$42.69	$42.69			Y						
G0279		TOMOSYNTHESIS, MAMMO SCREEN	01/01/2015	RBRVS	$51.25	$51.25	ZZZ								
G0279	TC	TOMOSYNTHESIS, MAMMO SCREEN	01/01/2015	RBRVS	$25.89	$25.89	ZZZ								
G0279	26	TOMOSYNTHESIS, MAMMO SCREEN	01/01/2015	RBRVS	$31.09	$31.09	ZZZ								
G0289		ARTHRO LOOSE BODY + CHONDRO	07/01/2014	RBRVS	$91.66	$91.66	ZZZ		Y			Y			
G0306		CBC/DIFFWBC W/O PLATELET	01/01/2015	MEDICARE	$10.57	$0.00									
G0307		CBC WITHOUT PLATELET	01/01/2015	MEDICARE	$8.80	$0.00									
G0328		FECAL BLOOD SCRN IMMUNOASSAY	01/01/2015	MEDICARE	$21.64	$0.00									
G0328	QW	FECAL BLOOD SCRN IMMUNOASSAY	01/01/2015	MEDICARE	$21.64	$0.00									
G0329		ELECTROMAGNETIC TX FOR ULCERS	07/01/2014	RBRVS	$10.11	$10.11									
G0364		BONE MARROW ASPIRATE &BIOPSY	07/01/2014	RBRVS	$11.35	$8.13	ZZZ		Y						
G0365		VESSEL MAPPING HEMO ACCESS	07/01/2014	RBRVS	$188.06	$188.06			Y						
G0365	TC	VESSEL MAPPING HEMO ACCESS	07/01/2014	RBRVS	$196.23	$196.23			Y						
G0365	26	VESSEL MAPPING HEMO ACCESS	07/01/2014	RBRVS	$12.73	$12.73									
G0372		MD SERVICE REQUIRED FOR PMD	07/01/2014	RBRVS	$9.04	$9.04									
G0389		ULTRASOUND EXAM AAA SCREEN	07/01/2014	RBRVS	$66.59	$66.59									
G0389	TC	ULTRASOUND EXAM AAA SCREEN	07/01/2014	RBRVS	$37.01	$37.01									
G0389	26	ULTRASOUND EXAM AAA SCREEN	07/01/2014	RBRVS	$29.58	$29.58									
G0396		ALCOHOL/SUBS INTERV 15-30MN	07/01/2014	RBRVS	$37.19	$35.04			Y						
G0397		ALCOHOL/SUBS INTERV >30 MIN	07/01/2014	RBRVS	$71.47	$68.96			Y						
G0402		INITIAL PREVENTIVE EXAM	07/01/2014	RBRVS	$149.04	$114.50			Y						
G0403		EKG FOR INITIAL PREVENT EXAM	07/01/2014	RBRVS	$15.26	$15.26			Y						
G0404		EKG TRACING FOR INITIAL PREV	07/01/2014	RBRVS	$7.48	$7.48			Y						
G0405		EKG INTERPRET & REPORT PREVE	07/01/2014	RBRVS	$7.81	$7.81			Y						
G0406		TELHEALTH INPT CONSULT 15MIN	07/01/2014	RBRVS	$35.75	$35.75			Y						
G0407		TELHEATH INPT CONSULT 25MIN	07/01/2014	RBRVS	$65.61	$65.61			Y						
G0408		TELHEALTH INPT CONSULT 35MIN	07/01/2014	RBRVS	$94.50	$94.50			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
G0412		OPEN TX ILIAC SPINE UNI/BIL	07/01/2014	RBRVS	$679.11	$679.11	090		Y	Y		Y	Y		
G0413		PELVIC RING FRACTURE UNI/BIL	07/01/2014	RBRVS	$999.62	$999.62	090		Y	Y		Y	Y		
G0414		PELVIC RING FX TREAT INT FIX	07/01/2014	RBRVS	$930.52	$930.52	090		Y	Y		Y	Y		
G0415		OPEN TX POST PELVIC FXCTURE	07/01/2014	RBRVS	$1,288.86	$1,288.86	090			Y		Y	Y		
G0416		SAT BIOPSY PROSTATE 1-20 SPC	07/01/2014	RBRVS	$652.65	$652.65									
G0416	TC	SAT BIOPSY PROSTATE 1-20 SPC	07/01/2014	RBRVS	$467.33	$467.33									
G0416	26	SAT BIOPSY PROSTATE 1-20 SPC	07/01/2014	RBRVS	$185.32	$185.32									
G0422		INTENS CARDIAC REHAB W/EXERC	07/01/2014	RBRVS	$103.74	$103.74			Y						
G0423		INTENS CARDIAC REHAB NO EXER	07/01/2014	RBRVS	$103.74	$103.74			Y						
G0424		PULMONARY REHAB W EXER	07/01/2014	RBRVS	$30.66	$14.88			Y						
G0431		DRUG SCREEN MULTIPLE CLASS	01/01/2015	MEDICARE	$98.95	$0.00									
G0432		EIA HIV-1/HIV-2 SCREEN	01/01/2015	MEDICARE	$31.10	$0.00			Y						
G0433		ELISA HIV-1/HIV-2 SCREEN	01/01/2015	MEDICARE	$31.10	$0.00									
G0433	QW	ELISA HIV-1/HIV-2 SCREEN	01/01/2015	MEDICARE	$31.10	$0.00									
G0434		DRUG SCREEN MULTI DRUG CLASS	01/01/2015	MEDICARE	$19.78	$0.00									
G0434	QW	DRUG SCREEN MULTI DRUG CLASS	01/01/2015	MEDICARE	$19.78	$0.00									
G0435		ORAL HIV-1/HIV-2 SCREEN	01/01/2015	MEDICARE	$27.20	$0.00			Y						
G0436		TOBACCO-USE COUNSEL 3-10 MIN	07/01/2014	RBRVS	$14.42	$12.26			Y						
G0437		TOBACCO-USE COUNSEL>10MIN	07/01/2014	RBRVS	$28.51	$26.36			Y						
G0438		PPPS, INITIAL VISIT	07/01/2014	RBRVS	$170.98	$170.98			Y						
G0439		PPPS, SUBSEQ VISIT	07/01/2014	RBRVS	$113.86	$113.86			Y						
G0442		ANNUAL ALCOHOL SCREEN 15 MIN	07/01/2014	RBRVS	$16.20	$8.77			Y						
G0443		BRIEF ALCOHOL MISUSE COUNSEL	07/01/2014	RBRVS	$23.40	$21.78			Y						
G0444		DEPRESSION SCREEN ANNUAL	07/01/2014	RBRVS	$16.20	$8.46			Y						
G0445		HIGH INTEN BEH COUNS STD 30M	07/01/2014	RBRVS	$27.43	$24.21			Y						
G0446		INTENS BEHAVE THER CARDIO DX	07/01/2014	RBRVS	$23.72	$21.78			Y						
G0447		BEHAVIOR COUNSEL OBESITY 15M	07/01/2014	RBRVS	$23.72	$21.78			Y						
G0453		CONT INTRAOP NEURO MONITOR	07/01/2014	RBRVS	$29.52	$29.52									
G0454		MD DOCUMENT VISIT BY NPP	07/01/2014	RBRVS	$8.46	$8.46									
G0455		FECAL MICROBIOTA PREP INSTIL	07/01/2014	RBRVS	$114.02	$64.97	000								
G0464		COLOREC CA SCR, STO BAS DNA	01/01/2015	MEDICARE	$607.68	$0.00			Y						
G0471		VEN BLOOD COLL SNF/HHA	01/01/2015	MEDICARE	$8.33	$0.00									
G0473		GROUP BEHAVE COUNS 2-10	01/01/2015	RBRVS	$12.10	$11.45									
G0913		IMPROVE VISUAL FUNCT	01/01/2012	RBRVS	$0.00	$0.00									
G0914		SURVEY NOT COMPLETE	01/01/2012	RBRVS	$0.00	$0.00									
G0915		NO IMPROVE VISUAL FUNCT	01/01/2012	RBRVS	$0.00	$0.00									
G0916		SATISFY WITH CARE	01/01/2012	RBRVS	$0.00	$0.00									
G0917		SATISFY SURVEY NOT COMPLETE	01/01/2012	RBRVS	$0.00	$0.00									
G0918		NO SATISFY WITH CARE	01/01/2012	RBRVS	$0.00	$0.00									
G6001		ECHO GUIDANCE RADIOTHERAPY	01/01/2015	RBRVS	$46.63	$46.63									
G6001	TC	ECHO GUIDANCE RADIOTHERAPY	01/01/2015	RBRVS	$21.95	$21.95									
G6001	26	ECHO GUIDANCE RADIOTHERAPY	01/01/2015	RBRVS	$29.87	$29.87									
G6002		STEREOSCOPIC X-RAY GUIDANCE	01/01/2015	RBRVS	$67.54	$67.54									
G6002	TC	STEREOSCOPIC X-RAY GUIDANCE	01/01/2015	RBRVS	$54.94	$54.94									
G6002	26	STEREOSCOPIC X-RAY GUIDANCE	01/01/2015	RBRVS	$20.15	$20.15									
G6003		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$146.26	$146.26									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G6004		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$113.02	$113.02									
G6005		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$126.57	$126.57									
G6006		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$125.93	$125.93									
G6007		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$232.43	$232.43									
G6008		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$156.59	$156.59									
G6009		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$173.37	$173.37									
G6010		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$173.37	$173.37									
G6011		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$248.57	$248.57									
G6012		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$205.65	$205.65									
G6013		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$231.79	$231.79									
G6014		RADIATION TREATMENT DELIVERY	01/01/2015	RBRVS	$231.47	$231.47									
G6015		RADIATION TX DELIVERY IMRT	01/01/2015	RBRVS	$360.89	$360.89									
G6016		DELIVERY COMP IMRT	01/01/2015	RBRVS	$360.89	$360.89									
G6018		ILEOSCOPY W/STENT	01/01/2015	RBRVS	$148.55	$148.55	000		Y	Y					
G6019		COLONOSCOPY LESION REMOVAL	01/01/2015	RBRVS	$454.83	$244.41	000		Y	Y					
G6020		COLONOSCOPY W/STENT	01/01/2015	RBRVS	$242.40	$242.40	000		Y	Y					
G6022		SIGMOIDOSCOPY W/ABLATE TUMR	01/01/2015	RBRVS	$306.76	$164.43	000		Y	Y					
G6023		SIGMOIDOSCOPY W/STENT	01/01/2015	RBRVS	$154.04	$154.04	000		Y	Y					
G6024		LESION REMOVAL COLONOSCOPY	01/01/2015	RBRVS	$503.56	$296.04	000		Y	Y					
G6025		COLONOSCOPY W/STENT	01/01/2015	RBRVS	$305.08	$305.08	000		Y	Y					
G6030		ASSAY OF AMITRIPTYLINE	01/01/2015	MEDICARE	$40.60	$0.00									
G6031		ASSAY OF BENZODIAZEPINES	01/01/2015	MEDICARE	$41.95	$0.00									
G6032		ASSAY OF DESIPRAMINE	01/01/2015	MEDICARE	$39.03	$0.00									
G6034		ASSAY OF DOXEPIN	01/01/2015	MEDICARE	$35.15	$0.00									
G6035		ASSAY OF GOLD	01/01/2015	MEDICARE	$36.93	$0.00									
G6036		ASSAY OF IMIPRAMINE	01/01/2015	MEDICARE	$39.03	$0.00									
G6037		ASSAY OF NORTIPTYLINE	01/01/2015	MEDICARE	$30.73	$0.00									
G6038		ASSAY OF SALICYLATE	01/01/2015	MEDICARE	$16.10	$0.00									
G6039		ASSAY OF ACETAMINOPHEN	01/01/2015	MEDICARE	$45.90	$0.00									
G6040		ASSAY OF ETHANOL	01/01/2015	MEDICARE	$24.50	$0.00									
G6041		ASSAY OF URINE ALKALOIDS	01/01/2015	MEDICARE	$68.08	$0.00									
G6042		ASSAY OF AMPHETAMINES	01/01/2015	MEDICARE	$35.25	$0.00									
G6043		ASSAY OF BARBITURATES	01/01/2015	MEDICARE	$25.97	$0.00									
G6044		ASSAY OF COCAINE	01/01/2015	MEDICARE	$34.37	$0.00									
G6045		ASSAY OF DIHYDROCODEINONE	01/01/2015	MEDICARE	$46.83	$0.00									
G6046		ASSAY OF DIHYDROMORPHINONE	01/01/2015	MEDICARE	$58.30	$0.00									
G6047		ASSAY OF DIHYDROTESTOSTERONE	01/01/2015	MEDICARE	$58.55	$0.00									
G6048		ASSAY OF DIMETHADIONE	01/01/2015	MEDICARE	$31.42	$0.00									
G6049		ASSSAY OF EPIANDROSTERONE	01/01/2015	MEDICARE	$48.73	$0.00									
G6050		ASSAY OF ETHCHLORVYNOL	01/01/2015	MEDICARE	$39.20	$0.00									
G6051		ASSAY OF FLURAZEPAM	01/01/2015	MEDICARE	$44.90	$0.00									
G6052		ASSAY OF MEPROBAMATE	01/01/2015	MEDICARE	$39.97	$0.00									
G6053		ASSAY OF METHADONE	01/01/2015	MEDICARE	$37.03	$0.00									
G6054		ASSAY OF METHSUXIMIDE	01/01/2015	MEDICARE	$33.60	$0.00									
G6055		ASSAY OF NICOTINE	01/01/2015	MEDICARE	$53.72	$0.00									
G6056		ASSAY OF OPIATES	01/01/2015	MEDICARE	$44.13	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G6057		ASSAY OF PHENOTHIAZINE	01/01/2015	MEDICARE	$35.32	$0.00									
G6058		DRUG CONFIRMATION	01/01/2015	MEDICARE	$30.05	$0.00									
G8485		REPORT, DIABETES MEASURES	07/01/2008	RBRVS	$0.00	$0.00									
G8486		REPORT, PREV CARE MEASURES	07/01/2008	RBRVS	$0.00	$0.00									
G8487		REPORT CKD MEASURES	07/01/2008	RBRVS	$0.00	$0.00									
G8545		HEPC MEASURES GRP	01/01/2010	RBRVS	$0.00	$0.00									
G8548		HF MEASURES GRP	01/01/2010	RBRVS	$0.00	$0.00									
G8549		HEPC MG QUAL ACT PERFORM	01/01/2010	RBRVS	$0.00	$0.00									
G8551		HF MG QUAL ACT PERFORM	01/01/2010	RBRVS	$0.00	$0.00									
G8559		PT REF DOC OTO EVAL	01/01/2010	RBRVS	$0.00	$0.00									
G8560		PT HX ACT DRAIN PREV 90 DAYS	01/01/2010	RBRVS	$0.00	$0.00									
G8561		PT INELIG FOR REF OTO EVAL	01/01/2010	RBRVS	$0.00	$0.00									
G8562		PT NO HX ACT DRAIN 90 D	01/01/2010	RBRVS	$0.00	$0.00									
G8563		PT NO REF OTO REAS NO SPEC	01/01/2010	RBRVS	$0.00	$0.00									
G8564		PT REF OTO EVAL	01/01/2010	RBRVS	$0.00	$0.00									
G8565		VER DOC HEAR LOSS	01/01/2010	RBRVS	$0.00	$0.00									
G8566		PT INELIG REF OTO EVAL	01/01/2010	RBRVS	$0.00	$0.00									
G8567		PT NO DOC HEAR LOSS	01/01/2010	RBRVS	$0.00	$0.00									
G8568		PT NO REF OTOLO NO SPEC	01/01/2010	RBRVS	$0.00	$0.00									
G8569		PROL INTUBATION REQ	01/01/2010	RBRVS	$0.00	$0.00									
G8570		NO PROL INTUB REQ	01/01/2010	RBRVS	$0.00	$0.00									
G8571		STER WD IFX 30 D POSTOP	01/01/2010	RBRVS	$0.00	$0.00									
G8572		NO STER WD IFX	01/01/2010	RBRVS	$0.00	$0.00									
G8573		STK/CVA CABG	01/01/2010	RBRVS	$0.00	$0.00									
G8574		NO STRK/CVA CABG	01/01/2010	RBRVS	$0.00	$0.00									
G8575		POSTOP REN INSUF	01/01/2010	RBRVS	$0.00	$0.00									
G8576		NO POSTOP REN INSUF	01/01/2010	RBRVS	$0.00	$0.00									
G8577		REOP REQ BLD GRFT OTH	01/01/2010	RBRVS	$0.00	$0.00									
G8578		NO REOP REQ BLD GRFT OTH	01/01/2010	RBRVS	$0.00	$0.00									
G8598		ASP THERP USED	01/01/2010	RBRVS	$0.00	$0.00									
G8599		NO ASP THERP USED	01/01/2010	RBRVS	$0.00	$0.00									
G8600		TPA INITI W/IN 3 HRS	01/01/2010	RBRVS	$0.00	$0.00									
G8601		NO ELIG TPA INIT W/IN 3 HRS	01/01/2010	RBRVS	$0.00	$0.00									
G8602		NO TPA INIT W/IN 3 HRS	01/01/2010	RBRVS	$0.00	$0.00									
G8627		SURG PROC W/IN 30 DAYS	01/01/2010	RBRVS	$0.00	$0.00									
G8628		NO SURG PROC W/IN 30 DAYS	01/01/2010	RBRVS	$0.00	$0.00									
G8694		LVEF <40%	01/01/2012	RBRVS	$0.00	$0.00									
G8696		ANTITHROMB THX PRESC	01/01/2012	RBRVS	$0.00	$0.00									
G8697		ANTITHROMB NO PRESC DOC REAS	01/01/2012	RBRVS	$0.00	$0.00									
G8698		ANTITHROMB NO PRESC NO REAS	01/01/2012	RBRVS	$0.00	$0.00									
G8708		ANTIBIOTIC NOT PRES	01/01/2012	RBRVS	$0.00	$0.00									
G8709		MED REAS ANTIBIOTIC PRES	01/01/2012	RBRVS	$0.00	$0.00									
G8710		PT PRES ANTIBIOTIC	01/01/2012	RBRVS	$0.00	$0.00									
G8711		PRES ANTIBIOTIC	01/01/2012	RBRVS	$0.00	$0.00									
G8712		NOT PRES ANTIBIOTIC	01/01/2012	RBRVS	$0.00	$0.00									
G8713		SPKT/V GREAT 1.2 KT/V	01/01/2012	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G8714		HEMODIALYSIS 3 TIMES WEEK	01/01/2012	RBRVS	$0.00	$0.00									
G8717		LESS 1.2 KT/V	01/01/2012	RBRVS	$0.00	$0.00									
G8718		GREAT 1.7 KT/V PER WEEK	01/01/2012	RBRVS	$0.00	$0.00									
G8720		LESS 1.7 KT/V PER WEEK	01/01/2012	RBRVS	$0.00	$0.00									
G8721		PT, PN, HIST GRADE DOC	01/01/2012	RBRVS	$0.00	$0.00									
G8722		MED REAS PT, PN, NOT DOC	01/01/2012	RBRVS	$0.00	$0.00									
G8723		SPEC SIT NOT PRIM TUMOR	01/01/2012	RBRVS	$0.00	$0.00									
G8724		PT, PN, HIST GRADE NOT DOC	01/01/2012	RBRVS	$0.00	$0.00									
G8725		LIPID PROFILE PERF DOC	01/01/2012	RBRVS	$0.00	$0.00									
G8726		DOC REAS NO LIPID PROFILE	01/01/2012	RBRVS	$0.00	$0.00									
G8728		LIPID PROFILE NOT PERF	01/01/2012	RBRVS	$0.00	$0.00									
G8730		PAIN DOC POS AND PLAN	01/01/2012	RBRVS	$0.00	$0.00									
G8731		PAIN NEG NO PLAN	01/01/2012	RBRVS	$0.00	$0.00									
G8732		NO DOC OF PAIN	01/01/2012	RBRVS	$0.00	$0.00									
G8733		DOC POS ELDER MAL SCRN PLAN	01/01/2012	RBRVS	$0.00	$0.00									
G8734		DOC NEG ELDER MAL NO PLAN	01/01/2012	RBRVS	$0.00	$0.00									
G8735		ELD MAL SCRN POS NO PLAN	01/01/2012	RBRVS	$0.00	$0.00									
G8749		SIGNS OF MELANOMA ABSENT	01/01/2012	RBRVS	$0.00	$0.00									
G8752		SYS BP LESS 140	01/01/2012	RBRVS	$0.00	$0.00									
G8753		SYS BP > OR = 140	01/01/2012	RBRVS	$0.00	$0.00									
G8754		DIAS BP LESS 90	01/01/2012	RBRVS	$0.00	$0.00									
G8755		DIAS BP > OR = 90	01/01/2012	RBRVS	$0.00	$0.00									
G8756		NO BP MEASURE DOC	01/01/2012	RBRVS	$0.00	$0.00									
G8757		COPD MG QUAL ACT PERFORM	01/01/2012	RBRVS	$0.00	$0.00									
G8758		IBD MG QUAL ACT PERFORM	01/01/2012	RBRVS	$0.00	$0.00									
G8759		OSA MG QUAL ACT PERFORM	01/01/2012	RBRVS	$0.00	$0.00									
G8761		DEMENTIA MG QUAL ACT PERFORM	01/01/2012	RBRVS	$0.00	$0.00									
G8762		PD MG QUAL ACT PERFORM	01/01/2012	RBRVS	$0.00	$0.00									
G8765		CATARACT MG QUAL ACT PERFORM	01/01/2012	RBRVS	$0.00	$0.00									
G8783		BP SCRN PERF REC INTERVAL	01/01/2012	RBRVS	$0.00	$0.00									
G8784		PT NO ELIG FOR BP ASSESS	01/01/2012	RBRVS	$0.00	$0.00									
G8785		BP SCRN NO PERF AT INTERVAL	01/01/2012	RBRVS	$0.00	$0.00									
G8797		SPECIMEN SITE NOT ESOPHAGUS	01/01/2012	RBRVS	$0.00	$0.00									
G8798		SPECIMEN SITE NOT PROSTATE	01/01/2012	RBRVS	$0.00	$0.00									
G8806		TRANSAB OR TRANSVAG US	01/01/2012	RBRVS	$0.00	$0.00									
G8807		DOC REAS NO US	01/01/2012	RBRVS	$0.00	$0.00									
G8808		NO TRANSAB OR TRANSVAG US	01/01/2012	RBRVS	$0.00	$0.00									
G8809		RH-IMMUNOGLOBULIN ORDER	01/01/2012	RBRVS	$0.00	$0.00									
G8810		DOC REAS NO RH-IMMUNO	01/01/2012	RBRVS	$0.00	$0.00									
G8811		NO RH-IMMUNOGLOBULIN ORDER	01/01/2012	RBRVS	$0.00	$0.00									
G8815		DOC REAS NO STATIN THERAPY	01/01/2012	RBRVS	$0.00	$0.00									
G8816		STATIN MED PRES AT DISCH	01/01/2012	RBRVS	$0.00	$0.00									
G8817		DOC REAS NO STATIN MED DISCH	01/01/2012	RBRVS	$0.00	$0.00									
G8818		PT DISCH TO HOME BY DAY#7	01/01/2012	RBRVS	$0.00	$0.00									
G8825		PT NOT DISCH TO HOME DAY#7	01/01/2012	RBRVS	$0.00	$0.00									
G8826		PT DISCH HOME DAY #2 EVAR	01/01/2012	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G8833		PT NOT DISCH HOME DAY#2 EVAR	01/01/2012	RBRVS	$0.00	$0.00									
G8834		PT DISCH HOME DAY #2 CEA	01/01/2012	RBRVS	$0.00	$0.00									
G8838		NOT DISCH HOME BY DAY #2	01/01/2012	RBRVS	$0.00	$0.00									
G8839		SLEEP APNEA ASSESS	01/01/2012	RBRVS	$0.00	$0.00									
G8840		DOC REAS NO SLEEP APNEA	01/01/2012	RBRVS	$0.00	$0.00									
G8841		NO SLEEP APNEA ASSESS	01/01/2012	RBRVS	$0.00	$0.00									
G8842		AHI OR RDI INITIAL DX	01/01/2012	RBRVS	$0.00	$0.00									
G8843		DOC REAS NO AHI OR RDI	01/01/2012	RBRVS	$0.00	$0.00									
G8844		NO AHI OR RDI INITIAL DX	01/01/2012	RBRVS	$0.00	$0.00									
G8845		POS AIRWAY PRESS PRESCRIBED	01/01/2012	RBRVS	$0.00	$0.00									
G8846		MOD OR SEVERE OSA	01/01/2012	RBRVS	$0.00	$0.00									
G8848		MILD OSA	01/01/2012	RBRVS	$0.00	$0.00									
G8849		DOC REAS NO POS AIR PRESS	01/01/2012	RBRVS	$0.00	$0.00									
G8850		NO PAP PRESCRIBED	01/01/2012	RBRVS	$0.00	$0.00									
G8851		ADHERE POS AIR PRESS THERAPY	01/01/2012	RBRVS	$0.00	$0.00									
G8852		POS AIR PRESS PRESCRIBE	01/01/2012	RBRVS	$0.00	$0.00									
G8853		POS AIR PRESS NOT PRESCRIBE	01/01/2012	RBRVS	$0.00	$0.00									
G8854		REAS NO ADHERE POS AIR PRES	01/01/2012	RBRVS	$0.00	$0.00									
G8855		POS AIR PRESS ADHERE NO PERF	01/01/2012	RBRVS	$0.00	$0.00									
G8856		REF FOR OTO EVAL	01/01/2012	RBRVS	$0.00	$0.00									
G8857		NO ELIG REF FOR OTO EVAL	01/01/2012	RBRVS	$0.00	$0.00									
G8858		NOT REF FOR OTO EVAL	01/01/2012	RBRVS	$0.00	$0.00									
G8860		CORTICOSTEROID 10 MG 60 DAYS	01/01/2012	RBRVS	$0.00	$0.00									
G8861		DXA ORDERED FOR OSTEO	01/01/2012	RBRVS	$0.00	$0.00									
G8863		NO ASSESS BONE LOSS	01/01/2012	RBRVS	$0.00	$0.00									
G8864		PNEUMOCOCCAL VACCINE ADMIN	01/01/2012	RBRVS	$0.00	$0.00									
G8865		DOC MED REAS NO PNEUMOCOCCAL	01/01/2012	RBRVS	$0.00	$0.00									
G8866		DOC PT REAS NO PNEUMOCOCCAL	01/01/2012	RBRVS	$0.00	$0.00									
G8867		NO PNEUMOCOCCAL ADMIN	01/01/2012	RBRVS	$0.00	$0.00									
G8868		1ST COURSE ANTITNF	01/01/2012	RBRVS	$0.00	$0.00									
G8869		DOC IMMUN HEP B 1ST ANTITNF	01/01/2012	RBRVS	$0.00	$0.00									
G8870		HEPB ADMIN 1ST ANTITNF	01/01/2012	RBRVS	$0.00	$0.00									
G8871		NO 1ST ANTITNF	01/01/2012	RBRVS	$0.00	$0.00									
G8872		INTRAOP IMAGE CONFIRM EXCISE	01/01/2012	RBRVS	$0.00	$0.00									
G8873		SPECIMEN NOT INTRAOP IMAGE	01/01/2012	RBRVS	$0.00	$0.00									
G8874		TISSUE NOT IMAGE INTRAOP	01/01/2012	RBRVS	$0.00	$0.00									
G8875		BREAST CANCER DX MIN INVSIVE	01/01/2012	RBRVS	$0.00	$0.00									
G8876		DOC REAS NO MIN INV DX	01/01/2012	RBRVS	$0.00	$0.00									
G8877		NO BRST CNCR DX MIN INVASIVE	01/01/2012	RBRVS	$0.00	$0.00									
G8878		SENT LYMPH NODE BIOPSY	01/01/2012	RBRVS	$0.00	$0.00									
G8879		NODE NEG INV BRST CNCR	01/01/2012	RBRVS	$0.00	$0.00									
G8880		DOC REAS NO LYMPH NODE BIOP	01/01/2012	RBRVS	$0.00	$0.00									
G8881		BRST CNCR STAGE > T1N0M0	01/01/2012	RBRVS	$0.00	$0.00									
G8882		NO SENT LYMPH NODE BIOPSY	01/01/2012	RBRVS	$0.00	$0.00									
G8883		REV, COMM, TRACK, DOC BIOPSY	01/01/2012	RBRVS	$0.00	$0.00									
G8884		DOC REAS BIOPSY NOT REVIEW	01/01/2012	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G8885		NO REV, COMM, TRACK BIOPSY	01/01/2012	RBRVS	$0.00	$0.00									
G8898		COPD MEASURES GROUP	01/01/2012	RBRVS	$0.00	$0.00									
G8899		INFLAMMATORY BOWEL DIS MG	01/01/2012	RBRVS	$0.00	$0.00									
G8900		OBSTRUCTIVE SLEEP APNEA MG	01/01/2012	RBRVS	$0.00	$0.00									
G8902		DEMENTIA MEASURES GROUP	01/01/2012	RBRVS	$0.00	$0.00									
G8903		PARKINSONFS DISEASE MG	01/01/2012	RBRVS	$0.00	$0.00									
G8906		CATARACT MEASURES GROUP	01/01/2012	RBRVS	$0.00	$0.00									
G8907		PT DOC NO EVENTS ON DISCHARG	01/01/2013	RBRVS	$0.00	$0.00									
G8908		PT DOC W BURN PRIOR TO D/C	01/01/2013	RBRVS	$0.00	$0.00									
G8909		PT DOC NO BURN PRIOR TO D/C	01/01/2013	RBRVS	$0.00	$0.00									
G8910		PT DOC TO HAVE FALL IN ASC	01/01/2013	RBRVS	$0.00	$0.00									
G8911		PT DOC NO FALL IN ASC	01/01/2013	RBRVS	$0.00	$0.00									
G8912		PT DOC WITH WRONG EVENT	01/01/2013	RBRVS	$0.00	$0.00									
G8913		PT DOC NO WRONG EVENT	01/01/2013	RBRVS	$0.00	$0.00									
G8914		PT TRANS TO HOSP POST D/C	01/01/2013	RBRVS	$0.00	$0.00									
G8915		PT NOT TRANS TO HOSP AT D/C	01/01/2013	RBRVS	$0.00	$0.00									
G8916		PT W IV AB GIVEN ON TIME	01/01/2013	RBRVS	$0.00	$0.00									
G8917		PT W IV AB NOT GIVEN ON TIME	01/01/2013	RBRVS	$0.00	$0.00									
G8918		PT W/O PREOP ORDER IV AB PRO	01/01/2013	RBRVS	$0.00	$0.00									
G8923		LVEF < 40% OR LVSD	01/01/2013	RBRVS	$0.00	$0.00									
G8924		SPIRO EV1/FVC <60% COPD SYM	01/01/2013	RBRVS	$0.00	$0.00									
G8925		SPIRO>=60% OR PT NO COPD SYM	01/01/2013	RBRVS	$0.00	$0.00									
G8926		SPIRO NO PERF OR DOC	01/01/2013	RBRVS	$0.00	$0.00									
G8927		ADJ CHEM PRES AJCC III	01/01/2013	RBRVS	$0.00	$0.00									
G8928		ADJ CHEM NOT PRES RSN SPEC	01/01/2013	RBRVS	$0.00	$0.00									
G8929		ADJ CMO NOT PRES RSN NOT GVN	01/01/2013	RBRVS	$0.00	$0.00									
G8934		LVEF <40% OR DEP LV SYS FCN	01/01/2013	RBRVS	$0.00	$0.00									
G8935		RX ACE OR ARB THERAPY	01/01/2013	RBRVS	$0.00	$0.00									
G8936		PT NOT ELIGIBLE ACE/ARB	01/01/2013	RBRVS	$0.00	$0.00									
G8937		NO RX ACE/ARB THERAPY	01/01/2013	RBRVS	$0.00	$0.00									
G8938		BMI CALC, PT NO F/U PLAN ELG	01/01/2013	RBRVS	$0.00	$0.00									
G8939		PAIN ASSESS DOC, F/U NO DOC	01/01/2013	RBRVS	$0.00	$0.00									
G8940		SRN CLIN DEP DOC NO F/U PLN	01/01/2013	RBRVS	$0.00	$0.00									
G8941		NO DOC ELDER SCRN, PT NO EL	01/01/2013	RBRVS	$0.00	$0.00									
G8942		DOC FCN/CARE PLAN W/30 DAYS	01/01/2013	RBRVS	$0.00	$0.00									
G8944		AJCC MEL CNR STG 0 - IIC	01/01/2013	RBRVS	$0.00	$0.00									
G8946		MIBM BUT NO DX OF BREAST CA	01/01/2013	RBRVS	$0.00	$0.00									
G8947		1 OR MORE NEUROPSYCH	01/01/2013	RBRVS	$0.00	$0.00									
G8948		NO NEUROPSYCH SYMPTOMS	01/01/2013	RBRVS	$0.00	$0.00									
G8950		PRE-HTN OR HTN DOC, F/U INDC	01/01/2013	RBRVS	$0.00	$0.00									
G8951		PRE-HTN/HTN DOC, NO PT F/U	01/01/2013	RBRVS	$0.00	$0.00									
G8952		PRE-HTN/HTN, NO F/U, NOT GVN	01/01/2013	RBRVS	$0.00	$0.00									
G8953		ONCOLOGY MG QUAL ACT PERFORM	01/01/2013	RBRVS	$0.00	$0.00									
G8955		MOST RECENT ASSESS VOL MGMT	01/01/2013	RBRVS	$0.00	$0.00									
G8956		PT RCV HEDIA OUTPT DYLS FAC	01/01/2013	RBRVS	$0.00	$0.00									
G8958		ASSESS VOL MGMT NOT DOC	01/01/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G8959		CLIN TX MDD COMM TO TX CLIN	01/01/2013	RBRVS	$0.00	$0.00									
G8960		CLIN TX MDD NOT COMM	01/01/2013	RBRVS	$0.00	$0.00									
G8961		CSIT LOWRISK SURG PTS PREOP	01/01/2013	RBRVS	$0.00	$0.00									
G8962		CSIT ON PT ANY REAS 30 DAYS	01/01/2013	RBRVS	$0.00	$0.00									
G8963		CSI PER ASX PT W/PCI 2 YRS	01/01/2013	RBRVS	$0.00	$0.00									
G8964		CSI ANY OTHER THAN PCI 2 YR	01/01/2013	RBRVS	$0.00	$0.00									
G8965		CSIT PERF ON LOW CHD RSK	01/01/2013	RBRVS	$0.00	$0.00									
G8966		CSIT PERF SX OR HIGH CHD RSK	01/01/2013	RBRVS	$0.00	$0.00									
G8967		WRFRN OR ORAL ANTIGOAG PRES	01/01/2013	RBRVS	$0.00	$0.00									
G8968		MD RSN NO PRES WRFRN OR OTHR	01/01/2013	RBRVS	$0.00	$0.00									
G8969		PT RSN NO PRES WRFRN OR OTHR	01/01/2013	RBRVS	$0.00	$0.00									
G8970		NO RSK FAC OR 1 MOD RISK TE	01/01/2013	RBRVS	$0.00	$0.00									
G8971		WARFRN OR OTHR ANTCOG NO RX	01/01/2013	RBRVS	$0.00	$0.00									
G8972		1>=RISK OR>= MOD RISK FOR TE	01/01/2013	RBRVS	$0.00	$0.00									
G8973		MST RCNT HBB < 10G/DL	01/01/2013	RBRVS	$0.00	$0.00									
G8974		HGB NOT DOC RNS NOT GVN	01/01/2013	RBRVS	$0.00	$0.00									
G8975		HGB <10G/DL, MED RSN	01/01/2013	RBRVS	$0.00	$0.00									
G8976		HGB >= 10 G/DL	01/01/2013	RBRVS	$0.00	$0.00									
G8977		ONCOLOGY MEASURES GRP	01/01/2013	RBRVS	$0.00	$0.00									
G8978		MOBILITY CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8979		MOBILITY GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8980		MOBILITY D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8981		BODY POS CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8982		BODY POS GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8983		BODY POS D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8984		CARRY CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8985		CARRY GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8986		CARRY D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8987		SELF CARE CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8988		SELF CARE GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8989		SELF CARE D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8990		OTHER PT/OT CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8991		OTHER PT/OT GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8992		OTHER PT/OT D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8993		SUB PT/OT CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8994		SUB PT/OT GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8995		SUB PT/OT D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8996		SWALLOW CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8997		SWALLOW GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8998		SWALLOW D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G8999		MOTOR SPEECH CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9063		ONC DX NSCLC STGI NO DX PROG	01/01/2006	RBRVS	$0.00	$0.00									
G9064		ONC DX NSCLC STG2 NO DX PROG	01/01/2006	RBRVS	$0.00	$0.00									
G9065		ONC DX NSCLC STG3A NODX PROG	01/01/2006	RBRVS	$0.00	$0.00									
G9066		ONC DX NSCLC STG3B-4 METASTA	01/01/2006	RBRVS	$0.00	$0.00									
G9067		ONC DX NSCLC DX UNKNOWN NOS	01/01/2006	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9068		ONC DX NSCLC/SCLC LIMITED	01/01/2006	RBRVS	$0.00	$0.00									
G9069		ONC DX SCLC/NSCLC EXT AT DX	01/01/2006	RBRVS	$0.00	$0.00									
G9070		ONC DX SCLC/NSCLC EXT UNKNWN	01/01/2006	RBRVS	$0.00	$0.00									
G9071		ONC DX BRST STG1 2B NO DX PR	01/01/2006	RBRVS	$0.00	$0.00									
G9072		ONC DX BRST STG1-2 NOPROGRES	01/01/2006	RBRVS	$0.00	$0.00									
G9073		ONC DX BRST STG3-W/PROGRES	01/01/2006	RBRVS	$0.00	$0.00									
G9074		ONC DX BRST STG3-NOPROGRESS	01/01/2006	RBRVS	$0.00	$0.00									
G9075		ONC DX BRST METASTIC/ RECUR	01/01/2006	RBRVS	$0.00	$0.00									
G9077		ONC DX PROSTATE T1NO PROGRES	01/01/2006	RBRVS	$0.00	$0.00									
G9078		ONC DX PROSTATE T2NO PROGRES	01/01/2006	RBRVS	$0.00	$0.00									
G9079		ONC DX PROSTATE T3B-T4NOPROG	01/01/2006	RBRVS	$0.00	$0.00									
G9080		ONC DX PROSTATE W/RISE PSA	01/01/2006	RBRVS	$0.00	$0.00									
G9083		ONC DX PROSTATE UNKNOWN NOS	01/01/2006	RBRVS	$0.00	$0.00									
G9084		ONC DX COLON T1-3 N1-2 NO PR	01/01/2006	RBRVS	$0.00	$0.00									
G9085		ONC DX COLON T4 N0 W/O PROG	01/01/2006	RBRVS	$0.00	$0.00									
G9086		ONC DX COLON T1-4 NO DX PROG	01/01/2006	RBRVS	$0.00	$0.00									
G9087		ONC DX COLON RADIOLG EVID DX	01/01/2006	RBRVS	$0.00	$0.00									
G9088		ONC DX COLON M1/METS W/O RAD	01/01/2006	RBRVS	$0.00	$0.00									
G9089		ONC DX COLON EXTENT UNKNOWN	01/01/2006	RBRVS	$0.00	$0.00									
G9090		ONC DX RECTAL T1-2 NO PROGR	01/01/2006	RBRVS	$0.00	$0.00									
G9091		ONC DX RECTAL T3 N0 NO PROG	01/01/2006	RBRVS	$0.00	$0.00									
G9092		ONC DX RECTAL T1-3 N1-2NOPRG	01/01/2006	RBRVS	$0.00	$0.00									
G9093		ONC DX RECTAL T4 N M0 NO PRG	01/01/2006	RBRVS	$0.00	$0.00									
G9094		ONC DX RECTAL M1 W/METS PROG	01/01/2006	RBRVS	$0.00	$0.00									
G9095		ONC DX RECTAL EXTENT UNKNWN	01/01/2006	RBRVS	$0.00	$0.00									
G9096		ONC DX ESOPHAG T1-T3 NOPROG	01/01/2006	RBRVS	$0.00	$0.00									
G9097		ONC DX ESOPHAGEAL T4 NO PROG	01/01/2006	RBRVS	$0.00	$0.00									
G9098		ONC DX ESOPHAGEAL METS RECUR	01/01/2006	RBRVS	$0.00	$0.00									
G9099		ONC DX ESOPHAGEAL UNKNOWN	01/01/2006	RBRVS	$0.00	$0.00									
G9100		ONC DX GASTRIC NO RECURRENCE	01/01/2006	RBRVS	$0.00	$0.00									
G9101		ONC DX GASTRIC P R1-R2NOPROG	01/01/2006	RBRVS	$0.00	$0.00									
G9102		ONC DX GASTRIC UNRESECTABLE	01/01/2006	RBRVS	$0.00	$0.00									
G9103		ONC DX GASTRIC RECURRENT	01/01/2006	RBRVS	$0.00	$0.00									
G9104		ONC DX GASTRIC UNKNOWN NOS	01/01/2006	RBRVS	$0.00	$0.00									
G9105		ONC DX PANCREATC P R0 RES NO	01/01/2006	RBRVS	$0.00	$0.00									
G9106		ONC DX PANCREATC P R1/R2 NO	01/01/2006	RBRVS	$0.00	$0.00									
G9107		ONC DX PANCREATIC UNRESECTAB	01/01/2006	RBRVS	$0.00	$0.00									
G9108		ONC DX PANCREATIC UNKNWN NOS	01/01/2006	RBRVS	$0.00	$0.00									
G9109		ONC DX HEAD/NECK T1-T2NO PRG	01/01/2006	RBRVS	$0.00	$0.00									
G9110		ONC DX HEAD/NECK T3-4 NOPROG	01/01/2006	RBRVS	$0.00	$0.00									
G9111		ONC DX HEAD/NECK M1 METS REC	01/01/2006	RBRVS	$0.00	$0.00									
G9112		ONC DX HEAD/NECK EXT UNKNOWN	01/01/2006	RBRVS	$0.00	$0.00									
G9113		ONC DX OVARIAN STG1A-B NO PR	01/01/2006	RBRVS	$0.00	$0.00									
G9114		ONC DX OVARIAN STG1A-B OR 2	01/01/2006	RBRVS	$0.00	$0.00									
G9115		ONC DX OVARIAN STG3/4 NOPROG	01/01/2006	RBRVS	$0.00	$0.00									
G9116		ONC DX OVARIAN RECURRENCE	01/01/2006	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9117		ONC DX OVARIAN UNKNOWN NOS	01/01/2006	RBRVS	$0.00	$0.00									
G9123		ONC DX NHL LGE BCELL RELAP	01/01/2006	RBRVS	$0.00	$0.00									
G9124		ONC DX NHL RELAPSE/REFRACTOR	01/01/2006	RBRVS	$0.00	$0.00									
G9125		ONC DX NHL STG UNKNOWN	01/01/2006	RBRVS	$0.00	$0.00									
G9126		ONC DX OVARIAN STG IA/B	01/01/2006	RBRVS	$0.00	$0.00									
G9128		ONC DX MULT MYELOMA STG2 HIG	01/01/2006	RBRVS	$0.00	$0.00									
G9129		ONC DX MULT MYELOMA UNKWN OP	01/01/2006	RBRVS	$0.00	$0.00									
G9130		ONC DX MULTI MYELOMA UNKNOWN	01/01/2006	RBRVS	$0.00	$0.00									
G9131		ONC DX BRST UNKNOWN NOS	01/01/2007	RBRVS	$0.00	$0.00									
G9132		ONC DX PROSTATE METS NO CAST	01/01/2007	RBRVS	$0.00	$0.00									
G9133		ONC DX PROSTATE CLINICAL MET	01/01/2007	RBRVS	$0.00	$0.00									
G9134		ONC NHLSTG 1-2 NO RELAP NO	01/01/2007	RBRVS	$0.00	$0.00									
G9135		ONC DX NHL STG 3-4 NOT RELAP	01/01/2007	RBRVS	$0.00	$0.00									
G9136		ONC DX NHL TRANS TO LG BCELL	01/01/2007	RBRVS	$0.00	$0.00									
G9137		ONC DX NHL RELAPSE/REFRACTOR	01/01/2007	RBRVS	$0.00	$0.00									
G9138		ONC DX NHL STG UNKNOWN	01/01/2007	RBRVS	$0.00	$0.00									
G9139		ONC DX CML DX STATUS UNKNOWN	01/01/2007	RBRVS	$0.00	$0.00									
G9157		TRANSESOPH DOPPL CARDIAC MON	07/01/2014	RBRVS	$112.31	$112.31									
G9158		MOTOR SPEECH D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9159		LANG COMP CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9160		LANG COMP GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9161		LANG COMP D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9162		LANG EXPRESS CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9163		LANG EXPRESS GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9164		LANG EXPRESS D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9165		ATTEN CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9166		ATTEN GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9167		ATTEN D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9168		MEMORY CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9169		MEMORY GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9170		MEMORY D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9171		VOICE CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9172		VOICE GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9173		VOICE D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9174		SPEECH LANG CURRENT STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9175		SPEECH LANG GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9176		SPEECH LANG D/C STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9186		MOTOR SPEECH GOAL STATUS	01/01/2013	RBRVS	$0.00	$0.00									
G9188		BETA NOT GIVEN NO REASON	01/01/2014	RBRVS	$0.00	$0.00									
G9189		BETA PRES OR ALREADY TAKING	01/01/2014	RBRVS	$0.00	$0.00									
G9190		MEDICAL REASON FOR NO BETA	01/01/2014	RBRVS	$0.00	$0.00									
G9191		PT REASON FOR NO BETA	01/01/2014	RBRVS	$0.00	$0.00									
G9192		SYSTEM REASON FOR NO BETA	01/01/2014	RBRVS	$0.00	$0.00									
G9196		MED REASON FOR NO CEPH	01/01/2014	RBRVS	$0.00	$0.00									
G9197		ORDER FOR CEPH	01/01/2014	RBRVS	$0.00	$0.00									
G9198		NO ORDER FOR CEPH NO REASON	01/01/2014	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9203		HEP C RNA DONE PRIOR TO MED	01/01/2014	RBRVS	$0.00	$0.00									
G9204		NO REASON FOR NO HEP C RNA	01/01/2014	RBRVS	$0.00	$0.00									
G9205		HEP C ANTIVIRAL STARTED	01/01/2014	RBRVS	$0.00	$0.00									
G9206		HEP C THERAPY STARTED	01/01/2014	RBRVS	$0.00	$0.00									
G9207		HEP C GENOTYPE PRIOR TO MED	01/01/2014	RBRVS	$0.00	$0.00									
G9208		NO REASON FOR NO HEP C GENO	01/01/2014	RBRVS	$0.00	$0.00									
G9209		HEP C RNA 4TO12 WK AFTER MED	01/01/2014	RBRVS	$0.00	$0.00									
G9210		NO HEPC RNA AFTER MED DOCRSN	01/01/2014	RBRVS	$0.00	$0.00									
G9211		NO HEPC RNA AFTER MED NO RSN	01/01/2014	RBRVS	$0.00	$0.00									
G9212		DOC OF DSM-IV INIT EVAL	01/01/2014	RBRVS	$0.00	$0.00									
G9213		NO DOC OF DSM-IV	01/01/2014	RBRVS	$0.00	$0.00									
G9217		NO PCP PROPH LOW CD4 NORSN	01/01/2014	RBRVS	$0.00	$0.00									
G9219		NO ODER PJP FOR MED REASON	01/01/2014	RBRVS	$0.00	$0.00									
G9222		PJP PROPH ORDERED LOW CD4	01/01/2014	RBRVS	$0.00	$0.00									
G9223		PJP PROPH ORDERED CD4 LOW	01/01/2014	RBRVS	$0.00	$0.00									
G9225		NORSN NO FOOT EXAM	01/01/2014	RBRVS	$0.00	$0.00									
G9226		3 COMP FOOT EXAM COMPLETED	01/01/2014	RBRVS	$0.00	$0.00									
G9227		DOCRSN NO CARE PLAN	01/01/2014	RBRVS	$0.00	$0.00									
G9228		GC CHL SYP DOCUMENTED	01/01/2014	RBRVS	$0.00	$0.00									
G9229		PTRSN NO GC CHL SYP TEST	01/01/2014	RBRVS	$0.00	$0.00									
G9230		NORSN FOR GC CHL SYP TEST	01/01/2014	RBRVS	$0.00	$0.00									
G9231		DOC ESRD DIA TRANS PREG	01/01/2014	RBRVS	$0.00	$0.00									
G9232		DOCRSN NO COMM COMORB	01/01/2014	RBRVS	$0.00	$0.00									
G9233		TKR COMPOSITE	01/01/2014	RBRVS	$0.00	$0.00									
G9234		TKR INTENT	01/01/2014	RBRVS	$0.00	$0.00									
G9235		GS MG COMPOSITE	01/01/2014	RBRVS	$0.00	$0.00									
G9236		OP RAD MG COMPOSITE	01/01/2014	RBRVS	$0.00	$0.00									
G9237		GS MG INTENT	01/01/2014	RBRVS	$0.00	$0.00									
G9238		OP RAD MG INTENT	01/01/2014	RBRVS	$0.00	$0.00									
G9239		DOCRSN FOR CATHETER	01/01/2014	RBRVS	$0.00	$0.00									
G9240		DOC PT W CATH MAINT DIA	01/01/2014	RBRVS	$0.00	$0.00									
G9241		DOC PT W OUT CATH MAINT DIA	01/01/2014	RBRVS	$0.00	$0.00									
G9242		DOC VIRAL LOAD >=200	01/01/2014	RBRVS	$0.00	$0.00									
G9243		DOC VIRAL LOAD <200	01/01/2014	RBRVS	$0.00	$0.00									
G9244		ANTIVIRAL NOT ORDERED	01/01/2014	RBRVS	$0.00	$0.00									
G9245		ANTIVIRAL ORDERED	01/01/2014	RBRVS	$0.00	$0.00									
G9246		NO MED VISIT IN 24MO	01/01/2014	RBRVS	$0.00	$0.00									
G9247		1 MED VISIT IN 24MO	01/01/2014	RBRVS	$0.00	$0.00									
G9250		DOC OF PAIN COMFORT 48HR	01/01/2014	RBRVS	$0.00	$0.00									
G9251		DOC NO PAIN COMFORT 48HR	01/01/2014	RBRVS	$0.00	$0.00									
G9254		DOC PT DISCHG >2D	01/01/2014	RBRVS	$0.00	$0.00									
G9255		DOC PT DISCHG <=2D	01/01/2014	RBRVS	$0.00	$0.00									
G9256		DOC DEATH AFTER CAS	01/01/2014	RBRVS	$0.00	$0.00									
G9257		DOC STROKE AFTER CAS	01/01/2014	RBRVS	$0.00	$0.00									
G9258		DOC STROKE AFTER CEA	01/01/2014	RBRVS	$0.00	$0.00									
G9259		DOC SURV NO STROKE AFTER CAS	01/01/2014	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9260		DOC DEATH AFTER CEA	01/01/2014	RBRVS	$0.00	$0.00									
G9261		DOC SURV NO STROKE AFTER CEA	01/01/2014	RBRVS	$0.00	$0.00									
G9262		DOC DEATH IN HOSP AAA REPAIR	01/01/2014	RBRVS	$0.00	$0.00									
G9263		DOC SURV IN HOSP AAA REPAIR	01/01/2014	RBRVS	$0.00	$0.00									
G9264		DOCRSN FOR CATH MAINT DIA	01/01/2014	RBRVS	$0.00	$0.00									
G9265		DOC CATH >90D FOR MAINT DIA	01/01/2014	RBRVS	$0.00	$0.00									
G9266		NORSN PT CATH >=90D	01/01/2014	RBRVS	$0.00	$0.00									
G9267		DOC COMP OR MORT W IN 30D	01/01/2014	RBRVS	$0.00	$0.00									
G9268		DOC COMP OR MORT W IN 90D	01/01/2014	RBRVS	$0.00	$0.00									
G9269		DOC NO COMP OR MORT W IN 30D	01/01/2014	RBRVS	$0.00	$0.00									
G9270		DOC NO COMP OR MORT W IN 90D	01/01/2014	RBRVS	$0.00	$0.00									
G9273		SYS<140 AND DIA<90	01/01/2014	RBRVS	$0.00	$0.00									
G9274		BP OUT OF NRML LIMITS	01/01/2014	RBRVS	$0.00	$0.00									
G9275		DOC OF NON TOBACCO USER	01/01/2014	RBRVS	$0.00	$0.00									
G9276		DOC OF TOBACCO USER	01/01/2014	RBRVS	$0.00	$0.00									
G9277		DOC DAILY ASPIRIN OR CONTRA	01/01/2014	RBRVS	$0.00	$0.00									
G9278		DOC NO DAILY ASPIRIN	01/01/2014	RBRVS	$0.00	$0.00									
G9279		PNE SCRN DONE DOC VAC DONE	01/01/2014	RBRVS	$0.00	$0.00									
G9280		PNE NOT GIVEN NORSN	01/01/2014	RBRVS	$0.00	$0.00									
G9281		PNE SCRN DONE DOC NOT IND	01/01/2014	RBRVS	$0.00	$0.00									
G9282		DOC MEDRSN NO HISTO TYPE	01/01/2014	RBRVS	$0.00	$0.00									
G9283		HIST TYPE DOC ON REPORT	01/01/2014	RBRVS	$0.00	$0.00									
G9284		NO HIST TYPE DOC ON REPORT	01/01/2014	RBRVS	$0.00	$0.00									
G9285		SITE NOT SMALL CELL LUNG CA	01/01/2014	RBRVS	$0.00	$0.00									
G9286		DOC ANTIBIO ORDER W IN 7D	01/01/2014	RBRVS	$0.00	$0.00									
G9287		NO DOC ANTIBIO ORDER W IN 7D	01/01/2014	RBRVS	$0.00	$0.00									
G9288		DOC MEDRSN NO HIST TYPE RPT	01/01/2014	RBRVS	$0.00	$0.00									
G9289		DOC TYPE NSM LUNG CA	01/01/2014	RBRVS	$0.00	$0.00									
G9290		NO DOC TYPE NSM LUNG CA	01/01/2014	RBRVS	$0.00	$0.00									
G9291		NOT NSM LUNG CA	01/01/2014	RBRVS	$0.00	$0.00									
G9292		MEDRSN NO PT CATEGORY	01/01/2014	RBRVS	$0.00	$0.00									
G9293		NO PT CATEGORY ON REPORT	01/01/2014	RBRVS	$0.00	$0.00									
G9294		PT CAT AND THCK ON REPORT	01/01/2014	RBRVS	$0.00	$0.00									
G9295		NON CUTANEOUS LOC	01/01/2014	RBRVS	$0.00	$0.00									
G9296		DOC SHARE DEC PRIOR PROC	01/01/2014	RBRVS	$0.00	$0.00									
G9297		NO DOC SHARE DEC PRIOR PROC	01/01/2014	RBRVS	$0.00	$0.00									
G9298		EVAL RISK VTE CARD 30D PRIOR	01/01/2014	RBRVS	$0.00	$0.00									
G9299		NO EVAL RISKK VTE CARD PRIOR	01/01/2014	RBRVS	$0.00	$0.00									
G9300		DOC MEDRSN NO COMPL ANTIBIO	01/01/2014	RBRVS	$0.00	$0.00									
G9301		DOC COMPL INF ANTIBIO	01/01/2014	RBRVS	$0.00	$0.00									
G9302		NORSN INCOMP INF ANTIBIO	01/01/2014	RBRVS	$0.00	$0.00									
G9303		NORSN NO PROS INFO OP RPT	01/01/2014	RBRVS	$0.00	$0.00									
G9304		PROS INFO OP RPT	01/01/2014	RBRVS	$0.00	$0.00									
G9305		NO INTERV REQ FOR LEAK	01/01/2014	RBRVS	$0.00	$0.00									
G9306		INTERV REQ FOR LEAK	01/01/2014	RBRVS	$0.00	$0.00									
G9307		NO RET FOR SURG W IN 30D	01/01/2014	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9308		UNPLND RET TO SURG W IN 30D	01/01/2014	RBRVS	$0.00	$0.00									
G9309		NO UNPLND HOSP READM IN 30D	01/01/2014	RBRVS	$0.00	$0.00									
G9310		UNPLND HOSP READM IN 30D	01/01/2014	RBRVS	$0.00	$0.00									
G9311		NO SURG SITE INFECTION	01/01/2014	RBRVS	$0.00	$0.00									
G9312		SURGICAL SITE INFECTION	01/01/2014	RBRVS	$0.00	$0.00									
G9313		DOCRSN NOT FIRST LINE AMOX	01/01/2014	RBRVS	$0.00	$0.00									
G9314		NORSN NOT FIRST LINE AMOX	01/01/2014	RBRVS	$0.00	$0.00									
G9315		DOC FIRST LINE AMOX	01/01/2014	RBRVS	$0.00	$0.00									
G9316		DOC COMM RISK CALC	01/01/2014	RBRVS	$0.00	$0.00									
G9317		NO DOC COMM RISK CALC	01/01/2014	RBRVS	$0.00	$0.00									
G9318		IMAGE STD NOMENCLATURE	01/01/2014	RBRVS	$0.00	$0.00									
G9319		IMAGE NOT STD NOMENCLATURE	01/01/2014	RBRVS	$0.00	$0.00									
G9320		MEDRSN NO STD NOMENCLATURE	01/01/2014	RBRVS	$0.00	$0.00									
G9321		DOC COUNT OF CT IN 12MO	01/01/2014	RBRVS	$0.00	$0.00									
G9322		NO DOC COUNT OF CT IN 12MO	01/01/2014	RBRVS	$0.00	$0.00									
G9323		MDRSN NO DOC CNT OF CT	01/01/2014	RBRVS	$0.00	$0.00									
G9324		NOT ALL DATA NORSN	01/01/2014	RBRVS	$0.00	$0.00									
G9325		MEDRSN NO CT RPT TO REG	01/01/2014	RBRVS	$0.00	$0.00									
G9326		NORSN NO CT RPT TO REG	01/01/2014	RBRVS	$0.00	$0.00									
G9327		CT RPT TO REG	01/01/2014	RBRVS	$0.00	$0.00									
G9328		MEDRSN NO DICOM FORMAT DOC	01/01/2014	RBRVS	$0.00	$0.00									
G9329		NORSN NO DICOM FORMAT DOC	01/01/2014	RBRVS	$0.00	$0.00									
G9340		DICOM FORMAT DOC ON RPT	01/01/2014	RBRVS	$0.00	$0.00									
G9341		SRCH FOR CT W IN 12 MOS	01/01/2014	RBRVS	$0.00	$0.00									
G9342		NO SRCH FOR CT IN 12MO NORSN	01/01/2014	RBRVS	$0.00	$0.00									
G9343		MEDRSN NO DICOM SRCH	01/01/2014	RBRVS	$0.00	$0.00									
G9344		SYSRSN NO DICOM SRCH	01/01/2014	RBRVS	$0.00	$0.00									
G9345		FOLLOW UP PULM NOD	01/01/2014	RBRVS	$0.00	$0.00									
G9346		NO FOLLOW UP PULM NOD	01/01/2014	RBRVS	$0.00	$0.00									
G9347		NO FOLLOW UP PULM NOD NORSN	01/01/2014	RBRVS	$0.00	$0.00									
G9348		DOCRSN NO SINUS CT DX	01/01/2014	RBRVS	$0.00	$0.00									
G9349		DOC SINUS CT 28D	01/01/2014	RBRVS	$0.00	$0.00									
G9350		NO DOC SINUS CT 28D OR DX	01/01/2014	RBRVS	$0.00	$0.00									
G9351		DOC >1 SINUS CT W 90D DX	01/01/2014	RBRVS	$0.00	$0.00									
G9352		NOT >1 SINUS CT W 90D DX	01/01/2014	RBRVS	$0.00	$0.00									
G9353		MEDRSN >1 SINUS CT W 90D DX	01/01/2014	RBRVS	$0.00	$0.00									
G9354		NORSN >1 SINUS CT W 90D DX	01/01/2014	RBRVS	$0.00	$0.00									
G9355		NO EARLY IND/DELIVERY	01/01/2014	RBRVS	$0.00	$0.00									
G9356		EARLY IND/DELIVERY	01/01/2014	RBRVS	$0.00	$0.00									
G9357		PP EVAL/EDU PERF	01/01/2014	RBRVS	$0.00	$0.00									
G9358		PP EVAL/EDU NOT PERF	01/01/2014	RBRVS	$0.00	$0.00									
G9359		DOC OF NEG OR MAN POS TB SCN	01/01/2014	RBRVS	$0.00	$0.00									
G9360		NO DOC OF NEG OR MAN POS TB	01/01/2014	RBRVS	$0.00	$0.00									
G9362		MAC OR PNB W/O GENANES >60M	01/01/2015	RBRVS	$0.00	$0.00									
G9363		MAC OR PNB W/O GENANES <60M	01/01/2015	RBRVS	$0.00	$0.00									
G9364		SINUS CAUS BAC INX	01/01/2015	RBRVS	$0.00	$0.00			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9365		1HIGH RISK MED ORD	01/01/2015	RBRVS	$0.00	$0.00			Y						
G9366		1HIGH RISK NO ORD	01/01/2015	RBRVS	$0.00	$0.00			Y						
G9367		2HIGH RISK MED ORD	01/01/2015	RBRVS	$0.00	$0.00			Y						
G9368		2HIGH RISK NO ORD	01/01/2015	RBRVS	$0.00	$0.00			Y						
G9369		FILL 2 RX ANTIPSYCH	01/01/2015	RBRVS	$0.00	$0.00									
G9370		NOT FILL 2 RX ANTIPSYCH	01/01/2015	RBRVS	$0.00	$0.00									
G9376		CONTD RET ATTACH AT 6MTH F/U	01/01/2015	RBRVS	$0.00	$0.00									
G9377		NO RET ATTACH AFTER 6MT	01/01/2015	RBRVS	$0.00	$0.00									
G9378		CONTD RET ATTACH F/U VIS	01/01/2015	RBRVS	$0.00	$0.00									
G9379		NO ACHEIVE FLAT RET 6MTH	01/01/2015	RBRVS	$0.00	$0.00									
G9380		OFF ASSIS EOL ISS	01/01/2015	RBRVS	$0.00	$0.00									
G9381		DOC MED REAS NO OFFER EOL	01/01/2015	RBRVS	$0.00	$0.00									
G9382		NO OFF ASSIS EOL	01/01/2015	RBRVS	$0.00	$0.00									
G9383		RECD SCRN HCV INFEC	01/01/2015	RBRVS	$0.00	$0.00									
G9384		DOC MED REAS NO OFFER EOL	01/01/2015	RBRVS	$0.00	$0.00									
G9385		DOC PT REAS NOT REC HCV SRN	01/01/2015	RBRVS	$0.00	$0.00									
G9386		SCRN HCV INFEC NOT RECD	01/01/2015	RBRVS	$0.00	$0.00									
G9389		UNPLN RUP POST CAP	01/01/2015	RBRVS	$0.00	$0.00									
G9390		NO UNPLN RUP POST CAP	01/01/2015	RBRVS	$0.00	$0.00									
G9393		INI PHQ9 >9 REMISS <5	01/01/2015	RBRVS	$0.00	$0.00									
G9394		DX BIPOL, DEATH, NHRES, HOSP	01/01/2015	RBRVS	$0.00	$0.00									
G9395		INI PHQ9 >9 NO REMISS >=5	01/01/2015	RBRVS	$0.00	$0.00									
G9396		INI PHQ9 >9 NOT ASSESS	01/01/2015	RBRVS	$0.00	$0.00									
G9399		DOC DISC TX CHOICES	01/01/2015	RBRVS	$0.00	$0.00			Y						
G9400		DOC REAS NO DISC TX OPT	01/01/2015	RBRVS	$0.00	$0.00									
G9401		NO DISC TX CHOICES	01/01/2015	RBRVS	$0.00	$0.00									
G9402		RECD F/U W/IN 30D DISCH	01/01/2015	RBRVS	$0.00	$0.00			Y						
G9403		DOC REAS NO 30 DAY F/U	01/01/2015	RBRVS	$0.00	$0.00									
G9404		NO 30 DAY F/U	01/01/2015	RBRVS	$0.00	$0.00									
G9405		RECD F/U W/IN 7D DISCH	01/01/2015	RBRVS	$0.00	$0.00			Y						
G9406		DOC REAS NO 7D F/U	01/01/2015	RBRVS	$0.00	$0.00									
G9407		NO 7D F/U	01/01/2015	RBRVS	$0.00	$0.00									
G9408		CARD TAMP W/IN 30D	01/01/2015	RBRVS	$0.00	$0.00									
G9409		NO CARD TAMP E/IN 30D	01/01/2015	RBRVS	$0.00	$0.00									
G9410		ADMIT W/IN 180D REQ REMOV	01/01/2015	RBRVS	$0.00	$0.00			Y						
G9411		NO ADMIT W/IN 180D REQ REMOV	01/01/2015	RBRVS	$0.00	$0.00									
G9412		ADMIT W/IN 180D REQ SURG REV	01/01/2015	RBRVS	$0.00	$0.00			Y						
G9413		NO ADMIT REQ SURG REV	01/01/2015	RBRVS	$0.00	$0.00									
G9414		1DOSE MENIG VAC BTWN 11 & 13	01/01/2015	RBRVS	$0.00	$0.00									
G9415		NO 1DOSE MENI VAC BTWN 11&13	01/01/2015	RBRVS	$0.00	$0.00									
G9416		TDAP OR TD OR 1TET/DIPTH	01/01/2015	RBRVS	$0.00	$0.00									
G9417		NO TDAP OR TD OR 1TET/DIPTH	01/01/2015	RBRVS	$0.00	$0.00									
G9418		LUNGCX BX RPT DOCS CLASS	01/01/2015	RBRVS	$0.00	$0.00									
G9419		MED REAS NO RPT HISTO TYPE	01/01/2015	RBRVS	$0.00	$0.00									
G9420		SPEC SITE NO LUNG	01/01/2015	RBRVS	$0.00	$0.00									
G9421		LUNG CX BX RPT NO DOC CLASS	01/01/2015	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9422		RPT DOC CLASS HISTO TYPE	01/01/2015	RBRVS	$0.00	$0.00									
G9423		MED REAS RPT NO HISTO TYPE	01/01/2015	RBRVS	$0.00	$0.00									
G9424		SITE NO LUNG OR LUNG CX	01/01/2015	RBRVS	$0.00	$0.00									
G9425		SPEC RPT NO DOC CLASS HISTO	01/01/2015	RBRVS	$0.00	$0.00									
G9426		IMPR MED TIME EDARR PAIN MED	01/01/2015	RBRVS	$0.00	$0.00									
G9427		NO IMPRO MED TIME PAIN MED	01/01/2015	RBRVS	$0.00	$0.00									
G9428		RPT PT CAT AND PT1	01/01/2015	RBRVS	$0.00	$0.00									
G9429		DOC MED REAS NO PT CAT	01/01/2015	RBRVS	$0.00	$0.00									
G9430		SPEC SITE NO CUTANEOUS	01/01/2015	RBRVS	$0.00	$0.00									
G9431		NO PT CAT AND PT1	01/01/2015	RBRVS	$0.00	$0.00									
G9432		ASTH CONTROLLED	01/01/2015	RBRVS	$0.00	$0.00									
G9433		DEATH, NHRES, HOSPICE	01/01/2015	RBRVS	$0.00	$0.00									
G9434		ASTH NOT CONTROLLED	01/01/2015	RBRVS	$0.00	$0.00									
G9435		ASP PRESC DISCH	01/01/2015	RBRVS	$0.00	$0.00									
G9436		ASP NOT PRESC DOC REAS	01/01/2015	RBRVS	$0.00	$0.00									
G9437		ASP NOT PRESC DISCH	01/01/2015	RBRVS	$0.00	$0.00									
G9438		P2Y INHIB PRESC	01/01/2015	RBRVS	$0.00	$0.00									
G9439		P2Y INHIB NOT PRESC DOC REAS	01/01/2015	RBRVS	$0.00	$0.00									
G9440		P2Y INHIB NOT PRESC	01/01/2015	RBRVS	$0.00	$0.00									
G9441		STATIN PRESC DISCH	01/01/2015	RBRVS	$0.00	$0.00									
G9442		STATIN NOT PRESC DOC REAS	01/01/2015	RBRVS	$0.00	$0.00									
G9443		STATIN NOT PRESC DISCH	01/01/2015	RBRVS	$0.00	$0.00									
G9448		BORN 1945-1965	01/01/2015	RBRVS	$0.00	$0.00									
G9449		HX BLD TRANSF B/F 1992	01/01/2015	RBRVS	$0.00	$0.00									
G9450		HX INJEC DRUG USE	01/01/2015	RBRVS	$0.00	$0.00									
G9451		1X SCRN HCV INFECT	01/01/2015	RBRVS	$0.00	$0.00									
G9452		DOC MED REAS NO SCRN HCV	01/01/2015	RBRVS	$0.00	$0.00									
G9453		PT REAS NO HCV INFECT	01/01/2015	RBRVS	$0.00	$0.00									
G9454		NO HCV INFECT SRN	01/01/2015	RBRVS	$0.00	$0.00									
G9455		ABD IMAG W/US, CT OR MRI	01/01/2015	RBRVS	$0.00	$0.00									
G9456		DOC MED PT REAS NO HCC SCRN	01/01/2015	RBRVS	$0.00	$0.00									
G9457		NO ABD IMAG W/O REASON	01/01/2015	RBRVS	$0.00	$0.00									
G9458		TOB USER RECD CESS INTERV	01/01/2015	RBRVS	$0.00	$0.00									
G9459		TOB NON-USER	01/01/2015	RBRVS	$0.00	$0.00									
G9460		NO TOB ASSESS OR CESS INTER	01/01/2015	RBRVS	$0.00	$0.00									
G9463		SINUSITIS INTENT	01/01/2015	RBRVS	$0.00	$0.00									
G9464		SINUSITIS COMP	01/01/2015	RBRVS	$0.00	$0.00									
G9465		AOE INTENT	01/01/2015	RBRVS	$0.00	$0.00									
G9466		AOE COMP	01/01/2015	RBRVS	$0.00	$0.00									
G9467		RECD CORTICO >=10MG/DAY >60D	01/01/2015	RBRVS	$0.00	$0.00									
G9468		NO RECD CORTICO>=10MG/D >60D	01/01/2015	RBRVS	$0.00	$0.00									
G9469		REC CORTICO>60D OR 1RX 600MG	01/01/2015	RBRVS	$0.00	$0.00									
G9470		NO REC CORTICO>60D 1RX 600MG	01/01/2015	RBRVS	$0.00	$0.00									
G9471		W/IN 2YR DXA NOT ORDER	01/01/2015	RBRVS	$0.00	$0.00									
G9472		NO DXA NO MED HX NO RV SX	01/01/2015	RBRVS	$0.00	$0.00									
J0120		TETRACYCLIN INJECTION	01/01/2009	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J0129		ABATACEPT INJECTION	01/01/2015	FEE SCHED	$33.15	$0.00									
J0130		ABCIXIMAB INJECTION	01/01/2015	FEE SCHED	$804.37	$0.00									
J0131		ACETAMINOPHEN INJECTION	01/01/2012	EAC	$0.00	$0.00									
J0132		ACETYLCYSTEINE INJECTION	01/01/2015	FEE SCHED	$1.56	$0.00									
J0133		ACYCLOVIR INJECTION	01/01/2015	FEE SCHED	$0.07	$0.00									
J0153		ADENOSINE INJ 1MG	01/01/2015	FEE SCHED	$0.85	$0.00									
J0171		ADRENALIN EPINEPHRINE INJECT	01/01/2015	FEE SCHED	$0.14	$0.00									
J0178		AFLIBERCEPT INJECTION	01/01/2013	FEE SCHED	$980.50	$0.00									
J0180		AGALSIDASE BETA INJECTION	10/01/2014	FEE SCHED	$152.35	$0.00									
J0190		INJ BIPERIDEN LACTATE/5 MG	01/01/2009	EAC	$0.00	$0.00									
J0200		ALATROFLOXACIN MESYLATE	07/19/2005	MEDICARE	$16.99	$0.00									
J0205		ALGLUCERASE INJECTION	01/01/2013	FEE SCHED	$42.03	$0.00									
J0207		AMIFOSTINE	01/01/2015	FEE SCHED	$479.05	$0.00									
J0210		METHYLDOPATE HCL INJECTION	01/01/2012	FEE SCHED	$42.40	$0.00									
J0215		ALEFACEPT	07/01/2012	FEE SCHED	$41.64	$0.00									
J0220		ALGLUCOSIDASE ALFA INJECTION	07/01/2014	FEE SCHED	$206.63	$0.00									
J0221		LUMIZYME INJECTION	01/01/2015	FEE SCHED	$153.62	$0.00									
J0256		ALPHA 1 PROTEINASE INHIBITOR	01/01/2015	FEE SCHED	$4.24	$0.00									
J0257		GLASSIA INJECTION	10/01/2014	FEE SCHED	$3.98	$0.00									
J0278		AMIKACIN SULFATE INJECTION	01/01/2015	FEE SCHED	$1.19	$0.00									
J0280		AMINOPHYLLIN 250 MG INJ	01/01/2015	FEE SCHED	$3.21	$0.00									
J0282		AMIODARONE HCL	07/01/2011	FEE SCHED	$0.23	$0.00									
J0285		AMPHOTERICIN B	01/01/2015	FEE SCHED	$16.90	$0.00									
J0287		AMPHOTERICIN B LIPID COMPLEX	01/01/2015	FEE SCHED	$11.01	$0.00									
J0288		AMPHO B CHOLESTERYL SULFATE	04/01/2012	FEE SCHED	$14.00	$0.00									
J0289		AMPHOTERICIN B LIPOSOME INJ	01/01/2015	FEE SCHED	$16.98	$0.00									
J0290		AMPICILLIN 500 MG INJ	01/01/2015	FEE SCHED	$1.18	$0.00									
J0295		AMPICILLIN SODIUM PER 1.5 GM	01/01/2015	FEE SCHED	$1.86	$0.00									
J0300		AMOBARBITAL 125 MG INJ	07/01/2009	FEE SCHED	$6.33	$0.00									
J0330		SUCCINYCHOLINE CHLORIDE INJ	01/01/2011	FEE SCHED	$0.15	$0.00									
J0348		ANADULAFUNGIN INJECTION	01/01/2015	FEE SCHED	$0.66	$0.00									
J0350		INJECTION ANISTREPLASE 30 U	07/20/2006	MEDICARE	$2,268.46	$0.00									
J0360		HYDRALAZINE HCL INJECTION	01/01/2015	FEE SCHED	$2.45	$0.00									
J0364		APOMORPHINE HYDROCHLORIDE	04/01/2014	FEE SCHED	$32.69	$0.00									
J0365		APROTONIN 10 000 KIU	07/01/2009	FEE SCHED	$2.65	$0.00									
J0380		INJ METARAMINOL BITARTRATE	07/19/2005	MEDICARE	$1.15	$0.00									
J0390		CHLOROQUINE INJECTION	05/01/2005	MEDICARE	$17.27	$0.00									
J0395		ARBUTAMINE HCL INJECTION	05/01/2005	MEDICARE	$160.00	$0.00									
J0400		ARIPIPRAZOLE INJECTION	10/01/2014	FEE SCHED	$0.65	$0.00									
J0456		AZITHROMYCIN	01/01/2015	FEE SCHED	$2.94	$0.00									
J0461		ATROPINE SULFATE INJECTION	10/01/2014	FEE SCHED	$0.05	$0.00									
J0470		DIMECAPROL INJECTION	01/01/2015	FEE SCHED	$29.01	$0.00									
J0475		BACLOFEN 10 MG INJECTION	01/01/2015	FEE SCHED	$159.74	$0.00									
J0476		BACLOFEN INTRATHECAL TRIAL	01/01/2015	FEE SCHED	$75.84	$0.00									
J0480		BASILIXIMAB	01/01/2015	FEE SCHED	$2,723.28	$0.00									
J0485		BELATACEPT INJECTION	01/01/2015	FEE SCHED	$3.80	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J0490		BELIMUMAB INJECTION	01/01/2015	FEE SCHED	$40.03	$0.00									
J0500		DICYCLOMINE INJECTION	01/01/2015	FEE SCHED	$40.88	$0.00									
J0515		INJ BENZTROPINE MESYLATE	01/01/2015	FEE SCHED	$19.60	$0.00									
J0520		BETHANECHOL CHLORIDE INJECT	05/01/2005	MEDICARE	$4.49	$0.00									
J0558		PENG BENZATHINE/PROCAINE INJ	01/01/2015	FEE SCHED	$5.25	$0.00									
J0561		PENICILLIN G BENZATHINE INJ	01/01/2015	FEE SCHED	$6.61	$0.00									
J0583		BIVALIRUDIN	01/01/2015	FEE SCHED	$3.54	$0.00									
J0585		INJECTION,ONABOTULINUMTOXINA	01/01/2015	FEE SCHED	$5.58	$0.00		Y							
J0586		ABOBOTULINUMTOXINA	01/01/2015	FEE SCHED	$7.62	$0.00		Y							
J0587		INJ, RIMABOTULINUMTOXINB	01/01/2015	FEE SCHED	$11.28	$0.00		Y							
J0588		INCOBOTULINUMTOXIN A	01/01/2015	FEE SCHED	$4.47	$0.00		Y							
J0592		BUPRENORPHINE HYDROCHLORIDE	01/01/2015	FEE SCHED	$3.01	$0.00									
J0594		BUSULFAN INJECTION	01/01/2015	FEE SCHED	$32.86	$0.00									
J0595		BUTORPHANOL TARTRATE 1 MG	01/01/2015	FEE SCHED	$1.74	$0.00									
J0597		C-1 ESTERASE, BERINERT	01/01/2015	FEE SCHED	$38.58	$0.00									
J0598		C-1 ESTERASE, CINRYZE	01/01/2015	FEE SCHED	$51.89	$0.00									
J0600		EDETATE CALCIUM DISODIUM INJ	01/01/2015	FEE SCHED	$3,063.72	$0.00									
J0610		CALCIUM GLUCONATE INJECTION	01/01/2015	FEE SCHED	$2.07	$0.00									
J0620		CALCIUM GLYCER & LACT/10 ML	05/01/2005	MEDICARE	$8.96	$0.00									
J0636		INJ CALCITRIOL PER 0.1 MCG	01/01/2015	FEE SCHED	$0.36	$0.00									
J0637		CASPOFUNGIN ACETATE	01/01/2015	FEE SCHED	$12.32	$0.00									
J0638		CANAKINUMAB INJECTION	01/01/2015	FEE SCHED	$91.00	$0.00									
J0640		LEUCOVORIN CALCIUM INJECTION	01/01/2015	FEE SCHED	$3.99	$0.00									
J0641		LEVOLEUCOVORIN INJECTION	01/01/2015	FEE SCHED	$1.75	$0.00									
J0670		INJ MEPIVACAINE HCL/10 ML	01/01/2015	FEE SCHED	$2.42	$0.00									
J0690		CEFAZOLIN SODIUM INJECTION	01/01/2015	FEE SCHED	$0.90	$0.00									
J0692		CEFEPIME HCL FOR INJECTION	01/01/2015	FEE SCHED	$2.52	$0.00									
J0694		CEFOXITIN SODIUM INJECTION	01/01/2015	FEE SCHED	$5.03	$0.00									
J0696		CEFTRIAXONE SODIUM INJECTION	01/01/2015	FEE SCHED	$0.68	$0.00									
J0697		STERILE CEFUROXIME INJECTION	01/01/2015	FEE SCHED	$2.72	$0.00									
J0698		CEFOTAXIME SODIUM INJECTION	01/01/2015	FEE SCHED	$1.90	$0.00									
J0702		BETAMETHASONE ACET&SOD PHOSP	01/01/2015	FEE SCHED	$5.90	$0.00									
J0706		CAFFEINE CITRATE INJECTION	04/01/2014	FEE SCHED	$0.55	$0.00									
J0710		CEPHAPIRIN SODIUM INJECTION	01/01/2009	EAC	$0.00	$0.00									
J0712		CEFTAROLINE FOSAMIL INJ	10/01/2014	FEE SCHED	$1.13	$0.00									
J0713		INJ CEFTAZIDIME PER 500 MG	01/01/2015	FEE SCHED	$2.06	$0.00									
J0715		CEFTIZOXIME SODIUM / 500 MG	07/01/2009	FEE SCHED	$5.24	$0.00									
J0716		CENTRUROIDES IMMUNE F(AB)	01/01/2013	EAC	$0.00	$0.00									
J0717		CERTOLIZUMAB PEGOL INJ 1MG	01/01/2015	FEE SCHED	$6.60	$0.00									
J0720		CHLORAMPHENICOL SODIUM INJEC	07/01/2014	FEE SCHED	$31.74	$0.00									
J0725		CHORIONIC GONADOTROPIN/1000U	01/01/2015	FEE SCHED	$18.40	$0.00									
J0735		CLONIDINE HYDROCHLORIDE	01/01/2015	FEE SCHED	$21.88	$0.00									
J0740		CIDOFOVIR INJECTION	01/01/2015	FEE SCHED	$584.51	$0.00									
J0743		CILASTATIN SODIUM INJECTION	01/01/2015	FEE SCHED	$5.12	$0.00									
J0744		CIPROFLOXACIN IV	10/01/2014	FEE SCHED	$1.10	$0.00									
J0745		INJ CODEINE PHOSPHATE /30 MG	01/01/2011	FEE SCHED	$1.35	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J0760		COLCHICINE INJECTION	07/01/2009	FEE SCHED	$6.57	$0.00									
J0770		COLISTIMETHATE SODIUM INJ	01/01/2015	FEE SCHED	$11.59	$0.00									
J0775		COLLAGENASE, CLOST HIST INJ	01/01/2015	FEE SCHED	$38.45	$0.00									
J0780		PROCHLORPERAZINE INJECTION	01/01/2015	FEE SCHED	$13.84	$0.00									
J0795		CORTICORELIN OVINE TRIFLUTAL	01/01/2015	FEE SCHED	$7.73	$0.00									
J0833		COSYNTROPIN INJECTION NOS	01/01/2011	FEE SCHED	$52.30	$0.00									
J0834		COSYNTROPIN CORTROSYN INJ	01/01/2015	FEE SCHED	$47.02	$0.00									
J0840		CROTALIDAE POLY IMMUNE FAB	10/01/2014	FEE SCHED	$2,493.12	$0.00									
J0850		CYTOMEGALOVIRUS IMM IV /VIAL	10/01/2013	FEE SCHED	$1,013.87	$0.00									
J0878		DAPTOMYCIN INJECTION	01/01/2015	FEE SCHED	$0.71	$0.00									
J0881		DARBEPOETIN ALFA NON-ESRD	01/01/2015	FEE SCHED	$3.90	$0.00									
J0882		DARBEPOETIN ALFA ESRD USE	01/01/2015	FEE SCHED	$3.90	$0.00									
J0885		EPOETIN ALFA NON-ESRD	01/01/2015	FEE SCHED	$11.89	$0.00									
J0886		EPOETIN ALFA ESRD	01/01/2015	FEE SCHED	$11.89	$0.00									
J0890		PEGINESATIDE INJECTION	07/01/2013	FEE SCHED	$8.20	$0.00									
J0894		DECITABINE INJECTION	01/01/2015	FEE SCHED	$27.27	$0.00									
J0895		DEFEROXAMINE MESYLATE INJ	01/01/2015	FEE SCHED	$8.93	$0.00									
J0897		DENOSUMAB INJECTION	01/01/2015	FEE SCHED	$14.69	$0.00									
J0945		BROMPHENIRAMINE MALEATE INJ	04/10/2007	MEDICARE	$0.80	$0.00									
J1000		DEPO-ESTRADIOL CYPIONATE INJ	01/01/2015	FEE SCHED	$10.98	$0.00									
J1020		METHYLPREDNISOLONE 20 MG INJ	01/01/2015	FEE SCHED	$3.44	$0.00									
J1030		METHYLPREDNISOLONE 40 MG INJ	01/01/2015	FEE SCHED	$3.35	$0.00									
J1040		METHYLPREDNISOLONE 80 MG INJ	01/01/2015	FEE SCHED	$6.15	$0.00									
J1050		MEDROXYPROGESTERONE ACETATE	01/01/2015	FEE SCHED	$0.30	$0.00									
J1071		INJ TESTOSTERONE CYPIONATE	01/01/2015	FEE SCHED	$0.03	$0.00									
J1094		INJ DEXAMETHASONE ACETATE	07/01/2009	FEE SCHED	$0.23	$0.00									
J1100		DEXAMETHASONE SODIUM PHOS	01/01/2015	FEE SCHED	$0.15	$0.00									
J1110		INJ DIHYDROERGOTAMINE MESYLT	01/01/2015	FEE SCHED	$53.69	$0.00									
J1120		ACETAZOLAMID SODIUM INJECTIO	01/01/2015	FEE SCHED	$21.40	$0.00									
J1160		DIGOXIN INJECTION	01/01/2015	FEE SCHED	$9.47	$0.00									
J1162		DIGOXIN IMMUNE FAB (OVINE)	10/01/2014	FEE SCHED	$2,051.63	$0.00									
J1165		PHENYTOIN SODIUM INJECTION	01/01/2015	FEE SCHED	$0.57	$0.00									
J1170		HYDROMORPHONE INJECTION	01/01/2015	FEE SCHED	$2.13	$0.00									
J1180		DYPHYLLINE INJECTION	07/19/2005	MEDICARE	$8.05	$0.00									
J1190		DEXRAZOXANE HCL INJECTION	01/01/2015	FEE SCHED	$138.61	$0.00									
J1200		DIPHENHYDRAMINE HCL INJECTIO	01/01/2015	FEE SCHED	$0.60	$0.00									
J1205		CHLOROTHIAZIDE SODIUM INJ	01/01/2015	FEE SCHED	$119.20	$0.00									
J1212		DIMETHYL SULFOXIDE 50% 50 ML	01/01/2015	FEE SCHED	$88.72	$0.00									
J1230		METHADONE INJECTION	01/01/2015	FEE SCHED	$9.31	$0.00									
J1240		DIMENHYDRINATE INJECTION	01/01/2015	FEE SCHED	$5.35	$0.00									
J1245		DIPYRIDAMOLE INJECTION	01/01/2015	FEE SCHED	$0.80	$0.00									
J1250		INJ DOBUTAMINE HCL/250 MG	01/01/2015	FEE SCHED	$6.40	$0.00									
J1260		DOLASETRON MESYLATE	01/01/2015	FEE SCHED	$6.76	$0.00									
J1265		DOPAMINE INJECTION	01/01/2015	FEE SCHED	$0.62	$0.00									
J1267		DORIPENEM INJECTION	01/01/2015	FEE SCHED	$0.65	$0.00									
J1270		INJECTION, DOXERCALCIFEROL	01/01/2015	FEE SCHED	$1.48	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J1290		ECALLANTIDE INJECTION	01/01/2015	FEE SCHED	$374.64	$0.00									
J1300		ECULIZUMAB INJECTION	01/01/2015	FEE SCHED	$210.35	$0.00									
J1320		AMITRIPTYLINE INJECTION	07/19/2005	MEDICARE	$2.24	$0.00									
J1325		EPOPROSTENOL INJECTION	01/01/2015	FEE SCHED	$15.33	$0.00									
J1327		EPTIFIBATIDE INJECTION	04/01/2014	FEE SCHED	$27.58	$0.00									
J1330		ERGONOVINE MALEATE INJECTION	01/01/2009	EAC	$0.00	$0.00									
J1335		ERTAPENEM INJECTION	01/01/2015	FEE SCHED	$36.48	$0.00									
J1364		ERYTHRO LACTOBIONATE /500 MG	01/01/2015	FEE SCHED	$43.93	$0.00									
J1380		ESTRADIOL VALERATE 10 MG INJ	01/01/2015	FEE SCHED	$9.39	$0.00									
J1410		INJ ESTROGEN CONJUGATE 25 MG	01/01/2015	FEE SCHED	$190.66	$0.00									
J1430		ETHANOLAMINE OLEATE 100 MG	01/01/2015	FEE SCHED	$311.12	$0.00									
J1435		INJECTION ESTRONE PER 1 MG	04/10/2007	MEDICARE	$0.24	$0.00									
J1436		ETIDRONATE DISODIUM INJ	07/19/2005	MEDICARE	$71.41	$0.00									
J1439		INJ FERRIC CARBOXYMALTOS 1MG	01/01/2015	FEE SCHED	$1.06	$0.00									
J1442		INJ, FILGRASTIM G-CSF 1MCG	01/01/2015	FEE SCHED	$1.00	$0.00									
J1450		FLUCONAZOLE	01/01/2015	FEE SCHED	$3.76	$0.00									
J1451		FOMEPIZOLE 15 MG	04/01/2014	FEE SCHED	$6.70	$0.00									
J1452		INTRAOCULAR FOMIVIRSEN NA	07/19/2005	MEDICARE	$212.00	$0.00									
J1453		FOSAPREPITANT INJECTION	10/01/2014	FEE SCHED	$1.73	$0.00									
J1455		FOSCARNET SODIUM INJECTION	10/01/2012	FEE SCHED	$3.50	$0.00									
J1457		GALLIUM NITRATE INJECTION	04/01/2012	FEE SCHED	$2.08	$0.00									
J1458		GALSULFASE INJECTION	01/01/2015	FEE SCHED	$358.97	$0.00									
J1459		INJ IVIG PRIVIGEN 500 MG	01/01/2015	FEE SCHED	$36.66	$0.00									
J1460		GAMMA GLOBULIN 1 CC INJ	01/01/2015	FEE SCHED	$28.89	$0.00									
J1556		INJ, IMM GLOB BIVIGAM, 500MG	01/01/2015	FEE SCHED	$38.47	$0.00									
J1557		GAMMAPLEX INJECTION	01/01/2015	FEE SCHED	$35.92	$0.00									
J1560		GAMMA GLOBULIN > 10 CC INJ	01/01/2015	FEE SCHED	$288.94	$0.00									
J1561		GAMUNEX/GAMUNEX C	01/01/2015	FEE SCHED	$40.22	$0.00									
J1566		IMMUNE GLOBULIN POWDER	01/01/2015	FEE SCHED	$26.73	$0.00									
J1568		OCTAGAM INJECTION	01/01/2015	FEE SCHED	$36.87	$0.00									
J1569		GAMMAGARD LIQUID INJECTION	01/01/2015	FEE SCHED	$39.15	$0.00									
J1570		GANCICLOVIR SODIUM INJECTION	01/01/2015	FEE SCHED	$75.47	$0.00									
J1571		HEPAGAM B IM INJECTION	01/01/2015	FEE SCHED	$52.27	$0.00									
J1572		FLEBOGAMMA INJECTION	01/01/2015	FEE SCHED	$36.14	$0.00									
J1573		HEPAGAM B INTRAVENOUS, INJ	01/01/2014	FEE SCHED	$51.29	$0.00									
J1580		GARAMYCIN GENTAMICIN INJ	01/01/2015	FEE SCHED	$1.45	$0.00									
J1590		GATIFLOXACIN INJECTION	07/01/2009	FEE SCHED	$0.80	$0.00									
J1599		IVIG NON-LYOPHILIZED, NOS	01/01/2011	EAC	$0.00	$0.00									
J1600		GOLD SODIUM THIOMALEATE INJ	07/01/2013	FEE SCHED	$30.15	$0.00									
J1602		GOLIMUMAB FOR IV USE 1MG	01/01/2015	FEE SCHED	$23.92	$0.00									
J1610		GLUCAGON HYDROCHLORIDE/1 MG	01/01/2015	FEE SCHED	$162.08	$0.00									
J1620		GONADORELIN HYDROCH/ 100 MCG	01/15/2007	MEDICARE	$180.30	$0.00									
J1626		GRANISETRON HCL INJECTION	01/01/2015	FEE SCHED	$0.49	$0.00									
J1630		HALOPERIDOL INJECTION	01/01/2015	FEE SCHED	$2.79	$0.00									
J1631		HALOPERIDOL DECANOATE INJ	01/01/2015	FEE SCHED	$18.67	$0.00									
J1640		HEMIN, 1 MG	10/01/2014	FEE SCHED	$20.73	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J1642		INJ HEPARIN SODIUM PER 10 U	01/01/2015	FEE SCHED	$0.19	$0.00									
J1644		INJ HEPARIN SODIUM PER 1000U	01/01/2015	FEE SCHED	$0.18	$0.00									
J1645		DALTEPARIN SODIUM	01/01/2015	FEE SCHED	$12.86	$0.00									
J1650		INJ ENOXAPARIN SODIUM	01/01/2015	FEE SCHED	$1.55	$0.00									
J1652		FONDAPARINUX SODIUM	01/01/2015	FEE SCHED	$3.89	$0.00									
J1655		TINZAPARIN SODIUM INJECTION	07/01/2011	FEE SCHED	$3.49	$0.00									
J1670		TETANUS IMMUNE GLOBULIN INJ	01/01/2015	FEE SCHED	$328.40	$0.00									
J1675		HISTRELIN ACETATE	01/01/2009	EAC	$0.00	$0.00									
J1700		HYDROCORTISONE ACETATE INJ	02/20/2005	MEDICARE	$0.66	$0.00									
J1710		HYDROCORTISONE SODIUM PH INJ	02/20/2005	MEDICARE	$4.69	$0.00									
J1720		HYDROCORTISONE SODIUM SUCC I	01/01/2015	FEE SCHED	$6.35	$0.00									
J1725		HYDROXYPROGESTERONE CAPROATE	01/01/2012	EAC	$0.00	$0.00									
J1730		DIAZOXIDE INJECTION	01/15/2007	MEDICARE	$111.85	$0.00									
J1740		IBANDRONATE SODIUM INJECTION	01/01/2015	FEE SCHED	$123.88	$0.00									
J1742		IBUTILIDE FUMARATE INJECTION	01/01/2015	FEE SCHED	$110.02	$0.00									
J1743		IDURSULFASE INJECTION	01/01/2015	FEE SCHED	$483.10	$0.00									
J1745		INFLIXIMAB INJECTION	01/01/2015	FEE SCHED	$74.11	$0.00									
J1750		INJ IRON DEXTRAN	01/01/2015	FEE SCHED	$12.12	$0.00									
J1756		IRON SUCROSE INJECTION	01/01/2015	FEE SCHED	$0.21	$0.00									
J1790		DROPERIDOL INJECTION	10/01/2013	FEE SCHED	$2.14	$0.00									
J1800		PROPRANOLOL INJECTION	01/01/2015	FEE SCHED	$2.95	$0.00									
J1810		DROPERIDOL/FENTANYL INJ	07/20/2006	MEDICARE	$5.58	$0.00									
J1835		INTRACONAZOLE INJECTION	07/01/2009	FEE SCHED	$42.28	$0.00									
J1840		KANAMYCIN SULFATE 500 MG INJ	01/01/2010	FEE SCHED	$7.69	$0.00									
J1850		KANAMYCIN SULFATE 75 MG INJ	01/01/2010	FEE SCHED	$1.15	$0.00									
J1885		KETOROLAC TROMETHAMINE INJ	01/01/2015	FEE SCHED	$0.47	$0.00									
J1890		CEPHALOTHIN SODIUM INJECTION	02/20/2005	MEDICARE	$8.64	$0.00									
J1930		LANREOTIDE INJECTION	01/01/2015	FEE SCHED	$46.70	$0.00									
J1931		LARONIDASE INJECTION	10/01/2014	FEE SCHED	$29.45	$0.00									
J1940		FUROSEMIDE INJECTION	01/01/2015	FEE SCHED	$4.77	$0.00									
J1945		LEPIRUDIN	01/01/2013	FEE SCHED	$570.54	$0.00									
J1950		LEUPROLIDE ACETATE /3.75 MG	01/01/2015	FEE SCHED	$810.14	$0.00									
J1953		LEVETIRACETAM INJECTION	10/01/2014	FEE SCHED	$0.12	$0.00									
J1955		INJ LEVOCARNITINE PER 1 GM	01/01/2015	FEE SCHED	$8.58	$0.00									
J1956		LEVOFLOXACIN INJECTION	01/01/2015	FEE SCHED	$2.18	$0.00									
J1960		LEVORPHANOL TARTRATE INJ	05/01/2005	MEDICARE	$3.17	$0.00									
J1980		HYOSCYAMINE SULFATE INJ	01/01/2015	FEE SCHED	$18.54	$0.00									
J1990		CHLORDIAZEPOXIDE INJECTION	04/01/2009	EAC	$0.00	$0.00									
J2001		LIDOCAINE INJECTION	07/01/2009	FEE SCHED	$0.02	$0.00									
J2010		LINCOMYCIN INJECTION	01/01/2015	FEE SCHED	$9.56	$0.00									
J2020		LINEZOLID INJECTION	01/01/2015	FEE SCHED	$47.75	$0.00									
J2060		LORAZEPAM INJECTION	01/01/2015	FEE SCHED	$0.70	$0.00									
J2150		MANNITOL INJECTION	01/01/2015	FEE SCHED	$1.74	$0.00									
J2175		MEPERIDINE HYDROCHL /100 MG	01/01/2015	FEE SCHED	$5.00	$0.00									
J2180		MEPERIDINE/PROMETHAZINE INJ	02/20/2005	MEDICARE	$3.79	$0.00									
J2185		MEROPENEM	01/01/2015	FEE SCHED	$1.05	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J2210		METHYLERGONOVIN MALEATE INJ	01/01/2015	FEE SCHED	$5.05	$0.00									
J2248		MICAFUNGIN SODIUM INJECTION	01/01/2015	FEE SCHED	$0.95	$0.00									
J2250		INJ MIDAZOLAM HYDROCHLORIDE	01/01/2015	FEE SCHED	$0.13	$0.00									
J2260		INJ MILRINONE LACTATE / 5 MG	01/01/2015	FEE SCHED	$3.20	$0.00									
J2265		MINOCYCLINE HYDROCHLORIDE	01/01/2012	EAC	$0.00	$0.00									
J2270		MORPHINE SULFATE INJECTION	01/01/2015	FEE SCHED	$1.81	$0.00									
J2274		IN MORPHINE PRESERVATIV FREE	01/01/2015	FEE SCHED	$9.28	$0.00									
J2278		ZICONOTIDE INJECTION	01/01/2015	FEE SCHED	$6.97	$0.00									
J2280		INJ, MOXIFLOXACIN 100MG	01/01/2015	FEE SCHED	$5.42	$0.00									
J2300		INJ NALBUPHINE HYDROCHLORIDE	01/01/2015	FEE SCHED	$2.36	$0.00									
J2310		INJ NALOXONE HYDROCHLORIDE	01/01/2015	FEE SCHED	$35.93	$0.00									
J2315		NALTREXONE, DEPOT FORM	01/01/2015	FEE SCHED	$2.89	$0.00									
J2320		NANDROLONE DECANOATE 50 MG	07/01/2009	FEE SCHED	$3.75	$0.00									
J2323		NATALIZUMAB INJECTION	01/01/2015	FEE SCHED	$15.49	$0.00									
J2325		NESIRITIDE INJECTION	04/01/2014	FEE SCHED	$60.25	$0.00									
J2353		OCTREOTIDE INJECTION DEPOT	01/01/2015	FEE SCHED	$143.32	$0.00									
J2355		OPRELVEKIN INJECTION	01/01/2015	FEE SCHED	$322.70	$0.00									
J2357		OMALIZUMAB INJECTION	01/01/2015	FEE SCHED	$27.68	$0.00									
J2360		ORPHENADRINE INJECTION	01/01/2015	FEE SCHED	$5.75	$0.00									
J2370		PHENYLEPHRINE HCL INJECTION	01/01/2015	FEE SCHED	$3.34	$0.00									
J2400		CHLOROPROCAINE HCL INJECTION	01/01/2015	FEE SCHED	$16.73	$0.00									
J2405		ONDANSETRON HCL INJECTION	10/01/2014	FEE SCHED	$0.08	$0.00									
J2410		OXYMORPHONE HCL INJECTION	01/01/2015	FEE SCHED	$2.89	$0.00									
J2425		PALIFERMIN INJECTION	01/01/2015	FEE SCHED	$15.22	$0.00									
J2426		PALIPERIDONE PALMITATE INJ	01/01/2015	FEE SCHED	$8.12	$0.00									
J2430		PAMIDRONATE DISODIUM /30 MG	01/01/2015	FEE SCHED	$12.97	$0.00									
J2440		PAPAVERIN HCL INJECTION	07/01/2013	FEE SCHED	$0.00	$0.00									
J2460		OXYTETRACYCLINE INJECTION	06/29/2006	MEDICARE	$0.94	$0.00									
J2469		PALONOSETRON HCL	01/01/2015	FEE SCHED	$20.15	$0.00									
J2501		PARICALCITOL	01/01/2015	FEE SCHED	$1.42	$0.00									
J2503		PEGAPTANIB SODIUM INJECTION	01/01/2015	FEE SCHED	$1,035.10	$0.00									
J2504		PEGADEMASE BOVINE 25 IU	10/01/2014	FEE SCHED	$281.40	$0.00									
J2505		INJECTION PEGFILGRASTIM 6MG	01/01/2015	FEE SCHED	$3,495.46	$0.00									
J2507		PEGLOTICASE INJECTION	01/01/2015	FEE SCHED	$1,006.47	$0.00		Y							
J2510		PENICILLIN G PROCAINE INJ	01/01/2015	FEE SCHED	$17.92	$0.00									
J2513		PENTASTARCH 10% SOLUTION	01/01/2006	MEDICARE	$12.72	$0.00									
J2515		PENTOBARBITAL SODIUM INJ	01/01/2015	FEE SCHED	$35.84	$0.00									
J2540		PENICILLIN G POTASSIUM INJ	01/01/2015	FEE SCHED	$0.72	$0.00									
J2543		PIPERACILLIN/TAZOBACTAM	01/01/2015	FEE SCHED	$1.32	$0.00									
J2545		PENTAMIDINE ISETHIONTE/300MG	01/01/2015	FEE SCHED	$97.37	$0.00									
J2550		PROMETHAZINE HCL INJECTION	01/01/2015	FEE SCHED	$1.56	$0.00									
J2560		PHENOBARBITAL SODIUM INJ	01/01/2015	FEE SCHED	$23.51	$0.00									
J2562		PLERIXAFOR INJECTION	01/01/2015	FEE SCHED	$304.06	$0.00									
J2590		OXYTOCIN INJECTION	04/01/2014	FEE SCHED	$0.53	$0.00									
J2597		INJ DESMOPRESSIN ACETATE	01/01/2015	FEE SCHED	$5.04	$0.00									
J2650		PREDNISOLONE ACETATE INJ	10/01/2010	FEE SCHED	$0.52	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J2670		TOTAZOLINE HCL INJECTION	02/20/2005	MEDICARE	$3.44	$0.00									
J2675		INJ PROGESTERONE PER 50 MG	01/01/2015	FEE SCHED	$1.42	$0.00									
J2680		FLUPHENAZINE DECANOATE 25 MG	01/01/2015	FEE SCHED	$23.28	$0.00									
J2690		0ROCAINAMIDE HCL INJECTION	01/01/2015	FEE SCHED	$57.27	$0.00									
J2700		OXACILLIN SODIUM INJECITON	01/01/2015	FEE SCHED	$1.73	$0.00									
J2704		INJ, PROPOFOL, 10 MG	01/01/2015	FEE SCHED	$0.13	$0.00									
J2710		NEOSTIGMINE METHYLSLFTE INJ	07/01/2009	FEE SCHED	$0.09	$0.00									
J2720		INJ PROTAMINE SULFATE/10 MG	10/01/2014	FEE SCHED	$1.04	$0.00									
J2724		PROTEIN C CONCENTRATE	01/01/2015	FEE SCHED	$14.61	$0.00									
J2725		INJ PROTIRELIN PER 250 MCG	07/19/2005	MEDICARE	$21.78	$0.00									
J2730		PRALIDOXIME CHLORIDE INJ	01/01/2015	FEE SCHED	$87.66	$0.00									
J2765		METOCLOPRAMIDE HCL INJECTION	01/01/2015	FEE SCHED	$0.73	$0.00									
J2770		QUINUPRISTIN/DALFOPRISTIN	01/01/2015	FEE SCHED	$262.29	$0.00									
J2778		RANIBIZUMAB INJECTION	01/01/2015	FEE SCHED	$396.05	$0.00									
J2780		RANITIDINE HYDROCHLORIDE INJ	01/01/2015	FEE SCHED	$1.08	$0.00									
J2783		RASBURICASE	01/01/2015	FEE SCHED	$223.00	$0.00									
J2785		REGADENOSON INJECTION	01/01/2015	FEE SCHED	$52.62	$0.00									
J2788		RHO D IMMUNE GLOBULIN 50 MCG	01/01/2015	FEE SCHED	$26.20	$0.00									
J2790		RHO D IMMUNE GLOBULIN INJ	01/01/2015	FEE SCHED	$83.11	$0.00									
J2791		RHOPHYLAC INJECTION	01/01/2015	FEE SCHED	$4.77	$0.00									
J2792		RHO(D) IMMUNE GLOBULIN H, SD	01/01/2015	FEE SCHED	$18.64	$0.00									
J2793		RILONACEPT INJECTION	01/01/2010	EAC	$0.00	$0.00									
J2794		RISPERIDONE LONG ACTING	01/01/2015	FEE SCHED	$6.50	$0.00									
J2795		ROPIVACAINE HCL INJECTION	10/01/2014	FEE SCHED	$0.12	$0.00									
J2796		ROMIPLOSTIM INJECTION	01/01/2015	FEE SCHED	$54.99	$0.00									
J2800		METHOCARBAMOL INJECTION	01/01/2015	FEE SCHED	$46.57	$0.00									
J2805		SINCALIDE INJECTION	01/01/2015	FEE SCHED	$86.98	$0.00									
J2810		INJ THEOPHYLLINE PER 40 MG	01/01/2015	FEE SCHED	$0.27	$0.00									
J2820		SARGRAMOSTIM INJECTION	01/01/2015	FEE SCHED	$33.15	$0.00									
J2850		INJ SECRETIN SYNTHETIC HUMAN	10/01/2014	FEE SCHED	$34.78	$0.00									
J2910		AUROTHIOGLUCOSE INJECITON	06/29/2006	MEDICARE	$24.50	$0.00									
J2916		NA FERRIC GLUCONATE COMPLEX	01/01/2015	FEE SCHED	$2.77	$0.00									
J2920		METHYLPREDNISOLONE INJECTION	01/01/2015	FEE SCHED	$2.05	$0.00									
J2930		METHYLPREDNISOLONE INJECTION	01/01/2015	FEE SCHED	$2.97	$0.00									
J2950		PROMAZINE HCL INJECITON	07/19/2005	MEDICARE	$0.38	$0.00									
J2993		RETEPLASE INJECTION	10/01/2013	FEE SCHED	$2,301.91	$0.00									
J2995		INJ STREPTOKINASE /250000 IU	07/19/2005	MEDICARE	$79.50	$0.00									
J2997		ALTEPLASE RECOMBINANT	01/01/2015	FEE SCHED	$68.19	$0.00									
J3000		STREPTOMYCIN INJECTION	01/01/2015	FEE SCHED	$12.53	$0.00									
J3010		FENTANYL CITRATE INJECITON	01/01/2015	FEE SCHED	$0.57	$0.00									
J3060		INJ, TALIGLUCERACE ALFA 10 U	01/01/2015	FEE SCHED	$35.23	$0.00									
J3070		PENTAZOCINE INJECTION	01/01/2015	FEE SCHED	$113.72	$0.00									
J3095		TELAVANCIN INJECTION	01/01/2015	FEE SCHED	$4.79	$0.00									
J3101		TENECTEPLASE INJECTION	01/01/2015	FEE SCHED	$86.23	$0.00									
J3105		TERBUTALINE SULFATE INJ	01/01/2015	FEE SCHED	$4.80	$0.00									
J3121		INJ TESTOSTERO ENANTHATE 1MG	01/01/2015	FEE SCHED	$0.06	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J3230		CHLORPROMAZINE HCL INJECTION	01/01/2015	FEE SCHED	$23.92	$0.00									
J3240		THYROTROPIN INJECTION	01/01/2015	FEE SCHED	$1,428.67	$0.00									
J3243		TIGECYCLINE INJECTION	01/01/2015	FEE SCHED	$2.08	$0.00									
J3246		TIROFIBAN HCL	04/01/2014	FEE SCHED	$9.31	$0.00									
J3250		TRIMETHOBENZAMIDE HCL INJ	01/01/2015	FEE SCHED	$20.72	$0.00									
J3260		TOBRAMYCIN SULFATE INJECTION	01/01/2015	FEE SCHED	$2.81	$0.00									
J3262		TOCILIZUMAB INJECTION	01/01/2015	FEE SCHED	$3.80	$0.00									
J3265		INJECTION TORSEMIDE 10 MG/ML	07/01/2009	FEE SCHED	$2.19	$0.00									
J3280		THIETHYLPERAZINE MALEATE INJ	07/19/2005	MEDICARE	$3.87	$0.00									
J3285		TREPROSTINIL INJECTION	01/01/2011	FEE SCHED	$61.24	$0.00									
J3300		TRIAMCINOLONE A INJ PRS-FREE	01/01/2015	FEE SCHED	$3.74	$0.00									
J3301		TRIAMCINOLONE ACETONIDE INJ	01/01/2015	FEE SCHED	$1.81	$0.00									
J3302		TRIAMCINOLONE DIACETATE INJ	07/01/2009	FEE SCHED	$0.28	$0.00									
J3303		TRIAMCINOLONE HEXACETONL INJ	01/01/2015	FEE SCHED	$2.14	$0.00									
J3305		INJ TRIMETREXATE GLUCORONATE	10/01/2007	MEDICARE	$149.71	$0.00									
J3310		PERPHENAZINE INJECITON	01/01/2009	EAC	$0.00	$0.00									
J3315		TRIPTORELIN PAMOATE	01/01/2015	FEE SCHED	$169.45	$0.00									
J3320		SPECTINOMYCN DI-HCL INJ	04/10/2007	MEDICARE	$30.08	$0.00									
J3350		UREA INJECTION	01/01/2009	EAC	$0.00	$0.00									
J3357		USTEKINUMAB INJECTION	01/01/2015	FEE SCHED	$160.48	$0.00									
J3360		DIAZEPAM INJECTION	01/01/2015	FEE SCHED	$4.60	$0.00									
J3364		UROKINASE 5000 IU INJECTION	10/01/2009	FEE SCHED	$9.16	$0.00									
J3365		UROKINASE 250,000 IU INJ	07/01/2009	FEE SCHED	$457.73	$0.00									
J3370		VANCOMYCIN HCL INJECITON	01/01/2015	FEE SCHED	$2.06	$0.00									
J3385		VELAGLUCERASE ALFA	01/01/2015	FEE SCHED	$352.81	$0.00									
J3396		VERTEPORFIN INJECTION	01/01/2015	FEE SCHED	$10.75	$0.00									
J3400		TRIFLUPROMAZINE HCL INJ	01/01/2009	EAC	$0.00	$0.00									
J3410		HYDROXYZINE HCL INJECITON	07/01/2014	FEE SCHED	$0.45	$0.00									
J3411		THIAMINE HCL 100 MG	01/01/2015	FEE SCHED	$3.53	$0.00									
J3415		PYRIDOXINE HCL 100 MG	01/01/2015	FEE SCHED	$7.27	$0.00									
J3420		VITAMIN B12 INJECTION	01/01/2015	FEE SCHED	$3.32	$0.00									
J3430		VITAMIN K PHYTONADIONE INJ	01/01/2015	FEE SCHED	$2.94	$0.00									
J3465		INJECTION VORICONAZOLE	01/01/2015	FEE SCHED	$3.73	$0.00									
J3470		HYALURONIDASE INJECTION	07/01/2010	FEE SCHED	$21.20	$0.00									
J3471		OVINE UP TO 999 USP UNITS	01/01/2013	FEE SCHED	$0.25	$0.00									
J3472		OVINE 1000 USP UNITS	04/01/2010	FEE SCHED	$137.80	$0.00									
J3473		HYALURONIDASE RECOMBINANT	10/01/2014	FEE SCHED	$0.33	$0.00									
J3475		INJ MAGNESIUM SULFATE	01/01/2015	FEE SCHED	$0.23	$0.00									
J3480		INJ POTASSIUM CHLORIDE	01/01/2015	FEE SCHED	$0.13	$0.00									
J3485		ZIDOVUDINE	04/01/2013	FEE SCHED	$1.50	$0.00									
J3486		ZIPRASIDONE MESYLATE	01/01/2015	FEE SCHED	$12.37	$0.00									
J3489		ZOLEDRONIC ACID 1MG	01/01/2015	FEE SCHED	$41.29	$0.00									
J3490		DRUGS UNCLASSIFIED INJECTION	01/01/2009	EAC	$0.00	$0.00									
J3520		EDETATE DISODIUM PER 150 MG	01/01/2009	EAC	$0.00	$0.00									
J3530		NASAL VACCINE INHALATION	01/01/2009	EAC	$0.00	$0.00									
J3535		METERED DOSE INHALER DRUG	01/01/2009	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J3590		UNCLASSIFIED BIOLOGICS	01/01/2009	EAC	$0.00	$0.00									
J7030		NORMAL SALINE SOLUTION INFUS	01/01/2015	FEE SCHED	$1.49	$0.00									
J7040		NORMAL SALINE SOLUTION INFUS	01/01/2015	FEE SCHED	$0.74	$0.00									
J7042		5% DEXTROSE/NORMAL SALINE	01/01/2015	FEE SCHED	$0.57	$0.00									
J7050		NORMAL SALINE SOLUTION INFUS	01/01/2015	FEE SCHED	$0.37	$0.00									
J7060		5% DEXTROSE/WATER	01/01/2015	FEE SCHED	$1.28	$0.00									
J7070		D5W INFUSION	01/01/2015	FEE SCHED	$2.43	$0.00									
J7100		DEXTRAN 40 INFUSION	01/01/2015	FEE SCHED	$17.77	$0.00									
J7110		DEXTRAN 75 INFUSION	01/01/2012	FEE SCHED	$14.52	$0.00									
J7120		RINGERS LACTATE INFUSION	01/01/2015	FEE SCHED	$1.30	$0.00									
J7131		HYPERTONIC SALINE SOL	01/01/2012	EAC	$0.00	$0.00									
J7180		FACTOR XIII ANTI-HEM FACTOR	01/01/2015	FEE SCHED	$7.06	$0.00									
J7183		WILATE INJECTION	01/01/2015	FEE SCHED	$0.96	$0.00									
J7185		XYNTHA INJ	01/01/2015	FEE SCHED	$1.19	$0.00									
J7186		ANTIHEMOPHILIC VIII/VWF COMP	01/01/2015	FEE SCHED	$0.95	$0.00									
J7187		INJ VONWILLEBRAND FACTOR IU	01/01/2015	FEE SCHED	$0.96	$0.00									
J7189		FACTOR VIIA	01/01/2015	FEE SCHED	$1.77	$0.00									
J7190		FACTOR VIII	01/01/2015	FEE SCHED	$0.94	$0.00									
J7191		FACTOR VIII (PORCINE)	02/20/2005	MEDICARE	$1.86	$0.00									
J7192		FACTOR VIII RECOMBINANT	07/01/2014	FEE SCHED	$1.14	$0.00									
J7193		FACTOR IX NON-RECOMBINANT	01/01/2015	FEE SCHED	$1.04	$0.00									
J7194		FACTOR IX COMPLEX	01/01/2015	FEE SCHED	$1.14	$0.00									
J7195		FACTOR IX RECOMBINANT	10/01/2014	FEE SCHED	$1.35	$0.00									
J7196		ANTITHROMBIN RECOMBINANT	01/01/2011	EAC	$0.00	$0.00									
J7197		ANTITHROMBIN III INJECTION	10/01/2014	FEE SCHED	$3.27	$0.00									
J7198		ANTI-INHIBITOR	01/01/2015	FEE SCHED	$1.76	$0.00									
J7199		HEMOPHILIA CLOT FACTOR NOC	01/01/2009	EAC	$0.00	$0.00									
J7200		FACTOR IX RECOMBINAN RIXUBIS	01/01/2015	FEE SCHED	$1.24	$0.00									
J7201		FACTOR IX FC FUSION RECOMB	01/01/2015	FEE SCHED	$2.82	$0.00									
J7300		INTRAUT COPPER CONTRACEPTIVE	10/01/2014	FEE SCHED	$753.78	$0.00									
J7301		SKYLA 13.5MG	01/01/2014	FEE SCHED	$663.30	$0.00									
J7302		LEVONORGESTREL IU 52 MG	01/01/2015	FEE SCHED	$826.72	$0.00									
J7303		CONTRACEPTIVE VAGINAL RING	10/01/2014	FEE SCHED	$102.78	$0.00									
J7304		CONTRACEPTIVE HORMONE PATCH	10/01/2014	FEE SCHED	$37.47	$0.00									
J7307		ETONOGESTREL IMPLANT SYSTEM	10/01/2011	FEE SCHED	$672.60	$0.00									
J7308		AMINOLEVULINIC ACID HCL TOP	01/01/2015	FEE SCHED	$244.25	$0.00									
J7309		METHYL AMINOLEVULINATE, TOP	07/01/2013	FEE SCHED	$83.69	$0.00									
J7310		GANCICLOVIR LONG ACT IMPLANT	07/01/2009	FEE SCHED	$16,960.00	$0.00						Y			
J7311		FLUOCINOLONE ACETONIDE IMPLT	01/01/2015	FEE SCHED	$19,725.67	$0.00						Y			
J7312		DEXAMETHASONE INTRA IMPLANT	01/01/2015	FEE SCHED	$201.25	$0.00									
J7316		INJ, OCRIPLASMIN, 0.125 MG	07/01/2014	FEE SCHED	$1,046.75	$0.00									
J7321		HYALGAN/SUPARTZ INJ PER DOSE	01/01/2015	FEE SCHED	$88.90	$0.00									
J7323		EUFLEXXA INJ PER DOSE	01/01/2015	FEE SCHED	$154.62	$0.00									
J7324		ORTHOVISC INJ PER DOSE	01/01/2015	FEE SCHED	$174.75	$0.00									
J7325		SYNVISC OR SYNVISC-ONE	01/01/2015	FEE SCHED	$12.74	$0.00									
J7326		GEL-ONE	01/01/2015	FEE SCHED	$563.86	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J7327		MONOVISC INJ PER DOSE	01/01/2015	FEE SCHED	$988.38	$0.00									
J7330		CULTURED CHONDROCYTES IMPLNT	04/01/2014	FEE SCHED	$31,905.54	$0.00		Y							
J7336		CAPSAICIN 8% PATCH	01/01/2015	FEE SCHED	$2.73	$0.00									
J7500		AZATHIOPRINE ORAL 50MG	01/01/2015	FEE SCHED	$0.21	$0.00									
J7501		AZATHIOPRINE PARENTERAL	01/01/2014	FEE SCHED	$217.30	$0.00									
J7502		CYCLOSPORINE ORAL 100 MG	01/01/2015	FEE SCHED	$3.46	$0.00									
J7504		LYMPHOCYTE IMMUNE GLOBULIN	01/01/2015	FEE SCHED	$902.25	$0.00									
J7505		MONOCLONAL ANTIBODIES	04/01/2012	FEE SCHED	$1,156.08	$0.00									
J7506		PREDNISONE ORAL	04/01/2014	FEE SCHED	$0.08	$0.00									
J7507		TACROLIMUS ORAL PER 1 MG	01/01/2015	FEE SCHED	$1.04	$0.00									
J7508		TACROLIMUS EX REL ORAL 0.1MG	01/01/2015	FEE SCHED	$0.39	$0.00									
J7509		METHYLPREDNISOLONE ORAL	01/01/2015	FEE SCHED	$0.51	$0.00									
J7510		PREDNISOLONE ORAL PER 5 MG	01/01/2015	FEE SCHED	$0.11	$0.00									
J7511		ANTITHYMOCYTE GLOBULN RABBIT	01/01/2015	FEE SCHED	$588.77	$0.00									
J7513		DACLIZUMAB, PARENTERAL	07/01/2010	FEE SCHED	$526.34	$0.00									
J7515		CYCLOSPORINE ORAL 25 MG	01/01/2015	FEE SCHED	$0.89	$0.00									
J7516		CYCLOSPORIN PARENTERAL 250MG	01/01/2015	FEE SCHED	$33.02	$0.00									
J7517		MYCOPHENOLATE MOFETIL ORAL	01/01/2015	FEE SCHED	$1.49	$0.00									
J7518		MYCOPHENOLIC ACID	01/01/2015	FEE SCHED	$3.31	$0.00									
J7520		SIROLIMUS, ORAL	01/01/2015	FEE SCHED	$17.23	$0.00									
J7525		TACROLIMUS INJECTION	01/01/2015	FEE SCHED	$149.15	$0.00									
J7527		ORAL EVEROLIMUS	01/01/2015	FEE SCHED	$6.86	$0.00									
J7599		IMMUNOSUPPRESSIVE DRUG NOC	01/01/2009	EAC	$0.00	$0.00									
J7604		ACETYLCYSTEINE COMP UNIT	01/01/2008	EAC	$0.00	$0.00									
J7605		ARFORMOTEROL NON-COMP UNIT	01/01/2015	FEE SCHED	$6.98	$0.00									
J7606		FORMOTEROL FUMARATE, INH	01/01/2015	FEE SCHED	$7.70	$0.00									
J7607		LEVALBUTEROL COMP CON	01/01/2009	EAC	$0.00	$0.00									
J7608		ACETYLCYSTEINE INH SOL U D	01/01/2015	FEE SCHED	$5.39	$0.00									
J7609		ALBUTEROL COMP UNIT	01/01/2009	EAC	$0.00	$0.00									
J7610		ALBUTEROL COMP CON	01/01/2009	EAC	$0.00	$0.00									
J7611		ALBUTEROL NON-COMP	01/01/2015	FEE SCHED	$0.12	$0.00									
J7612		LEVALBUTEROL NONCOMP CON	01/01/2015	FEE SCHED	$0.17	$0.00									
J7613		ALBUTEROL NON-COMP UNIT	01/01/2015	FEE SCHED	$0.05	$0.00									
J7614		LEVALBUTEROL NON-COMP UNIT	01/01/2015	FEE SCHED	$0.09	$0.00									
J7615		LEVALBUTEROL COMP UNIT	01/01/2009	EAC	$0.00	$0.00									
J7620		ALBUTEROL NON-COMPOUNDED	01/01/2015	FEE SCHED	$0.19	$0.00									
J7622		BECLOMETHASONE COMP UNIT	07/19/2005	MEDICARE	$0.04	$0.00									
J7624		BETAMETHASONE COMP UNIT	03/01/2011	EAC	$0.00	$0.00									
J7626		BUDESONIDE NON-COMP UNIT	01/01/2015	FEE SCHED	$5.30	$0.00									
J7627		BUDESONIDE COMP UNIT	01/01/2009	EAC	$0.00	$0.00									
J7628		BITOLTEROL MES INHAL SOL CON	05/01/2005	MEDICARE	$0.18	$0.00									
J7629		BITOLTEROL MES INH SOL U D	03/01/2011	EAC	$0.00	$0.00									
J7631		CROMOLYN SODIUM INH SOL U D	01/01/2015	FEE SCHED	$0.63	$0.00									
J7632		CROMOLYN SODIUM COMP UNIT	01/01/2008	EAC	$0.00	$0.00									
J7633		BUDESONIDE NON-COMP CON	07/19/2005	MEDICARE	$0.01	$0.00									
J7634		BUDESONIDE COMP CON	01/01/2009	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J7635		ATROPINE INHAL SOL CON	07/19/2005	MEDICARE	$0.10	$0.00									
J7636		ATROPINE INHAL SOL UNIT DOSE	07/19/2005	MEDICARE	$0.10	$0.00									
J7637		DEXAMETHASONE INHAL SOL CON	03/01/2011	EAC	$0.00	$0.00									
J7638		DEXAMETHASONE INHAL SOL U D	06/29/2006	MEDICARE	$0.13	$0.00									
J7639		DORNASE ALPHA INHAL SOL U D	10/01/2014	FEE SCHED	$35.75	$0.00									
J7640		FORMOTEROL COMP UNIT	01/01/2009	EAC	$0.00	$0.00									
J7641		FLUNISOLIDE COMP UNIT	07/19/2005	MEDICARE	$0.17	$0.00									
J7642		GLYCOPYRROLATE INHAL SOL CON	06/29/2006	MEDICARE	$1.04	$0.00									
J7643		GLYCOPYRROLATE INHAL SOL U D	06/29/2006	MEDICARE	$1.04	$0.00									
J7644		IPRATROPIUM BROM INH SOL U D	01/01/2015	FEE SCHED	$0.23	$0.00									
J7645		IPRATROPIUM BROMIDE COMP	01/01/2009	EAC	$0.00	$0.00									
J7647		ISOETHARINE COMP CON	01/01/2009	EAC	$0.00	$0.00									
J7648		ISOETHARINE HCL INH SOL CON	03/01/2011	EAC	$0.00	$0.00									
J7649		ISOETHARINE HCL INH SOL U D	03/01/2011	EAC	$0.00	$0.00									
J7650		ISOETHARINE COMP UNIT	01/01/2009	EAC	$0.00	$0.00									
J7657		ISOPROTERENOL COMP CON	01/01/2009	EAC	$0.00	$0.00									
J7658		ISOPROTERENOLHCL INH SOL CON	07/19/2005	MEDICARE	$2.07	$0.00									
J7659		ISOPROTERENOL HCL INH SOL UD	07/19/2005	MEDICARE	$2.07	$0.00									
J7660		ISOPROTERENOL COMP UNIT	01/01/2009	EAC	$0.00	$0.00									
J7665		MANNITOL FOR INHALER	04/01/2013	FEE SCHED	$0.67	$0.00									
J7667		METAPROTERENOL COMP CON	01/01/2009	EAC	$0.00	$0.00									
J7668		METAPROTERENOL INH SOL CON	03/01/2011	EAC	$0.00	$0.00									
J7669		METAPROTERENOL INH SOL U D	07/01/2013	FEE SCHED	$0.43	$0.00									
J7670		METAPROTERENOL COMP UNIT	01/01/2009	EAC	$0.00	$0.00									
J7674		METHACHOLINE CHLORIDE NEB	10/01/2014	FEE SCHED	$0.52	$0.00									
J7676		PENTAMIDINE COMP UNIT DOSE	01/01/2008	EAC	$0.00	$0.00									
J7680		TERBUTALINE SO4 INH SOL CON	03/01/2011	EAC	$0.00	$0.00									
J7681		TERBUTALINE SO4 INH SOL U D	07/19/2005	MEDICARE	$0.01	$0.00									
J7682		TOBRAMYCIN INHALATION SOL	01/01/2015	FEE SCHED	$89.26	$0.00									
J7683		TRIAMCINOLONE INH SOL CON	05/01/2005	MEDICARE	$0.56	$0.00									
J7684		TRIAMCINOLONE INH SOL U D	05/01/2005	MEDICARE	$0.56	$0.00									
J7685		TOBRAMYCIN COMP UNIT	01/01/2009	EAC	$0.00	$0.00									
J7686		TREPROSTINIL, NON-COMP UNIT	01/01/2015	FEE SCHED	$482.99	$0.00									
J7699		INHALATION SOLUTION FOR DME	01/01/2009	EAC	$0.00	$0.00									
J7799		NON-INHALATION DRUG FOR DME	01/01/2009	EAC	$0.00	$0.00									
J8498		ANTIEMETIC RECTAL/SUPP NOS	01/01/2009	EAC	$0.00	$0.00									
J8499		ORAL PRESCRIP DRUG NON CHEMO	01/01/2009	EAC	$0.00	$0.00									
J8501		ORAL APREPITANT	01/01/2015	FEE SCHED	$7.67	$0.00									
J8510		ORAL BUSULFAN	01/01/2015	FEE SCHED	$12.62	$0.00									
J8515		CABERGOLINE ORAL 0.25MG	10/01/2010	FEE SCHED	$14.57	$0.00									
J8520		CAPECITABINE, ORAL, 150 MG	01/01/2015	FEE SCHED	$8.10	$0.00									
J8521		CAPECITABINE, ORAL, 500 MG	01/01/2015	FEE SCHED	$26.34	$0.00									
J8530		CYCLOPHOSPHAMIDE ORAL 25 MG	01/01/2015	FEE SCHED	$4.82	$0.00									
J8540		ORAL DEXAMETHASONE	01/01/2015	FEE SCHED	$0.25	$0.00									
J8560		ETOPOSIDE ORAL 50 MG	01/01/2015	FEE SCHED	$56.88	$0.00									
J8562		ORAL FLUDARABINE PHOSPHATE	04/01/2012	FEE SCHED	$81.77	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J8565		GEFITINIB ORAL	01/01/2009	EAC	$0.00	$0.00									
J8597		ANTIEMETIC DRUG ORAL NOS	01/01/2009	EAC	$0.00	$0.00									
J8600		MELPHALAN ORAL 2 MG	01/01/2015	FEE SCHED	$9.80	$0.00									
J8610		METHOTREXATE ORAL 2.5 MG	01/01/2015	FEE SCHED	$1.87	$0.00									
J8700		TEMOZOLMIDE	01/01/2015	FEE SCHED	$3.65	$0.00									
J8705		TOPOTECAN ORAL	01/01/2015	FEE SCHED	$97.56	$0.00									
J8999		ORAL PRESCRIPTION DRUG CHEMO	01/01/2009	EAC	$0.00	$0.00									
J9000		DOXORUBIC HCL 10 MG VL CHEMO	01/01/2015	FEE SCHED	$3.48	$0.00									
J9010		ALEMTUZUMAB 10 MG	04/01/2013	FEE SCHED	$623.63	$0.00									
J9015		ALDESLEUKIN/SINGLE USE VIAL	10/01/2014	FEE SCHED	$2,110.63	$0.00									
J9017		ARSENIC TRIOXIDE	01/01/2015	FEE SCHED	$53.72	$0.00									
J9019		ERWINAZE INJECTION	01/01/2015	FEE SCHED	$364.68	$0.00									
J9020		ASPARAGINASE INJECTION	07/01/2013	FEE SCHED	$64.56	$0.00									
J9025		AZACITIDINE INJECTION	01/01/2015	FEE SCHED	$3.67	$0.00									
J9027		CLOFARABINE INJECTION	01/01/2015	FEE SCHED	$134.03	$0.00									
J9031		BCG LIVE INTRAVESICAL VAC	01/01/2015	FEE SCHED	$120.44	$0.00									
J9033		BENDAMUSTINE INJECTION	01/01/2015	FEE SCHED	$22.72	$0.00									
J9035		BEVACIZUMAB INJECTION	01/01/2015	FEE SCHED	$67.90	$0.00									
J9040		BLEOMYCIN SULFATE INJECTION	01/01/2015	FEE SCHED	$23.32	$0.00									
J9041		BORTEZOMIB INJECTION	01/01/2015	FEE SCHED	$46.55	$0.00									
J9042		BRENTUXIMAB VEDOTIN INJ	01/01/2015	FEE SCHED	$115.39	$0.00									
J9043		CABAZITAXEL INJECTION	01/01/2015	FEE SCHED	$142.38	$0.00									
J9045		CARBOPLATIN INJECTION	01/01/2015	FEE SCHED	$3.55	$0.00									
J9047		INJECTION, CARFILZOMIB, 1 MG	01/01/2015	FEE SCHED	$30.03	$0.00									
J9050		CARMUS BISCHL NITRO INJ	01/01/2015	FEE SCHED	$1,982.07	$0.00									
J9055		CETUXIMAB INJECTION	01/01/2015	FEE SCHED	$53.75	$0.00									
J9060		CISPLATIN 10 MG INJECITON	01/01/2015	FEE SCHED	$2.18	$0.00									
J9065		INJ CLADRIBINE PER 1 MG	01/01/2015	FEE SCHED	$21.98	$0.00									
J9070		CYCLOPHOSPHAMIDE 100 MG INJ	01/01/2015	FEE SCHED	$58.02	$0.00									
J9098		CYTARABINE LIPOSOME	01/01/2015	FEE SCHED	$559.09	$0.00									
J9100		CYTARABINE HCL 100 MG INJ	01/01/2015	FEE SCHED	$0.92	$0.00									
J9120		DACTINOMYCIN ACTINOMYCIN D	10/01/2014	FEE SCHED	$807.19	$0.00									
J9130		DACARBAZINE 100 MG INJ	01/01/2015	FEE SCHED	$4.32	$0.00									
J9150		DAUNORUBICIN	01/01/2015	FEE SCHED	$27.70	$0.00									
J9151		DAUNORUBICIN CITRATE LIPOSOM	07/01/2010	FEE SCHED	$57.66	$0.00									
J9155		DEGARELIX INJECTION	01/01/2015	FEE SCHED	$3.42	$0.00									
J9160		DENILEUKIN DIFTITOX, 300 MCG	01/01/2012	FEE SCHED	$1,646.18	$0.00									
J9165		DIETHYLSTILBESTROL INJECTION	03/01/2011	EAC	$0.00	$0.00									
J9171		DOCETAXEL INJECTION	01/01/2015	FEE SCHED	$3.98	$0.00									
J9175		ELLIOTTS B SOLUTION PER ML	01/01/2014	FEE SCHED	$4.16	$0.00									
J9178		INJ EPIRUBICIN HCL 2 MG	01/01/2015	FEE SCHED	$1.28	$0.00									
J9179		ERIBULIN MESYLATE INJECTION	01/01/2015	FEE SCHED	$100.08	$0.00									
J9181		ETOPOSIDE 10 MG INJ	01/01/2015	FEE SCHED	$0.67	$0.00									
J9185		FLUDARABINE PHOSPHATE INJ	01/01/2015	FEE SCHED	$88.90	$0.00									
J9190		FLUOROURACIL INJECTION	01/01/2015	FEE SCHED	$2.00	$0.00									
J9200		FLOXURIDINE INJECTION	01/01/2015	FEE SCHED	$60.25	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J9201		GEMCITABINE HCL, 200 MG	01/01/2015	FEE SCHED	$7.12	$0.00									
J9202		GOSERELIN ACETATE IMPLANT	01/01/2015	FEE SCHED	$230.01	$0.00									
J9206		IRINOTECAN 20 MG	01/01/2015	FEE SCHED	$4.17	$0.00									
J9207		IXABEPILONE INJECTION	01/01/2015	FEE SCHED	$71.34	$0.00									
J9208		IFOSFAMIDE INJECTION	01/01/2015	FEE SCHED	$30.83	$0.00									
J9209		MESNA INJECTION	01/01/2015	FEE SCHED	$2.76	$0.00									
J9211		IDARUBICIN HCL INJECITON	01/01/2015	FEE SCHED	$42.26	$0.00									
J9214		INTERFERON ALFA-2B INJ	01/01/2015	FEE SCHED	$21.28	$0.00									
J9215		INTERFERON ALFA-N3 INJ	02/20/2005	MEDICARE	$8.60	$0.00									
J9217		LEUPROLIDE ACETATE SUSPNSION	01/01/2015	FEE SCHED	$237.16	$0.00									
J9219		LEUPROLIDE ACETATE IMPLANT	07/01/2009	FEE SCHED	$4,819.82	$0.00									
J9225		HISTRELIN IMPLANT	01/01/2015	FEE SCHED	$3,000.24	$0.00									
J9226		SUPPRELIN LA IMPLANT	01/01/2015	FEE SCHED	$20,115.46	$0.00		Y							
J9228		IPILIMUMAB INJECTION	01/01/2015	FEE SCHED	$133.66	$0.00									
J9230		MECHLORETHAMINE HCL INJ	01/01/2015	FEE SCHED	$194.13	$0.00									
J9245		INJ MELPHALAN HYDROCHL 50 MG	01/01/2015	FEE SCHED	$1,292.71	$0.00									
J9250		METHOTREXATE SODIUM INJ	01/01/2015	FEE SCHED	$0.25	$0.00									
J9260		METHOTREXATE SODIUM INJ	01/01/2015	FEE SCHED	$2.49	$0.00									
J9261		NELARABINE INJECTION	01/01/2015	FEE SCHED	$142.92	$0.00									
J9263		OXALIPLATIN	01/01/2015	FEE SCHED	$0.59	$0.00									
J9264		PACLITAXEL INJECTION	01/01/2015	FEE SCHED	$9.69	$0.00									
J9266		PEGASPARGASE/SINGL DOSE VIAL	01/01/2015	FEE SCHED	$6,200.82	$0.00									
J9267		PACLITAXEL INJECTION	01/01/2015	FEE SCHED	$0.16	$0.00									
J9268		PENTOSTATIN INJECTION	01/01/2015	FEE SCHED	$1,510.36	$0.00									
J9270		PLICAMYCIN (MITHRAMYCIN) INJ	02/20/2005	MEDICARE	$78.99	$0.00									
J9280		MITOMYCIN 5 MG INJ	01/01/2015	FEE SCHED	$39.86	$0.00									
J9293		MITOXANTRONE HYDROCHL / 5 MG	01/01/2015	FEE SCHED	$34.79	$0.00									
J9300		GEMTUZUMAB OZOGAMICIN	07/01/2011	FEE SCHED	$2,742.59	$0.00									
J9301		OBINUTUZUMAB INJ	01/01/2015	FEE SCHED	$54.24	$0.00									
J9302		OFATUMUMAB INJECTION	01/01/2015	FEE SCHED	$48.35	$0.00									
J9303		PANITUMUMAB INJECTION	01/01/2015	FEE SCHED	$96.98	$0.00									
J9305		PEMETREXED INJECTION	01/01/2015	FEE SCHED	$60.70	$0.00									
J9306		INJECTION, PERTUZUMAB, 1 MG	07/01/2014	FEE SCHED	$10.22	$0.00									
J9307		PRALATREXATE INJECTION	01/01/2015	FEE SCHED	$204.47	$0.00									
J9310		RITUXIMAB CANCER TREATMENT	01/01/2015	FEE SCHED	$725.44	$0.00									
J9315		ROMIDEPSIN INJECTION	01/01/2015	FEE SCHED	$279.81	$0.00									
J9320		STREPTOZOCIN INJECTION	01/01/2015	FEE SCHED	$336.01	$0.00									
J9328		TEMOZOLOMIDE INJECTION	01/01/2015	FEE SCHED	$5.71	$0.00									
J9330		TEMSIROLIMUS INJECTION	01/01/2015	FEE SCHED	$60.04	$0.00									
J9340		THIOTEPA INJECTION	10/01/2013	FEE SCHED	$630.70	$0.00									
J9351		TOPOTECAN INJECTION	01/01/2015	FEE SCHED	$1.53	$0.00									
J9354		INJ, ADO-TRASTUZUMAB EMT 1MG	01/01/2015	FEE SCHED	$29.17	$0.00									
J9355		TRASTUZUMAB	01/01/2015	FEE SCHED	$84.45	$0.00									
J9357		VALRUBICIN, 200 MG	01/01/2015	FEE SCHED	$1,098.82	$0.00									
J9360		VINBLASTINE SULFATE INJ	01/01/2015	FEE SCHED	$2.64	$0.00									
J9370		VINCRISTINE SULFATE 1 MG INJ	01/01/2015	FEE SCHED	$4.86	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J9390		VINORELBINE TARTRATE/10 MG	01/01/2015	FEE SCHED	$10.40	$0.00									
J9395		INJECTION FULVESTRANT	01/01/2015	FEE SCHED	$91.30	$0.00									
J9400		INJ, ZIV-AFLIBERCEPT, 1MG	01/01/2015	FEE SCHED	$7.62	$0.00									
J9600		PORFIMER SODIUM	07/01/2011	FEE SCHED	$3,004.74	$0.00									
J9999		CHEMOTHERAPY DRUG	01/01/2009	EAC	$0.00	$0.00									
K0730		CTRL DOSE INH DRUG DELIV SYS	01/01/2014	MEDICARE	$1,885.29	$0.00		Y							
L0112		CRANIAL CERVICAL ORTHOSIS	01/01/2015	MEDICARE	$1,354.34	$0.00		Y							
L0113		CRANIAL CERVICAL TORTICOLLIS	01/01/2015	MEDICARE	$275.96	$0.00		Y							
L0120		CERV FLEX N/ADJ FOAM PRE OTS	01/01/2015	MEDICARE	$23.75	$0.00									
L0130		FLEX THERMOPLASTIC COLLAR MO	01/01/2015	MEDICARE	$146.01	$0.00									
L0140		CERVICAL SEMI-RIGID ADJUSTAB	01/01/2015	MEDICARE	$64.69	$0.00									
L0150		CERV SEMI-RIG ADJ MOLDED CHN	01/01/2015	MEDICARE	$96.71	$0.00									
L0160		CERV SR WIRE OCC/MAN PRE OTS	01/01/2015	MEDICARE	$140.17	$0.00									
L0170		CERVICAL COLLAR MOLDED TO PT	01/01/2015	MEDICARE	$577.18	$0.00									
L0172		CERV COL SR FOAM 2PC PRE OTS	01/01/2015	MEDICARE	$118.04	$0.00									
L0174		CERV SR 2PC THOR EXT PRE OTS	01/01/2015	MEDICARE	$287.57	$0.00									
L0180		CER POST COL OCC/MAN SUP ADJ	01/01/2015	MEDICARE	$331.61	$0.00									
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	01/01/2015	MEDICARE	$862.98	$0.00									
L0460		TLSO 2 SHL SYMPHYS-STERN CST	01/01/2015	MEDICARE	$971.38	$0.00									
L0491		TLSO 2 PIECE RIGID SHELL	01/01/2015	MEDICARE	$743.16	$0.00									
L0492		TLSO 3 PIECE RIGID SHELL	01/01/2015	MEDICARE	$468.34	$0.00									
L0621		SIO FLEX PELVIC/SACR PRE OTS	01/01/2015	MEDICARE	$102.11	$0.00									
L0622		SIO FLEX PELVISACRAL CUSTOM	01/01/2015	MEDICARE	$231.21	$0.00									
L0625		LO FLEX L1-BELOW L5 PRE OTS	01/01/2015	MEDICARE	$53.42	$0.00									
L0626		LO SAG RIG PNL STAYS PRE CST	01/01/2015	MEDICARE	$75.56	$0.00									
L0627		LO SAG RI AN/POS PNL PRE CST	01/01/2015	MEDICARE	$398.54	$0.00									
L0628		LSO FLEX NO RI STAYS PRE OTS	01/01/2015	MEDICARE	$81.32	$0.00									
L0630		LSO R POST PNL SJ-T9 PRE CST	01/01/2015	MEDICARE	$157.01	$0.00									
L0631		LSO SAG R AN/POS PNL PRE CST	01/01/2015	MEDICARE	$995.36	$0.00									
L0633		LSO SC R POS/LAT PNL PRE CST	01/01/2015	MEDICARE	$278.03	$0.00									
L0635		LSO SAGIT RIGID PANEL PREFAB	01/01/2015	MEDICARE	$856.67	$0.00									
L0636		LSO SAGITTAL RIGID PANEL CUS	01/01/2015	MEDICARE	$1,490.75	$0.00		Y							
L0637		LSO SC R ANT/POS PNL PRE CST	01/01/2015	MEDICARE	$1,003.61	$0.00									
L0638		LSO SAG-CORONAL PANEL CUSTOM	01/01/2015	MEDICARE	$1,276.27	$0.00		Y							
L0639		LSO S/C SHELL/PANEL PREFAB	01/01/2015	MEDICARE	$1,003.61	$0.00									
L0640		LSO S/C SHELL/PANEL CUSTOM	01/01/2015	MEDICARE	$1,012.54	$0.00		Y							
L0859		MRI COMPATIBLE SYSTEM	01/01/2015	MEDICARE	$1,453.72	$0.00		Y							
L1220		ANTERIOR THORACIC EXTENSION	01/01/2015	MEDICARE	$206.74	$0.00									
L1260		ANTERIOR THORACIC DEROTATION	01/01/2015	MEDICARE	$67.70	$0.00									
L1620		HO FLEX PAVLIK HARNS PRE CST	01/01/2015	MEDICARE	$119.91	$0.00									
L1660		HO ABDUCTION STATIC PLASTIC	01/01/2015	MEDICARE	$153.16	$0.00									
L1810		KO ELASTIC WITH JOINTS	01/01/2015	MEDICARE	$90.36	$0.00									
L1812		KO ELASTIC W/JOINTS PRE OTS	01/01/2015	MEDICARE	$90.36	$0.00									
L1820		KO ELAS W/ CONDYLE PADS & JO	01/01/2015	MEDICARE	$126.92	$0.00									
L1830		KO IMMOB CANVAS LONG PRE OTS	01/01/2015	MEDICARE	$82.68	$0.00									
L1831		KNEE ORTH POS LOCKING JOINT	01/01/2015	MEDICARE	$284.80	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
L1832		KO ADJ JNT POS R SUP PRE CST	01/01/2015	MEDICARE	$544.12	$0.00									
L1833		KO ADJ JNT POS R SUP PRE OTS	01/01/2015	MEDICARE	$544.12	$0.00									
L1840		KO DEROT ANT CRUCIATE CUSTOM	01/01/2015	MEDICARE	$822.91	$0.00									
L1844		KO W/ADJ JT ROT CNTRL MOLDED	01/01/2015	MEDICARE	$1,606.47	$0.00		Y							
L1845		KO DOUBLE UPRIGHT PRE CST	01/01/2015	MEDICARE	$755.51	$0.00									
L1846		KO W ADJ FLEX/EXT ROTAT MOLD	01/01/2015	MEDICARE	$1,004.50	$0.00									
L1902		AFO ANKLE GAUNTLET PRE OTS	01/01/2015	MEDICARE	$71.44	$0.00									
L1904		AFO MOLDED ANKLE GAUNTLET	01/01/2015	MEDICARE	$420.86	$0.00									
L1906		AFO MULTILIG ANK SUP PRE OTS	01/01/2015	MEDICARE	$143.50	$0.00									
L1920		AFO SING UPRIGHT W/ ADJUST S	01/01/2015	MEDICARE	$393.53	$0.00									
L1930		AFO PLASTIC	01/01/2015	MEDICARE	$231.07	$0.00									
L1932		AFO RIG ANT TIB PREFAB TCF/=	01/01/2015	MEDICARE	$863.45	$0.00									
L1945		AFO MOLDED PLAS RIG ANT TIB	01/01/2015	MEDICARE	$852.45	$0.00									
L1951		AFO SPIRAL PREFABRICATED	01/01/2015	MEDICARE	$812.66	$0.00									
L1960		AFO POS SOLID ANK PLASTIC MO	01/01/2015	MEDICARE	$496.07	$0.00									
L1971		AFO W/ANKLE JOINT, PREFAB	01/01/2015	MEDICARE	$453.55	$0.00									
L1990		AFO DOUB SOLID STIRRUP CALF	01/01/2015	MEDICARE	$398.93	$0.00									
L2000		KAFO SING FRE STIRR THI/CALF	01/01/2015	MEDICARE	$940.52	$0.00									
L2020		KAFO DBL SOLID STIRRUP BAND/	01/01/2015	MEDICARE	$1,045.02	$0.00		Y							
L2034		KAFO PLA SIN UP W/WO K/A CUS	01/01/2015	MEDICARE	$2,013.93	$0.00		Y							
L2106		AFO TIB FX CAST PLASTER MOLD	01/01/2015	MEDICARE	$608.51	$0.00									
L2112		AFO TIBIAL FRACTURE SOFT	01/01/2015	MEDICARE	$417.56	$0.00									
L2114		AFO TIB FX SEMI-RIGID	01/01/2015	MEDICARE	$523.73	$0.00									
L2116		AFO TIBIAL FRACTURE RIGID	01/01/2015	MEDICARE	$637.13	$0.00									
L2180		PLAS SHOE INSERT W ANK JOINT	01/01/2015	MEDICARE	$136.49	$0.00									
L2270		VARUS/VALGUS STRAP PADDED/LI	01/01/2015	MEDICARE	$52.78	$0.00									
L2275		PLASTIC MOD LOW EXT PAD/LINE	01/01/2015	MEDICARE	$133.32	$0.00									
L2280		MOLDED INNER BOOT	01/01/2015	MEDICARE	$405.26	$0.00									
L2310		ABDUCTION BAR-STRAIGHT	01/01/2015	MEDICARE	$119.50	$0.00									
L2340		PRE-TIBIAL SHELL MOLDED TO P	01/01/2015	MEDICARE	$400.00	$0.00									
L2387		ADD LE POLY KNEE CUSTOM KAFO	01/01/2015	MEDICARE	$148.12	$0.00									
L2425		KNEE DISC/DIAL LOCK/ADJ FLEX	01/01/2015	MEDICARE	$138.72	$0.00									
L2795		KNEE CONTROL FULL KNEECAP	01/01/2015	MEDICARE	$76.05	$0.00									
L2800		KNEE CAP MEDIAL OR LATERAL P	01/01/2015	MEDICARE	$104.70	$0.00									
L2820		SOFT INTERFACE BELOW KNEE SE	01/01/2015	MEDICARE	$103.63	$0.00									
L2830		SOFT INTERFACE ABOVE KNEE SE	01/01/2015	MEDICARE	$112.11	$0.00									
L3000		FT INSERT UCB BERKELEY SHELL	01/01/2015	MEDICARE	$303.93	$0.00									
L3001		FOOT INSERT REMOV MOLDED SPE	01/01/2015	MEDICARE	$127.99	$0.00									
L3010		FOOT LONGITUDINAL ARCH SUPPO	01/01/2015	MEDICARE	$168.60	$0.00									
L3020		FOOT LONGITUD/METATARSAL SUP	01/01/2015	MEDICARE	$191.97	$0.00									
L3030		FOOT ARCH SUPPORT REMOV PREM	01/01/2015	MEDICARE	$73.83	$0.00									
L3031		FOOT LAMIN/PREPREG COMPOSITE	01/01/2015	MEDICARE	$118.52	$0.00		Y							
L3040		FT ARCH SUPRT PREMOLD LONGIT	01/01/2015	MEDICARE	$45.54	$0.00									
L3050		FOOT ARCH SUPP PREMOLD METAT	01/01/2015	MEDICARE	$45.54	$0.00									
L3060		FOOT ARCH SUPP LONGITUD/META	01/01/2015	MEDICARE	$71.38	$0.00									
L3080		ARCH SUPP ATT TO SHOE METATA	01/01/2015	MEDICARE	$30.76	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
L3100		HALLUS-VALGUS NT DYN PRE OTS	01/01/2015	MEDICARE	$41.83	$0.00									
L3170		FOOT PLAS HEEL STABI PRE OTS	01/01/2015	MEDICARE	$49.25	$0.00									
L3202		ORTHOPEDIC SHOE OXFORD WITH SUPI	01/01/2004	MSRP	$0.00	$0.00									
L3211		SURGICAL BOOT EACH JUNIOR	07/01/1991	MSRP	$0.00	$0.00									
L3224		WOMAN'S SHOE OXFORD BRACE	01/01/2015	MEDICARE	$54.73	$0.00									
L3225		MAN'S SHOE OXFORD BRACE	01/01/2015	MEDICARE	$73.03	$0.00									
L3260		AMBULATORY SURGICAL BOOT EAC	07/01/1991	MSRP	$0.00	$0.00									
L3300		SHO LIFT TAPER TO METATARSAL	01/01/2015	MEDICARE	$50.45	$0.00									
L3310		SHOE LIFT ELEV HEEL/SOLE NEO	01/01/2015	MEDICARE	$78.76	$0.00									
L3330		LIFTS ELEVATION METAL EXTENS	01/01/2015	MEDICARE	$547.62	$0.00									
L3332		SHOE LIFTS TAPERED TO ONE-HA	01/01/2015	MEDICARE	$71.38	$0.00									
L3334		SHOE LIFTS ELEVATION HEEL /I	01/01/2015	MEDICARE	$36.94	$0.00									
L3350		SHOE HEEL WEDGE	01/01/2015	MEDICARE	$22.12	$0.00									
L3420		FULL SOLE/HEEL WEDGE BTWEEN	01/01/2015	MEDICARE	$52.92	$0.00									
L3450		SHOE HEEL SACH CUSHION TYPE	01/01/2015	MEDICARE	$102.13	$0.00									
L3460		SHOE HEEL NEW RUBBER STANDAR	01/01/2015	MEDICARE	$33.24	$0.00									
L3470		SHOE HEEL THOMAS EXTEND TO B	01/01/2015	MEDICARE	$60.32	$0.00									
L3480		SHOE HEEL PAD & DEPRESS FOR	01/01/2015	MEDICARE	$60.32	$0.00									
L3540		ORTHO SHOE ADD FULL SOLE	01/01/2015	MEDICARE	$49.25	$0.00									
L3650		SO 8 ABD RESTRAINT PRE OTS	01/01/2015	MEDICARE	$51.94	$0.00									
L3660		SO 8 AB RSTR CAN/WEB PRE OTS	01/01/2015	MEDICARE	$117.48	$0.00									
L3670		SO ACRO/CLAV CAN WEB PRE OTS	01/01/2015	MEDICARE	$99.03	$0.00									
L3671		SO CAP DESIGN W/O JNTS CF	01/01/2015	MEDICARE	$793.51	$0.00									
L3702		EO W/O JOINTS CF	01/01/2015	MEDICARE	$254.30	$0.00									
L3710		EO ELAS W/METAL JNTS PRE OTS	01/01/2015	MEDICARE	$108.26	$0.00									
L3720		FOREARM/ARM CUFFS FREE MOTIO	01/01/2015	MEDICARE	$572.82	$0.00									
L3740		CUFFS ADJ LOCK W/ ACTIVE CON	01/01/2015	MEDICARE	$935.98	$0.00									
L3760		EO WITHJOINT, PREFABRICATED	01/01/2015	MEDICARE	$440.41	$0.00									
L3763		EWHO RIGID W/O JNTS CF	01/01/2015	MEDICARE	$591.55	$0.00									
L3764		EWHO W/JOINT(S) CF	01/01/2015	MEDICARE	$676.21	$0.00		Y							
L3765		EWHFO RIGID W/O JNTS CF	01/01/2015	MEDICARE	$1,129.22	$0.00		Y							
L3766		EWHFO W/JOINT(S) CF	01/01/2015	MEDICARE	$1,195.75	$0.00		Y							
L3806		WHFO W/JOINT(S) CUSTOM FAB	01/01/2015	MEDICARE	$400.03	$0.00									
L3807		WHFO W/O JOINTS PRE CST	01/01/2015	MEDICARE	$220.17	$0.00									
L3808		WHFO, RIGID W/O JOINTS	01/01/2015	MEDICARE	$319.59	$0.00									
L3809		WHFO W/O JOINTS PRE OTS	01/01/2015	MEDICARE	$220.17	$0.00									
L3905		WHO W/NONTORSION JNT(S) CF	01/01/2015	MEDICARE	$873.34	$0.00									
L3906		WHO W/O JOINTS CF	01/01/2015	MEDICARE	$358.14	$0.00									
L3908		WHO COCK-UP NONMOLDE PRE OTS	01/01/2015	MEDICARE	$52.47	$0.00									
L3913		HFO W/O JOINTS CF	01/01/2015	MEDICARE	$238.51	$0.00									
L3917		METACARP FX ORTHOSIS PRE CST	01/01/2015	MEDICARE	$93.00	$0.00									
L3919		HO W/O JOINTS CF	01/01/2015	MEDICARE	$238.51	$0.00									
L3921		HFO W/JOINT(S) CF	01/01/2015	MEDICARE	$282.85	$0.00									
L3931		WHFO NONTORSION JOINT PREFAB	01/01/2015	MEDICARE	$169.12	$0.00									
L3933		FO W/O JOINTS CF	01/01/2015	MEDICARE	$187.91	$0.00									
L3935		FO NONTORSION JOINT CF	01/01/2015	MEDICARE	$194.60	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
L3960		SEWHO AIRPLAN DESIG ABDU POS	01/01/2015	MEDICARE	$643.64	$0.00									
L3961		SEWHO CAP DESIGN W/O JNTS CF	01/01/2015	MEDICARE	$1,479.60	$0.00		Y							
L3967		SEWHO AIRPLANE W/O JNTS CF	01/01/2015	MEDICARE	$1,746.91	$0.00		Y							
L3971		SEWHO CAP DESIGN W/JNT(S) CF	01/01/2015	MEDICARE	$1,658.20	$0.00		Y							
L3973		SEWHO AIRPLANE W/JNT(S) CF	01/01/2015	MEDICARE	$1,746.91	$0.00		Y							
L3975		SEWHFO CAP DESIGN W/O JNT CF	01/01/2015	MEDICARE	$1,479.60	$0.00		Y							
L3976		SEWHFO AIRPLANE W/O JNTS CF	01/01/2015	MEDICARE	$1,479.60	$0.00		Y							
L3977		SEWHFO CAP DESGN W/JNT(S) CF	01/01/2015	MEDICARE	$1,658.20	$0.00		Y							
L3978		SEWHFO AIRPLANE W/JNT(S) CF	01/01/2015	MEDICARE	$1,746.91	$0.00		Y							
L3980		UP EXT FX ORTHOS HUMERAL NOS	01/01/2015	MEDICARE	$270.74	$0.00									
L3984		UPPER EXT FX ORTHOSIS WRIST	01/01/2015	MEDICARE	$346.37	$0.00									
L4130		REPLACE PRETIBIAL SHELL	01/01/2015	MEDICARE	$510.30	$0.00									
L4350		ANKLE CONTROL ORTHO PRE OTS	01/01/2015	MEDICARE	$80.00	$0.00									
L4360		PNEUMAT WALKING BOOT PRE CST	01/01/2015	MEDICARE	$267.42	$0.00									
L4361		PNEUMA/VAC WALK BOOT PRE OTS	01/01/2015	MEDICARE	$267.42	$0.00									
L4370		PNEUM FULL LEG SPLNT PRE OTS	01/01/2015	MEDICARE	$185.33	$0.00									
L4386		NON-PNEUM WALK BOOT PRE CST	01/01/2015	MEDICARE	$153.41	$0.00									
L4387		NON-PNEUM WALK BOOT PRE OTS	01/01/2015	MEDICARE	$153.41	$0.00									
L4392		REPLACE AFO SOFT INTERFACE	01/01/2015	MEDICARE	$22.36	$0.00									
L4396		STATIC OR DYNAMI AFO PRE CST	01/01/2015	MEDICARE	$159.47	$0.00									
L7902		TENSION RING, VAC ERECT DEV	01/01/2015	MEDICARE	$18.22	$0.00									
L8000		MASTECTOMY BRA	01/01/2015	MEDICARE	$35.86	$0.00									
L8010		MASTECTOMY SLEEVE	07/01/1991	MSRP	$0.00	$0.00									
L8020		MASTECTOMY FORM	01/01/2015	MEDICARE	$191.28	$0.00									
L8030		BREAST PROSTHES W/O ADHESIVE	01/01/2015	MEDICARE	$339.44	$0.00									
L8031		BREAST PROSTHESIS W ADHESIVE	01/01/2015	MEDICARE	$339.44	$0.00		Y							
L8032		REUSABLE NIPPLE PROSTHESIS	01/01/2015	MEDICARE	$37.97	$0.00		Y							
L8499		UNLISTED PROCEDURE FOR MISCELLAN	10/01/1986	MSRP	$0.00	$0.00									
L8501		TRACHEOSTOMY SPEAKING VALVE	01/01/2015	MEDICARE	$115.18	$0.00									
L8603		COLLAGEN IMP URINARY 2.5 ML	01/01/2015	MEDICARE	$417.52	$0.00									
L8627		CID EXT SPEECH PROCESS REPL	01/01/2015	MEDICARE	$6,732.07	$0.00		Y							
L8628		CID EXT CONTROLLER REPL	01/01/2015	MEDICARE	$1,214.87	$0.00		Y							
L8629		CID TRANSMIT COIL AND CABLE	01/01/2015	MEDICARE	$173.95	$0.00									
P2028		CEPHALIN FLOCULATION TEST	10/01/2007	EAC	$0.00	$0.00									
P2029		CONGO RED BLOOD TEST	10/01/2007	EAC	$0.00	$0.00									
P2033		BLOOD THYMOL TURBIDITY	10/01/2007	EAC	$0.00	$0.00									
P2038		BLOOD MUCOPROTEIN	01/01/2015	MEDICARE	$6.85	$0.00									
P9010		WHOLE BLOOD FOR TRANSFUSION	10/01/2007	EAC	$0.00	$0.00									
P9011		BLOOD SPLIT UNIT	10/01/2007	EAC	$0.00	$0.00									
P9012		CRYOPRECIPITATE EACH UNIT	10/01/2007	EAC	$0.00	$0.00									
P9016		RBC LEUKOCYTES REDUCED	10/01/2007	EAC	$0.00	$0.00									
P9017		PLASMA 1 DONOR FRZ W/IN 8 HR	10/01/2007	EAC	$0.00	$0.00									
P9019		PLATELETS, EACH UNIT	10/01/2007	EAC	$0.00	$0.00									
P9020		PLAELET RICH PLASMA UNIT	10/01/2007	EAC	$0.00	$0.00									
P9021		RED BLOOD CELLS UNIT	10/01/2007	EAC	$0.00	$0.00									
P9022		WASHED RED BLOOD CELLS UNIT	10/01/2007	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
P9023		FROZEN PLASMA, POOLED, SD	10/01/2007	EAC	$0.00	$0.00									
P9031		PLATELETS LEUKOCYTES REDUCED	10/01/2007	EAC	$0.00	$0.00									
P9032		PLATELETS, IRRADIATED	10/01/2007	EAC	$0.00	$0.00									
P9033		PLATELETS LEUKOREDUCED IRRAD	10/01/2007	EAC	$0.00	$0.00									
P9034		PLATELETS, PHERESIS	10/01/2007	EAC	$0.00	$0.00									
P9035		PLATELET PHERES LEUKOREDUCED	10/01/2007	EAC	$0.00	$0.00									
P9036		PLATELET PHERESIS IRRADIATED	10/01/2007	EAC	$0.00	$0.00									
P9037		PLATE PHERES LEUKOREDU IRRAD	10/01/2007	EAC	$0.00	$0.00									
P9038		RBC IRRADIATED	10/01/2007	EAC	$0.00	$0.00									
P9039		RBC DEGLYCEROLIZED	10/01/2007	EAC	$0.00	$0.00									
P9040		RBC LEUKOREDUCED IRRADIATED	10/01/2007	EAC	$0.00	$0.00									
P9041		ALBUMIN (HUMAN),5%, 50ML	10/01/2014	FEE SCHED	$10.91	$0.00									
P9043		PLASMA PROTEIN FRACT,5%,50ML	04/01/2014	FEE SCHED	$9.57	$0.00									
P9044		CRYOPRECIPITATEREDUCEDPLASMA	10/01/2007	EAC	$0.00	$0.00									
P9045		ALBUMIN (HUMAN), 5%, 250 ML	10/01/2014	FEE SCHED	$54.54	$0.00									
P9046		ALBUMIN (HUMAN), 25%, 20 ML	10/01/2014	FEE SCHED	$22.49	$0.00									
P9047		ALBUMIN (HUMAN), 25%, 50ML	10/01/2014	FEE SCHED	$53.44	$0.00									
P9048		PLASMAPROTEIN FRACT,5%,250ML	04/01/2014	FEE SCHED	$47.86	$0.00									
P9050		GRANULOCYTES, PHERESIS UNIT	10/01/2007	EAC	$0.00	$0.00									
P9051		BLOOD L/R CMV-NEG	10/01/2007	EAC	$0.00	$0.00									
P9052		PLATELETS HLA-M L/R UNIT	10/01/2007	EAC	$0.00	$0.00									
P9053		PLT PHER L/R CMV-NEG IRR	10/01/2007	EAC	$0.00	$0.00									
P9054		BLOOD L/R FROZ/DEGLY/WASH	10/01/2007	EAC	$0.00	$0.00									
P9055		PLT APH/PHER L/R CMV-NEG	10/01/2007	EAC	$0.00	$0.00									
P9056		BLOOD L/R IRRADIATED	10/01/2007	EAC	$0.00	$0.00									
P9057		RBC FRZ/DEG/WSH L/R IRRAD	10/01/2007	EAC	$0.00	$0.00									
P9058		RBC L/R CMV-NEG IRRAD	10/01/2007	EAC	$0.00	$0.00									
P9059		PLASMA FRZ BETWEEN 8-24HOUR	10/01/2007	EAC	$0.00	$0.00									
P9060		FR FRZ PLASMA DONOR RETESTED	10/01/2007	EAC	$0.00	$0.00									
P9612		CATHETERIZE FOR URINE SPEC	01/01/1999	MEDICARE	$3.00	$0.00									
P9615		URINE SPECIMEN COLLECT MULT	01/01/1999	MEDICARE	$3.00	$0.00									
Q0081		INFUSION THERAPY USING OTHER THAN	07/01/2014	EAC	$0.00	$0.00									
Q0091		OBTAINING SCREEN PAP SMEAR	07/01/2014	RBRVS	$40.50	$17.91									
Q0092		SET UP PORT XRAY EQUIPMENT	07/01/2014	RBRVS	$22.01	$22.01									
Q0111		WET MOUNTS/ W PREPARATIONS	01/01/2015	MEDICARE	$5.80	$0.00									
Q0112		POTASSIUM HYDROXIDE PREPS	01/01/2015	MEDICARE	$5.80	$0.00									
Q0113		PINWORM EXAMINATIONS	01/01/2015	MEDICARE	$6.19	$0.00									
Q0114		FERN TEST	01/01/2015	MEDICARE	$9.73	$0.00									
Q0138		FERUMOXYTOL, NON-ESRD	01/01/2015	FEE SCHED	$0.78	$0.00									
Q0139		FERUMOXYTOL, ESRD USE	01/01/2015	FEE SCHED	$0.78	$0.00									
Q0144		AZITHROMYCIN DIHYDRATE, ORAL	04/01/2010	FEE SCHED	$32.21	$0.00									
Q0161		CHLORPROMAZINE HCL 5MG ORAL	07/01/2014	EAC	$0.00	$0.00									
Q0162		ONDANSETRON ORAL	01/01/2015	FEE SCHED	$0.06	$0.00									
Q0163		DIPHENHYDRAMINE HCL 50MG	01/01/2015	FEE SCHED	$0.23	$0.00									
Q0164		PROCHLORPERAZINE MALEATE 5MG	01/01/2015	FEE SCHED	$0.03	$0.00									
Q0166		GRANISETRON HCL 1 MG ORAL	01/01/2015	FEE SCHED	$1.48	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
Q0167		DRONABINOL 2.5MG ORAL	01/01/2015	FEE SCHED	$6.87	$0.00									
Q0169		PROMETHAZINE HCL 12.5MG ORAL	01/01/2015	FEE SCHED	$0.06	$0.00									
Q0173		TRIMETHOBENZAMIDE HCL 250MG	04/01/2011	FEE SCHED	$0.84	$0.00									
Q0174		THIETHYLPERAZINE MALEATE10MG	07/19/2005	MEDICARE	$0.52	$0.00									
Q0175		PERPHENAZINE 4MG ORAL	04/01/2011	FEE SCHED	$0.55	$0.00									
Q0177		HYDROXYZINE PAMOATE 25MG	01/01/2011	FEE SCHED	$0.04	$0.00									
Q0180		DOLASETRON MESYLATE ORAL	01/01/2015	FEE SCHED	$84.40	$0.00									
Q0181		UNSPECIFIED ORAL ANTI-EMETIC	10/01/2007	EAC	$0.00	$0.00									
Q0478		POWER ADAPTER, COMBO VAD	01/01/2015	MEDICARE	$178.52	$0.00									
Q0479		POWER MODULE COMBO VAD, REP	01/01/2015	MEDICARE	$11,733.26	$0.00		Y							
Q0480		DRIVER PNEUMATIC VAD, REP	01/01/2015	MEDICARE	$87,495.90	$0.00		Y							
Q0482		MICROPRCSR CU COMBO VAD, REP	01/01/2015	MEDICARE	$4,421.54	$0.00		Y							
Q0483		MONITOR ELEC VAD, REP	01/01/2015	MEDICARE	$18,214.76	$0.00		Y							
Q0484		MONITOR ELEC OR COMB VAD REP	01/01/2015	MEDICARE	$3,537.21	$0.00		Y							
Q0485		MONITOR CABLE ELEC VAD, REP	01/01/2015	MEDICARE	$341.54	$0.00									
Q0486		MON CABLE ELEC/PNEUM VAD REP	01/01/2015	MEDICARE	$284.23	$0.00									
Q0487		LEADS ANY TYPE VAD, REP ONLY	01/01/2015	MEDICARE	$331.60	$0.00									
Q0489		PWR PCK BASE COMBO VAD, REP	01/01/2015	MEDICARE	$15,791.20	$0.00		Y							
Q0490		EMR PWR SOURCE ELEC VAD, REP	01/01/2015	MEDICARE	$683.03	$0.00									
Q0491		EMR PWR SOURCE COMBO VAD REP	01/01/2015	MEDICARE	$1,073.85	$0.00		Y							
Q0492		EMR PWR CBL ELEC VAD, REP	01/01/2015	MEDICARE	$86.51	$0.00									
Q0493		EMR PWR CBL COMBO VAD, REP	01/01/2015	MEDICARE	$246.34	$0.00									
Q0494		EMR HD PMP ELEC/COMBO, REP	01/01/2015	MEDICARE	$208.45	$0.00									
Q0495		CHARGER ELEC/COMBO VAD, REP	01/01/2015	MEDICARE	$4,057.95	$0.00		Y							
Q0496		BATTERY ELEC/COMBO VAD, REP	01/01/2015	MEDICARE	$1,456.45	$0.00		Y							
Q0497		BAT CLPS ELEC/COMB VAD, REP	01/01/2015	MEDICARE	$454.81	$0.00									
Q0498		HOLSTER ELEC/COMBO VAD, REP	01/01/2015	MEDICARE	$499.01	$0.00									
Q0499		BELT/VEST ELEC/COMBO VAD REP	01/01/2015	MEDICARE	$162.13	$0.00									
Q0500		FILTERS ELEC/COMBO VAD, REP	01/01/2015	MEDICARE	$29.65	$0.00									
Q0501		SHWR COV ELEC/COMBO VAD, REP	01/01/2015	MEDICARE	$496.13	$0.00									
Q0502		MOBILITY CART PNEUM VAD, REP	01/01/2015	MEDICARE	$631.63	$0.00									
Q0503		BATTERY PNEUM VAD REPLACEMNT	01/01/2015	MEDICARE	$1,263.30	$0.00		Y							
Q0504		PWR ADPT PNEUM VAD, REP VEH	01/01/2015	MEDICARE	$666.61	$0.00									
Q2009		FOSPHENYTOIN, 50 MG	04/01/2014	FEE SCHED	$1.41	$0.00									
Q2017		TENIPOSIDE, 50 MG	01/01/2014	FEE SCHED	$346.95	$0.00									
Q2033		INFLUENZA VACCINE, (FLUBLOK)	01/01/2014	FEE SCHED	$66.55	$0.00									
Q2035		AFLURIA VACC, 3 YRS & >, IM	10/01/2014	FEE SCHED	$10.64	$0.00									
Q2036		FLULAVAL VACC, 3 YRS & >, IM	10/01/2013	FEE SCHED	$7.68	$0.00									
Q2037		FLUVIRIN VACC, 3 YRS & >, IM	10/01/2014	FEE SCHED	$13.78	$0.00									
Q2038		FLUZONE VACC, 3 YRS & >, IM	10/01/2013	FEE SCHED	$10.77	$0.00									
Q2039		NOS VACC, 3 YRS & >, IM	10/01/2010	EAC	$0.00	$0.00									
Q2043		SIPULEUCEL-T AUTO CD54+	01/01/2015	FEE SCHED	$34,775.98	$0.00		Y							
Q2049		IMPORTED LIPODOX INJ	10/01/2014	FEE SCHED	$508.43	$0.00			Y						
Q2050		DOXORUBICIN INJ 10MG	07/01/2014	EAC	$0.00	$0.00									
Q2052		IVIG DEMO, SERVICES/SUPPLIES	07/01/2014	EAC	$0.00	$0.00									
Q3001		BRACHYTHERAPY RADIOELEMENTS	10/01/2008	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
Q3027		INJ BETA INTERFERON IM 1 MCG	01/01/2015	FEE SCHED	$36.69	$0.00									
Q3031		COLLAGEN SKIN TEST	04/01/2003	RBRVS	$0.00	$0.00									
Q4001		CAST SUP BODY CAST PLASTER	01/01/2015	FEE SCHED	$48.57	$0.00									
Q4002		CAST SUP BODY CAST FIBERGLAS	01/01/2015	FEE SCHED	$183.53	$0.00									
Q4003		CAST SUP SHOULDER CAST PLSTR	01/01/2015	FEE SCHED	$34.88	$0.00									
Q4004		CAST SUP SHOULDER CAST FBRGL	01/01/2015	FEE SCHED	$120.74	$0.00									
Q4005		CAST SUP LONG ARM ADULT PLST	01/01/2015	FEE SCHED	$12.86	$0.00									
Q4006		CAST SUP LONG ARM ADULT FBRG	01/01/2015	FEE SCHED	$28.98	$0.00									
Q4007		CAST SUP LONG ARM PED PLSTER	01/01/2015	FEE SCHED	$6.44	$0.00									
Q4008		CAST SUP LONG ARM PED FBRGLS	01/01/2015	FEE SCHED	$14.48	$0.00									
Q4009		CAST SUP SHT ARM ADULT PLSTR	01/01/2015	FEE SCHED	$8.59	$0.00									
Q4010		CAST SUP SHT ARM ADULT FBRGL	01/01/2015	FEE SCHED	$19.33	$0.00									
Q4011		CAST SUP SHT ARM PED PLASTER	01/01/2015	FEE SCHED	$4.28	$0.00									
Q4012		CAST SUP SHT ARM PED FBRGLAS	01/01/2015	FEE SCHED	$9.67	$0.00									
Q4013		CAST SUP GAUNTLET PLASTER	01/01/2015	FEE SCHED	$15.63	$0.00									
Q4014		CAST SUP GAUNTLET FIBERGLASS	01/01/2015	FEE SCHED	$26.36	$0.00									
Q4015		CAST SUP GAUNTLET PED PLSTER	01/01/2015	FEE SCHED	$7.83	$0.00									
Q4016		CAST SUP GAUNTLET PED FBRGLS	01/01/2015	FEE SCHED	$13.17	$0.00									
Q4017		CAST SUP LNG ARM SPLINT PLST	01/01/2015	FEE SCHED	$9.04	$0.00									
Q4018		CAST SUP LNG ARM SPLINT FBRG	01/01/2015	FEE SCHED	$14.40	$0.00									
Q4019		CAST SUP LNG ARM SPLNT PED P	01/01/2015	FEE SCHED	$4.53	$0.00									
Q4020		CAST SUP LNG ARM SPLNT PED F	01/01/2015	FEE SCHED	$7.22	$0.00									
Q4021		CAST SUP SHT ARM SPLINT PLST	01/01/2015	FEE SCHED	$6.69	$0.00									
Q4022		CAST SUP SHT ARM SPLINT FBRG	01/01/2015	FEE SCHED	$12.07	$0.00									
Q4023		CAST SUP SHT ARM SPLNT PED P	01/01/2015	FEE SCHED	$3.36	$0.00									
Q4024		CAST SUP SHT ARM SPLNT PED F	01/01/2015	FEE SCHED	$6.04	$0.00									
Q4025		CAST SUP HIP SPICA PLASTER	01/01/2015	FEE SCHED	$37.49	$0.00									
Q4026		CAST SUP HIP SPICA FIBERGLAS	01/01/2015	FEE SCHED	$117.07	$0.00									
Q4027		CAST SUP HIP SPICA PED PLSTR	01/01/2015	FEE SCHED	$18.76	$0.00									
Q4028		CAST SUP HIP SPICA PED FBRGL	01/01/2015	FEE SCHED	$58.56	$0.00									
Q4029		CAST SUP LONG LEG PLASTER	01/01/2015	FEE SCHED	$28.67	$0.00									
Q4030		CAST SUP LONG LEG FIBERGLASS	01/01/2015	FEE SCHED	$75.48	$0.00									
Q4031		CAST SUP LNG LEG PED PLASTER	01/01/2015	FEE SCHED	$14.33	$0.00									
Q4032		CAST SUP LNG LEG PED FBRGLS	01/01/2015	FEE SCHED	$37.74	$0.00									
Q4033		CAST SUP LNG LEG CYLINDER PL	01/01/2015	FEE SCHED	$26.75	$0.00									
Q4034		CAST SUP LNG LEG CYLINDER FB	01/01/2015	FEE SCHED	$66.52	$0.00									
Q4035		CAST SUP LNGLEG CYLNDR PED P	01/01/2015	FEE SCHED	$13.37	$0.00									
Q4036		CAST SUP LNGLEG CYLNDR PED F	01/01/2015	FEE SCHED	$33.27	$0.00									
Q4037		CAST SUP SHRT LEG PLASTER	01/01/2015	FEE SCHED	$16.31	$0.00									
Q4038		CAST SUP SHRT LEG FIBERGLASS	01/01/2015	FEE SCHED	$40.87	$0.00									
Q4039		CAST SUP SHRT LEG PED PLSTER	01/01/2015	FEE SCHED	$8.17	$0.00									
Q4040		CAST SUP SHRT LEG PED FBRGLS	01/01/2015	FEE SCHED	$20.43	$0.00									
Q4041		CAST SUP LNG LEG SPLNT PLSTR	01/01/2015	FEE SCHED	$19.84	$0.00									
Q4042		CAST SUP LNG LEG SPLNT FBRGL	01/01/2015	FEE SCHED	$33.87	$0.00									
Q4043		CAST SUP LNG LEG SPLNT PED P	01/01/2015	FEE SCHED	$9.93	$0.00									
Q4044		CAST SUP LNG LEG SPLNT PED F	01/01/2015	FEE SCHED	$16.94	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
Q4045		CAST SUP SHT LEG SPLNT PLSTR	01/01/2015	FEE SCHED	$11.52	$0.00									
Q4046		CAST SUP SHT LEG SPLNT FBRGL	01/01/2015	FEE SCHED	$18.52	$0.00									
Q4047		CAST SUP SHT LEG SPLNT PED P	01/01/2015	FEE SCHED	$5.74	$0.00									
Q4048		CAST SUP SHT LEG SPLNT PED F	01/01/2015	FEE SCHED	$9.27	$0.00									
Q4049		FINGER SPLINT, STATIC	01/01/2015	FEE SCHED	$2.10	$0.00									
Q4050		CAST SUPPLIES UNLISTED	07/01/2006	EAC	$0.00	$0.00									
Q4074		ILOPROST NON-COMP UNIT DOSE	01/01/2015	FEE SCHED	$101.91	$0.00									
Q4081		EPO ALFA 100 UNITS, ESRD	01/01/2015	FEE SCHED	$1.19	$0.00									
Q4101		APLIGRAF	01/01/2015	FEE SCHED	$32.13	$0.00									
Q4102		OASIS WOUND MATRIX	01/01/2015	FEE SCHED	$8.86	$0.00									
Q4103		OASIS BURN MATRIX	01/01/2014	FEE SCHED	$9.69	$0.00									
Q4104		INTEGRA BMWD	01/01/2015	FEE SCHED	$25.56	$0.00									
Q4105		INTEGRA DRT	01/01/2015	FEE SCHED	$17.59	$0.00									
Q4106		DERMAGRAFT	01/01/2015	FEE SCHED	$35.42	$0.00									
Q4107		GRAFTJACKET	01/01/2015	FEE SCHED	$95.68	$0.00									
Q4108		INTEGRA MATRIX	01/01/2015	FEE SCHED	$30.20	$0.00									
Q4110		PRIMATRIX	01/01/2015	FEE SCHED	$37.18	$0.00									
Q4111		GAMMAGRAFT	01/01/2015	FEE SCHED	$6.98	$0.00									
Q4112		CYMETRA INJECTABLE	01/01/2015	FEE SCHED	$326.65	$0.00									
Q4113		GRAFTJACKET XPRESS	01/01/2015	FEE SCHED	$326.65	$0.00									
Q4114		INTEGRA FLOWABLE WOUND MATRI	01/01/2015	FEE SCHED	$1,344.52	$0.00									
Q4115		ALLOSKIN	01/01/2015	FEE SCHED	$10.03	$0.00									
Q4116		ALLODERM	10/01/2014	FEE SCHED	$32.48	$0.00									
Q4121		THERASKIN	01/01/2015	FEE SCHED	$36.34	$0.00									
Q4123		ALLOSKIN	01/01/2015	FEE SCHED	$13.78	$0.00									
Q4131		EPIFIX	01/01/2015	FEE SCHED	$216.23	$0.00									
Q4137		AMNIOEXCEL OR BIODEXCEL, 1CM	07/01/2014	EAC	$0.00	$0.00									
Q4138		BIODFENCE DRYFLEX, 1CM	07/01/2014	EAC	$0.00	$0.00									
Q4139		AMNIO OR BIODMATRIX, INJ 1CC	07/01/2014	EAC	$0.00	$0.00									
Q4140		BIODFENCE 1CM	07/01/2014	EAC	$0.00	$0.00									
Q4141		ALLOSKIN AC, 1 CM	07/01/2014	EAC	$0.00	$0.00									
Q4142		XCM BIOLOGIC TISS MATRIX 1CM	07/01/2014	EAC	$0.00	$0.00									
Q4143		REPRIZA, 1CM	07/01/2014	EAC	$0.00	$0.00									
Q4145		EPIFIX, INJ, 1MG	07/01/2014	EAC	$0.00	$0.00									
Q4146		TENSIX, 1CM	07/01/2014	EAC	$0.00	$0.00									
Q4147		ARCHITECT ECM, 1CM	07/01/2014	EAC	$0.00	$0.00									
Q4148		NEOX 1K, 1CM	07/01/2014	EAC	$0.00	$0.00									
Q4149		EXCELLAGEN, 0.1 CC	07/01/2014	EAC	$0.00	$0.00									
Q9951		LOCM >= 400 MG/ML IODINE, 1ML	10/01/2007	EAC	$0.00	$0.00									
Q9953		INJ FE-BASED MR CONTRAST, ML	04/01/2010	FEE SCHED	$62.05	$0.00									
Q9954		ORAL MR CONTRAST, 100ML	01/01/2013	FEE SCHED	$11.66	$0.00									
Q9955		INJ PERFLEXANE LIP MICROS, ML	04/01/2005	MEDICARE	$13.25	$0.00									
Q9956		INJ OCTAFLUOROPROPANE MIC, ML	01/01/2015	FEE SCHED	$37.19	$0.00									
Q9957		INJ PERFLUTREN LIP MICROS, ML	01/01/2015	FEE SCHED	$55.79	$0.00									
Q9958		HOCM <=149 MG/ML IODINE, 1ML	10/01/2013	FEE SCHED	$0.09	$0.00									
Q9960		HOCM 200-249 MG/ML IODINE, 1ML	10/01/2014	FEE SCHED	$0.17	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
Q9961		HOCM 250-299 MG/ML IODINE, 1ML	10/01/2014	FEE SCHED	$0.20	$0.00									
Q9962		HOCM 300-349 MG/ML IODINE, 1ML	07/01/2009	FEE SCHED	$0.18	$0.00									
Q9963		HOCM 350-399 MG/ML IODINE, 1ML	10/01/2014	FEE SCHED	$0.20	$0.00									
Q9964		HOCM >=400 MG/ML IODINE, 1ML	07/01/2009	FEE SCHED	$0.29	$0.00									
Q9965		LOCM 100-199MG/ML IODINE,1ML	01/01/2015	FEE SCHED	$0.99	$0.00									
Q9966		LOCM 200-299MG/ML IODINE,1ML	01/01/2015	FEE SCHED	$0.20	$0.00									
Q9967		LOCM 300-399MG/ML IODINE,1ML	01/01/2015	FEE SCHED	$0.16	$0.00									
Q9969		NON-HEU TC-99M ADD-ON/DOSE	01/01/2013	EAC	$0.00	$0.00			Y						
R0076		TRANSPORT PORTABLE EKG	07/01/2003	RBRVS	$0.00	$0.00									
S0190		MITEPRISTONE, ORAL, 200MG	07/01/2003	FEE SCHED	$76.50	$0.00									
S0191		MISOPROSTOL, ORAL, 200 MCG	02/26/2004	FEE SCHED	$1.02	$0.00									
S0220		MEDICAL CONFERENCE BY PHYSIC	01/01/2008	RBRVS	$0.00	$0.00		Y							
S4989		CONTRACEPT IUD	04/01/2005	FEE SCHED	$111.08	$0.00									
S4993		CONTRACEPTIVE PILLS FOR BIRTH CONT	09/01/2003	FEE SCHED	$45.00	$0.00									
V5240		DISPENSING FEE BICROS	07/01/2013	FEE SCHED	$232.00	$0.00									
0001F		HEART FAILURE ASSESSED	10/01/2007	RBRVS	$0.00	$0.00									
0005F		OSTEOARTHRITIS COMPOSITE	10/01/2007	RBRVS	$0.00	$0.00									
00100		ANESTH SALIVARY GLAND	10/01/2007	ANES VALU	5.00	0.00									
00102		ANESTH REPAIR OF CLEFT LIP	10/01/2007	ANES VALU	6.00	0.00									
00103		ANESTH BLEPHAROPLASTY	10/01/2007	ANES VALU	5.00	0.00									
00104		ANESTH ELECTROSHOCK	10/01/2007	ANES VALU	4.00	0.00									
0012F		CAP BACTERIAL ASSESS	07/01/2006	RBRVS	$0.00	$0.00									
00120		ANESTH EAR SURGERY	10/01/2007	ANES VALU	5.00	0.00									
00124		ANESTH EAR EXAM	10/01/2007	ANES VALU	4.00	0.00									
00126		ANESTH TYMPANOTOMY	10/01/2007	ANES VALU	4.00	0.00									
00140		ANESTH PROCEDURES ON EYE	10/01/2007	ANES VALU	5.00	0.00									
00142		ANESTH LENS SURGERY	10/01/2007	ANES VALU	4.00	0.00									
00144		ANESTH CORNEAL TRANSPLANT	10/01/2007	ANES VALU	6.00	0.00									
00145		ANESTH VITREORETINAL SURG	10/01/2007	ANES VALU	6.00	0.00									
00147		ANESTH IRIDECTOMY	10/01/2007	ANES VALU	4.00	0.00									
00148		ANESTH EYE EXAM	10/01/2007	ANES VALU	4.00	0.00									
00160		ANESTH NOSE/SINUS SURGERY	10/01/2007	ANES VALU	5.00	0.00									
00162		ANESTH NOSE/SINUS SURGERY	10/01/2007	ANES VALU	7.00	0.00									
00164		ANESTH BIOPSY OF NOSE	10/01/2007	ANES VALU	4.00	0.00									
00170		ANESTH PROCEDURE ON MOUTH	10/01/2007	ANES VALU	5.00	0.00									
00172		ANESTH CLEFT PALATE REPAIR	10/01/2007	ANES VALU	6.00	0.00									
00174		ANESTH PHARYNGEAL SURGERY	10/01/2007	ANES VALU	6.00	0.00									
00176		ANESTH PHARYNGEAL SURGERY	10/01/2007	ANES VALU	7.00	0.00									
00190		ANESTH FACE/SKULL BONE SURG	10/01/2007	ANES VALU	5.00	0.00									
00192		ANESTH FACIAL BONE SURGERY	10/01/2007	ANES VALU	7.00	0.00									
00210		ANESTH CRANIAL SURG NOS	10/01/2007	ANES VALU	11.00	0.00									
00211		ANESTH CRAN SURG HEMOTOMA	01/01/2009	ANES VALU	10.00	0.00									
00212		ANESTH SKULL DRAINAGE	10/01/2007	ANES VALU	5.00	0.00									
00214		ANESTH SKULL DRAINAGE	10/01/2007	ANES VALU	9.00	0.00									
00215		ANESTH SKULL REPAIR/FRACT	10/01/2007	ANES VALU	9.00	0.00									
00216		ANESTH HEAD VESSEL SURGERY	10/01/2007	ANES VALU	15.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
00218		ANESTH SPECIAL HEAD SURGERY	10/01/2007	ANES VALU	13.00	0.00									
00220		ANESTH INTRCRN NERVE	10/01/2007	ANES VALU	10.00	0.00									
00222		ANESTH HEAD NERVE SURGERY	10/01/2007	ANES VALU	6.00	0.00									
00300		ANESTH HEAD/NECK/PTRUNK	10/01/2007	ANES VALU	5.00	0.00									
00320		ANESTH NECK ORGAN 1YR/>	10/01/2007	ANES VALU	6.00	0.00									
00322		ANESTH BIOPSY OF THYROID	10/01/2007	ANES VALU	3.00	0.00									
00326		ANESTH LARYNX/TRACH < 1 YR	10/01/2007	ANES VALU	7.00	0.00									
00350		ANESTH NECK VESSEL SURGERY	10/01/2007	ANES VALU	10.00	0.00									
00352		ANESTH NECK VESSEL SURGERY	10/01/2007	ANES VALU	5.00	0.00									
00400		ANESTH SKIN EXT/PER/ATRUNK	10/01/2007	ANES VALU	3.00	0.00									
00402		ANESTH SURGERY OF BREAST	10/01/2007	ANES VALU	5.00	0.00									
00404		ANESTH SURGERY OF BREAST	10/01/2007	ANES VALU	5.00	0.00									
00406		ANESTH SURGERY OF BREAST	10/01/2007	ANES VALU	13.00	0.00									
00410		ANESTH CORRECT HEART RHYTHM	10/01/2007	ANES VALU	4.00	0.00									
00450		ANESTH SURGERY OF SHOULDER	10/01/2007	ANES VALU	5.00	0.00									
00454		ANESTH COLLAR BONE BIOPSY	10/01/2007	ANES VALU	3.00	0.00									
00470		ANESTH REMOVAL OF RIB	10/01/2007	ANES VALU	6.00	0.00									
00472		ANESTH CHEST WALL REPAIR	10/01/2007	ANES VALU	10.00	0.00									
00474		ANESTH SURGERY OF RIB	10/01/2007	ANES VALU	13.00	0.00									
00500		ANESTH ESOPHAGEAL SURGERY	10/01/2007	ANES VALU	15.00	0.00									
00520		ANESTH CHEST PROCEDURE	10/01/2007	ANES VALU	6.00	0.00									
00522		ANESTH CHEST LINING BIOPSY	10/01/2007	ANES VALU	4.00	0.00									
00524		ANESTH CHEST DRAINAGE	10/01/2007	ANES VALU	4.00	0.00									
00528		ANES MEDIASCPY & DX THORSCPY	10/01/2007	ANES VALU	8.00	0.00									
00529		ANES MEDSCPY&THORSCPY 1 LUNG	10/01/2007	ANES VALU	11.00	0.00									
00530		ANESTH PACEMAKER INSERTION	10/01/2007	ANES VALU	4.00	0.00									
00532		ANESTH VASCULAR ACCESS	10/01/2007	ANES VALU	4.00	0.00									
00534		ANESTH CARDIOVERTER/DEFIB	10/01/2007	ANES VALU	7.00	0.00									
00537		ANESTH CARDIAC ELECTROPHYS	10/01/2007	ANES VALU	7.00	0.00									
00539		ANESTH TRACH-BRONCH RECONST	10/01/2007	ANES VALU	18.00	0.00									
00540		ANESTH CHEST SURGERY	10/01/2007	ANES VALU	12.00	0.00									
00541		ANESTH ONE LUNG VENTILATION	10/01/2007	ANES VALU	15.00	0.00									
00542		ANESTHESIA REMOVAL PLEURA	10/01/2007	ANES VALU	15.00	0.00									
00546		ANESTH LUNG CHEST WALL SURG	10/01/2007	ANES VALU	15.00	0.00									
00548		ANESTH TRACHEA BRONCHI SURG	10/01/2007	ANES VALU	17.00	0.00									
00550		ANESTH STERNAL DEBRIDEMENT	10/01/2007	ANES VALU	10.00	0.00									
00560		ANESTH HEART SURG W/O PUMP	10/01/2007	ANES VALU	15.00	0.00									
00561		ANESTH HEART SURG <1 YR	10/01/2007	ANES VALU	25.00	0.00									
00562		ANESTH HEART SURG W/PUMP	10/01/2007	ANES VALU	20.00	0.00									
00563		ANESTH HEART SURG W/ARREST	10/01/2007	ANES VALU	25.00	0.00									
00566		ANESTH CABG W/O PUMP	10/01/2007	ANES VALU	25.00	0.00									
00567		ANESTH CABG W/PUMP	01/01/2009	ANES VALU	18.00	0.00									
00580		ANESTH HEART/LUNG TRANSPLNT	10/01/2007	ANES VALU	20.00	0.00									
00600		ANESTH SPINE CORD SURGERY	10/01/2007	ANES VALU	10.00	0.00									
00604		ANESTH SITTING PROCEDURE	10/01/2007	ANES VALU	13.00	0.00									
00620		ANESTH SPINE CORD SURGERY	10/01/2007	ANES VALU	10.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
00625		ANES SPINE TRANTHOR W/O VENT	10/01/2007	ANES VALU	13.00	0.00									
00626		ANES SPINE TRANSTHOR W/VENT	10/01/2007	ANES VALU	15.00	0.00									
00630		ANESTH SPINE CORD SURGERY	10/01/2007	ANES VALU	8.00	0.00									
00632		ANESTH REMOVAL OF NERVES	10/01/2007	ANES VALU	7.00	0.00									
00635		ANESTH LUMBAR PUNCTURE	10/01/2007	ANES VALU	4.00	0.00									
00640		ANESTH SPINE MANIPULATION	10/01/2007	ANES VALU	3.00	0.00									
00670		ANESTH SPINE CORD SURGERY	10/01/2007	ANES VALU	13.00	0.00									
00700		ANESTH ABDOMINAL WALL SURG	10/01/2007	ANES VALU	4.00	0.00									
00702		ANESTH FOR LIVER BIOPSY	10/01/2007	ANES VALU	4.00	0.00									
00730		ANESTH ABDOMINAL WALL SURG	10/01/2007	ANES VALU	5.00	0.00									
00740		ANESTH UPPER GI VISUALIZE	10/01/2007	ANES VALU	5.00	0.00									
00750		ANESTH REPAIR OF HERNIA	10/01/2007	ANES VALU	4.00	0.00									
00752		ANESTH REPAIR OF HERNIA	10/01/2007	ANES VALU	6.00	0.00									
00754		ANESTH REPAIR OF HERNIA	10/01/2007	ANES VALU	7.00	0.00									
00756		ANESTH REPAIR OF HERNIA	10/01/2007	ANES VALU	7.00	0.00									
00770		ANESTH BLOOD VESSEL REPAIR	10/01/2007	ANES VALU	15.00	0.00									
00790		ANESTH SURG UPPER ABDOMEN	10/01/2007	ANES VALU	7.00	0.00									
00792		ANESTH HEMORR/EXCISE LIVER	10/01/2007	ANES VALU	13.00	0.00									
00794		ANESTH PANCREAS REMOVAL	10/01/2007	ANES VALU	8.00	0.00									
00796		ANESTH FOR LIVER TRANSPLANT	10/01/2007	ANES VALU	30.00	0.00									
00797		ANESTH SURGERY FOR OBESITY	07/01/2008	ANES VALU	11.00	0.00									
00800		ANESTH ABDOMINAL WALL SURG	10/01/2007	ANES VALU	4.00	0.00									
00802		ANESTH FAT LAYER REMOVAL	10/01/2007	ANES VALU	5.00	0.00									
00810		ANESTH LOW INTESTINE SCOPE	10/01/2007	ANES VALU	5.00	0.00									
00820		ANESTH ABDOMINAL WALL SURG	10/01/2007	ANES VALU	5.00	0.00									
00830		ANESTH REPAIR OF HERNIA	10/01/2007	ANES VALU	4.00	0.00									
00832		ANESTH REPAIR OF HERNIA	10/01/2007	ANES VALU	6.00	0.00									
00834		ANESTH HERNIA REPAIR < 1 YR	10/01/2007	ANES VALU	5.00	0.00									
00836		ANESTH HERNIA REPAIR PREEMIE	10/01/2007	ANES VALU	6.00	0.00									
00840		ANESTH SURG LOWER ABDOMEN	10/01/2007	ANES VALU	6.00	0.00									
00842		ANESTH AMNIOCENTESIS	10/01/2007	ANES VALU	4.00	0.00									
00844		ANESTH PELVIS SURGERY	10/01/2007	ANES VALU	7.00	0.00									
00846		ANESTH HYSTERECTOMY	10/01/2007	ANES VALU	8.00	0.00									
00848		ANESTH PELVIC ORGAN SURG	10/01/2007	ANES VALU	8.00	0.00									
00851		ANESTH TUBAL LIGATION	10/01/2007	ANES VALU	6.00	0.00									
00860		ANESTH SURGERY OF ABDOMEN	10/01/2007	ANES VALU	6.00	0.00									
00862		ANESTH KIDNEY/URETER SURG	10/01/2007	ANES VALU	7.00	0.00									
00864		ANESTH REMOVAL OF BLADDER	10/01/2007	ANES VALU	8.00	0.00									
00865		ANESTH REMOVAL OF PROSTATE	10/01/2007	ANES VALU	7.00	0.00									
00866		ANESTH REMOVAL OF ADRENAL	10/01/2007	ANES VALU	10.00	0.00									
00868		ANESTH KIDNEY TRANSPLANT	10/01/2007	ANES VALU	10.00	0.00									
00870		ANESTH BLADDER STONE SURG	10/01/2007	ANES VALU	5.00	0.00									
00872		ANESTHESIA FOR LITHOTRIPSY EXTRAC	10/01/2007	ANES VALU	7.00	0.00									
00873		ANESTHESIA FOR LITHOTRIPSY EXTRAC	10/01/2007	ANES VALU	5.00	0.00									
00880		ANESTH ABDOMEN VESSEL SURG	10/01/2007	ANES VALU	15.00	0.00									
00882		ANESTH MAJOR VEIN LIGATION	10/01/2007	ANES VALU	10.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
00902		ANESTH ANORECTAL SURGERY	10/01/2007	ANES VALU	5.00	0.00									
00904		ANESTH PERINEAL SURGERY	10/01/2007	ANES VALU	7.00	0.00									
00906		ANESTH REMOVAL OF VULVA	10/01/2007	ANES VALU	4.00	0.00									
00908		ANESTH REMOVAL OF PROSTATE	10/01/2007	ANES VALU	6.00	0.00									
00910		ANESTH BLADDER SURGERY	10/01/2007	ANES VALU	3.00	0.00									
00912		ANESTH BLADDER TUMOR SURG	10/01/2007	ANES VALU	5.00	0.00									
00914		ANESTH REMOVAL OF PROSTATE	10/01/2007	ANES VALU	5.00	0.00									
00916		ANESTH BLEEDING CONTROL	10/01/2007	ANES VALU	5.00	0.00									
00918		ANESTH STONE REMOVAL	10/01/2007	ANES VALU	5.00	0.00									
00920		ANESTH GENITALIA SURGERY	10/01/2007	ANES VALU	3.00	0.00									
00921		ANESTH VASECTOMY	10/01/2007	ANES VALU	3.00	0.00									
00922		ANESTH SPERM DUCT SURGERY	10/01/2007	ANES VALU	6.00	0.00									
00924		ANESTH TESTIS EXPLORATION	10/01/2007	ANES VALU	4.00	0.00									
00926		ANESTH REMOVAL OF TESTIS	10/01/2007	ANES VALU	4.00	0.00									
00928		ANESTH REMOVAL OF TESTIS	10/01/2007	ANES VALU	6.00	0.00									
00930		ANESTH TESTIS SUSPENSION	10/01/2007	ANES VALU	4.00	0.00									
00932		ANESTH AMPUTATION OF PENIS	10/01/2007	ANES VALU	4.00	0.00									
00934		ANESTH PENIS NODES REMOVAL	10/01/2007	ANES VALU	6.00	0.00									
00936		ANESTH PENIS NODES REMOVAL	10/01/2007	ANES VALU	8.00	0.00									
00938		ANESTH INSERT PENIS DEVICE	10/01/2007	ANES VALU	4.00	0.00									
00940		ANESTH VAGINAL PROCEDURES	10/01/2007	ANES VALU	3.00	0.00									
00942		ANESTH SURG ON VAG/URETHRAL	10/01/2007	ANES VALU	4.00	0.00									
00944		ANESTH VAGINAL HYSTERECTOMY	10/01/2007	ANES VALU	6.00	0.00									
00948		ANESTH REPAIR OF CERVIX	10/01/2007	ANES VALU	4.00	0.00									
00950		ANESTH VAGINAL ENDOSCOPY	10/01/2007	ANES VALU	5.00	0.00									
00952		ANESTH HYSTEROSCOPE/GRAPH	10/01/2007	ANES VALU	4.00	0.00									
01112		ANESTH BONE ASPIRATE/BX	10/01/2007	ANES VALU	5.00	0.00									
01120		ANESTH PELVIS SURGERY	10/01/2007	ANES VALU	6.00	0.00									
01130		ANESTH BODY CAST PROCEDURE	10/01/2007	ANES VALU	3.00	0.00									
01140		ANESTH AMPUTATION AT PELVIS	10/01/2007	ANES VALU	15.00	0.00									
01150		ANESTH PELVIC TUMOR SURGERY	10/01/2007	ANES VALU	10.00	0.00									
01160		ANESTH PELVIS PROCEDURE	10/01/2007	ANES VALU	4.00	0.00									
01170		ANESTH PELVIS SURGERY	10/01/2007	ANES VALU	8.00	0.00									
01173		ANESTH FX REPAIR PELVIS	10/01/2007	ANES VALU	12.00	0.00									
01180		ANESTH PELVIS NERVE REMOVAL	10/01/2007	ANES VALU	3.00	0.00									
01190		ANESTH PELVIS NERVE REMOVAL	10/01/2007	ANES VALU	4.00	0.00									
01200		ANESTH HIP JOINT PROCEDURE	10/01/2007	ANES VALU	4.00	0.00									
01202		ANESTH ARTHROSCOPY OF HIP	10/01/2007	ANES VALU	4.00	0.00									
01210		ANESTH HIP JOINT SURGERY	10/01/2007	ANES VALU	6.00	0.00									
01212		ANESTH HIP DISARTICULATION	10/01/2007	ANES VALU	10.00	0.00									
01214		ANESTH HIP ARTHROPLASTY	10/01/2007	ANES VALU	8.00	0.00									
01215		ANESTH REVISE HIP REPAIR	10/01/2007	ANES VALU	10.00	0.00									
01220		ANESTH PROCEDURE ON FEMUR	10/01/2007	ANES VALU	4.00	0.00									
01230		ANESTH SURGERY OF FEMUR	10/01/2007	ANES VALU	6.00	0.00									
01232		ANESTH AMPUTATION OF FEMUR	10/01/2007	ANES VALU	5.00	0.00									
01234		ANESTH RADICAL FEMUR SURG	10/01/2007	ANES VALU	8.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
01250		ANESTH UPPER LEG SURGERY	10/01/2007	ANES VALU	4.00	0.00									
01260		ANESTH UPPER LEG VEINS SURG	10/01/2007	ANES VALU	3.00	0.00									
01270		ANESTH THIGH ARTERIES SURG	10/01/2007	ANES VALU	8.00	0.00									
01272		ANESTH FEMORAL ARTERY SURG	10/01/2007	ANES VALU	4.00	0.00									
01274		ANESTH FEMORAL EMBOLECTOMY	10/01/2007	ANES VALU	6.00	0.00									
01320		ANESTH KNEE AREA SURGERY	10/01/2007	ANES VALU	4.00	0.00									
01340		ANESTH KNEE AREA PROCEDURE	10/01/2007	ANES VALU	4.00	0.00									
01360		ANESTH KNEE AREA SURGERY	10/01/2007	ANES VALU	5.00	0.00									
01380		ANESTH KNEE JOINT PROCEDURE	10/01/2007	ANES VALU	3.00	0.00									
01382		ANESTH DX KNEE ARTHROSCOPY	10/01/2007	ANES VALU	3.00	0.00									
01390		ANESTH KNEE AREA PROCEDURE	10/01/2007	ANES VALU	3.00	0.00									
01392		ANESTH KNEE AREA SURGERY	10/01/2007	ANES VALU	4.00	0.00									
01400		ANESTH KNEE JOINT SURGERY	10/01/2007	ANES VALU	4.00	0.00									
01402		ANESTH KNEE ARTHROPLASTY	10/01/2007	ANES VALU	7.00	0.00									
01404		ANESTH AMPUTATION AT KNEE	10/01/2007	ANES VALU	5.00	0.00									
01420		ANESTH KNEE JOINT CASTING	10/01/2007	ANES VALU	3.00	0.00									
01430		ANESTH KNEE VEINS SURGERY	10/01/2007	ANES VALU	3.00	0.00									
01432		ANESTH KNEE VESSEL SURG	10/01/2007	ANES VALU	6.00	0.00									
01440		ANESTH KNEE ARTERIES SURG	10/01/2007	ANES VALU	8.00	0.00									
01442		ANESTH KNEE ARTERY SURG	10/01/2007	ANES VALU	8.00	0.00									
01444		ANESTH KNEE ARTERY REPAIR	10/01/2007	ANES VALU	8.00	0.00									
01462		ANESTH LOWER LEG PROCEDURE	10/01/2007	ANES VALU	3.00	0.00									
01464		ANESTH ANKLE/FT ARTHROSCOPY	10/01/2007	ANES VALU	3.00	0.00									
01470		ANESTH LOWER LEG SURGERY	10/01/2007	ANES VALU	3.00	0.00									
01472		ANESTH ACHILLES TENDON SURG	10/01/2007	ANES VALU	5.00	0.00									
01474		ANESTH LOWER LEG SURGERY	10/01/2007	ANES VALU	5.00	0.00									
01480		ANESTH LOWER LEG BONE SURG	10/01/2007	ANES VALU	3.00	0.00									
01482		ANESTH RADICAL LEG SURGERY	10/01/2007	ANES VALU	4.00	0.00									
01484		ANESTH LOWER LEG REVISION	10/01/2007	ANES VALU	4.00	0.00									
01486		ANESTH ANKLE REPLACEMENT	10/01/2007	ANES VALU	7.00	0.00									
01490		ANESTH LOWER LEG CASTING	10/01/2007	ANES VALU	3.00	0.00									
01500		ANESTH LEG ARTERIES SURG	10/01/2007	ANES VALU	8.00	0.00									
01502		ANESTH LWR LEG EMBOLECTOMY	10/01/2007	ANES VALU	6.00	0.00									
01520		ANESTH LOWER LEG VEIN SURG	10/01/2007	ANES VALU	3.00	0.00									
01522		ANESTH LOWER LEG VEIN SURG	10/01/2007	ANES VALU	5.00	0.00									
01610		ANESTH SURGERY OF SHOULDER	10/01/2007	ANES VALU	5.00	0.00									
01620		ANESTH SHOULDER PROCEDURE	10/01/2007	ANES VALU	4.00	0.00									
01622		ANES DX SHOULDER ARTHROSCOPY	10/01/2007	ANES VALU	4.00	0.00									
01630		ANESTH SURGERY OF SHOULDER	10/01/2007	ANES VALU	5.00	0.00									
01634		ANESTH SHOULDER JOINT AMPUT	10/01/2007	ANES VALU	9.00	0.00									
01636		ANESTH FOREQUARTER AMPUT	10/01/2007	ANES VALU	15.00	0.00									
01638		ANESTH SHOULDER REPLACEMENT	10/01/2007	ANES VALU	10.00	0.00									
01650		ANESTH SHOULDER ARTERY SURG	10/01/2007	ANES VALU	6.00	0.00									
01652		ANESTH SHOULDER VESSEL SURG	10/01/2007	ANES VALU	10.00	0.00									
01654		ANESTH SHOULDER VESSEL SURG	10/01/2007	ANES VALU	8.00	0.00									
01656		ANESTH ARM-LEG VESSEL SURG	10/01/2007	ANES VALU	10.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
01670		ANESTH SHOULDER VEIN SURG	10/01/2007	ANES VALU	4.00	0.00									
01680		ANESTH SHOULDER CASTING	10/01/2007	ANES VALU	3.00	0.00									
01682		ANESTH AIRPLANE CAST	10/01/2007	ANES VALU	4.00	0.00									
01710		ANESTH ELBOW AREA SURGERY	10/01/2007	ANES VALU	3.00	0.00									
01712		ANESTH UPPR ARM TENDON SURG	10/01/2007	ANES VALU	5.00	0.00									
01714		ANESTH UPPR ARM TENDON SURG	10/01/2007	ANES VALU	5.00	0.00									
01716		ANESTH BICEPS TENDON REPAIR	10/01/2007	ANES VALU	5.00	0.00									
01730		ANESTH UPPR ARM PROCEDURE	10/01/2007	ANES VALU	3.00	0.00									
01732		ANESTH DX ELBOW ARTHROSCOPY	10/01/2007	ANES VALU	3.00	0.00									
01740		ANESTH UPPER ARM SURGERY	10/01/2007	ANES VALU	4.00	0.00									
01742		ANESTH HUMERUS SURGERY	10/01/2007	ANES VALU	5.00	0.00									
01744		ANESTH HUMERUS REPAIR	10/01/2007	ANES VALU	5.00	0.00									
01756		ANESTH RADICAL HUMERUS SURG	10/01/2007	ANES VALU	6.00	0.00									
01758		ANESTH HUMERAL LESION SURG	10/01/2007	ANES VALU	5.00	0.00									
01760		ANESTH ELBOW REPLACEMENT	10/01/2007	ANES VALU	7.00	0.00									
01770		ANESTH UPPR ARM ARTERY SURG	10/01/2007	ANES VALU	6.00	0.00									
01772		ANESTH UPPR ARM EMBOLECTOMY	10/01/2007	ANES VALU	6.00	0.00									
01780		ANESTH UPPER ARM VEIN SURG	10/01/2007	ANES VALU	3.00	0.00									
01782		ANESTH UPPR ARM VEIN REPAIR	10/01/2007	ANES VALU	4.00	0.00									
01810		ANESTH LOWER ARM SURGERY	10/01/2007	ANES VALU	3.00	0.00									
01820		ANESTH LOWER ARM PROCEDURE	10/01/2007	ANES VALU	3.00	0.00									
01829		ANESTH DX WRIST ARTHROSCOPY	10/01/2007	ANES VALU	3.00	0.00									
01830		ANESTH LOWER ARM SURGERY	10/01/2007	ANES VALU	3.00	0.00									
01832		ANESTH WRIST REPLACEMENT	10/01/2007	ANES VALU	6.00	0.00									
01840		ANESTH LWR ARM ARTERY SURG	10/01/2007	ANES VALU	6.00	0.00									
01842		ANESTH LWR ARM EMBOLECTOMY	10/01/2007	ANES VALU	6.00	0.00									
01844		ANESTH VASCULAR SHUNT SURG	10/01/2007	ANES VALU	6.00	0.00									
01850		ANESTH LOWER ARM VEIN SURG	10/01/2007	ANES VALU	3.00	0.00									
01852		ANESTH LWR ARM VEIN REPAIR	10/01/2007	ANES VALU	4.00	0.00									
01860		ANESTH LOWER ARM CASTING	10/01/2007	ANES VALU	3.00	0.00									
01916		ANESTH DX ARTERIOGRAPHY	01/01/2008	ANES VALU	5.00	0.00									
01920		ANESTH CATHETERIZE HEART	10/01/2007	ANES VALU	7.00	0.00									
01922		ANESTH CAT OR MRI SCAN	10/01/2007	ANES VALU	7.00	0.00									
01924		ANES THER INTERVEN RAD ARTRL	10/01/2007	ANES VALU	5.00	0.00									
01925		ANES THER INTERVEN RAD CARD	10/01/2007	ANES VALU	7.00	0.00									
01926		ANES TX INTERV RAD HRT/CRAN	10/01/2007	ANES VALU	8.00	0.00									
01930		ANES THER INTERVEN RAD VEIN	10/01/2007	ANES VALU	5.00	0.00									
01931		ANES THER INTERVEN RAD TIPS	10/01/2007	ANES VALU	7.00	0.00									
01932		ANES TX INTERV RAD TH VEIN	10/01/2007	ANES VALU	6.00	0.00									
01933		ANES TX INTERV RAD CRAN VEIN	10/01/2007	ANES VALU	7.00	0.00									
01935		ANESTH PERC IMG DX SP PROC	01/01/2008	ANES VALU	5.00	0.00									
01936		ANESTH PERC IMG TX SP PROC	01/01/2008	ANES VALU	5.00	0.00									
01951		ANESTH BURN LESS 4 PERCENT	10/01/2007	ANES VALU	3.00	0.00									
01952		ANESTH BURN 4-9 PERCENT	10/01/2007	ANES VALU	5.00	0.00									
01953		ANESTH BURN EACH 9 PERCENT	07/01/2014	RBRVS	$27.91	$27.91									
01958		ANESTH ANTEPARTUM MANIPUL	10/01/2007	ANES VALU	5.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
01960		ANESTH VAGINAL DELIVERY	10/01/2007	ANES VALU	5.00	0.00									
01961		ANESTH CS DELIVERY	10/01/2007	ANES VALU	7.00	0.00									
01962		ANESTH EMER HYSTERECTOMY	10/01/2007	ANES VALU	8.00	0.00									
01963		ANESTH CS HYSTERECTOMY	10/01/2007	ANES VALU	8.00	0.00									
01965		ANESTH INC/MISSED AB PROC	10/01/2007	ANES VALU	4.00	0.00									
01966		ANESTH INDUCED AB PROCEDURE	10/01/2007	ANES VALU	4.00	0.00									
01967		ANESTH/ANALG VAG DELIVERY	10/01/2007	ANES VALU	5.00	0.00									
01968		ANES/ANALG CS DELIVER ADD-ON	10/01/2007	ANES VALU	2.00	0.00									
01969		ANESTH/ANALG CS HYST ADD-ON	10/01/2007	ANES VALU	5.00	0.00									
01990		PHYSIOLOGICAL SUPPORT FOR HARVES	10/01/2007	ANES VALU	7.00	0.00									
01991		ANESTH NERVE BLOCK/INJ	10/01/2007	ANES VALU	3.00	0.00									
01992		ANESTH N BLOCK/INJ PRONE	10/01/2007	ANES VALU	5.00	0.00									
01996		HOSP MANAGE CONT DRUG ADMIN	07/01/2014	RBRVS	$83.71	$83.71									
0500F		INITIAL PRENATAL CARE VISIT	10/01/2007	RBRVS	$0.00	$0.00									
0501F		PRENATAL FLOW SHEET	10/01/2007	RBRVS	$0.00	$0.00									
0502F		SUBSEQUENT PRENATAL CARE	10/01/2007	RBRVS	$0.00	$0.00									
0503F		POSTPARTUM CARE VISIT	10/01/2007	RBRVS	$0.00	$0.00									
0505F		HEMODIALYSIS PLAN DOCD	10/01/2006	RBRVS	$0.00	$0.00									
0507F		PERITON DIALYSIS PLAN DOCD	10/01/2006	RBRVS	$0.00	$0.00									
0525F		INITIAL VISIT FOR EPISODE	04/01/2008	RBRVS	$0.00	$0.00									
0526F		SUBS. VISIT FOR EPISODE	04/01/2008	RBRVS	$0.00	$0.00									
0528F		RCMND FLW-UP 10 YRS DOCD	07/01/2009	RBRVS	$0.00	$0.00									
0529F		INTRVL 3/>YR PTS CLNSCP DOCD	01/01/2009	RBRVS	$0.00	$0.00									
0535F		DYSPNEA MNGMNT PLAN DOCD	07/01/2009	RBRVS	$0.00	$0.00									
0540F		GLUCO MNGMNT PLAN DOCD	01/01/2009	RBRVS	$0.00	$0.00									
0545F		FOLLOW UP CARE PLAN MDD DOCD	09/01/2011	RBRVS	$0.00	$0.00			Y						
0550F		CYTOPATH REPORT NONGYN SPCMN	07/01/2011	RBRVS	$0.00	$0.00									
0551F		CYTOPATH REPORT NON ROUTINE	07/01/2011	RBRVS	$0.00	$0.00									
0555F		SYMPTOM MGMNT PLAN CARE DOCD	01/01/2012	RBRVS	$0.00	$0.00									
0556F		PLAN CARE LIPID CONTROL DOCD	01/01/2012	RBRVS	$0.00	$0.00									
0557F		PLAN CAREMNG ANGNL SYMPTDOCD	01/01/2012	RBRVS	$0.00	$0.00									
0580F		MULTIDISCIPLINARY CARE PLAN	01/01/2013	RBRVS	$0.00	$0.00									
0581F		PT TRNSFRD FROM ANESTH TO CC	01/01/2013	RBRVS	$0.00	$0.00									
0582F		NO TRNSFR FROM ANESTH TO CC	01/01/2013	RBRVS	$0.00	$0.00									
0583F		TRANSFER CARE CHECKLIST USED	01/01/2013	RBRVS	$0.00	$0.00									
0584F		NO TRANSFERCARE CHKLIST USED	01/01/2013	RBRVS	$0.00	$0.00									
1000F		TOBACCO USE SMOKING ASSESS	10/01/2007	RBRVS	$0.00	$0.00									
1002F		ASSESS ANGINAL SYMPTOM/LEVEL	10/01/2007	RBRVS	$0.00	$0.00									
1003F		LEVEL OF ACTIVITY ASSESS	01/01/2006	RBRVS	$0.00	$0.00									
1004F		CLIN SYMP VOL OVRLD ASSESS	01/01/2006	RBRVS	$0.00	$0.00									
10040		ACNE SURGERY	07/01/2014	RBRVS	$92.56	$81.27	010		Y		Y				
1005F		ASTHMA SYMPTOMS EVALUATE	01/01/2006	RBRVS	$0.00	$0.00									
1006F		OSTEOARTHRITIS ASSESS	01/01/2006	RBRVS	$0.00	$0.00									
10060		DRAINAGE OF SKIN ABSCESS	07/01/2014	RBRVS	$105.47	$88.36	010		Y		Y				
10061		DRAINAGE OF SKIN ABSCESS	07/01/2014	RBRVS	$188.09	$165.17	010		Y		Y				
1007F		ANTI-INFLM/ANLGSC OTC ASSESS	01/01/2006	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
1008F		GI/RENAL RISK ASSESS	01/01/2006	RBRVS	$0.00	$0.00									
10080		DRAINAGE OF PILONIDAL CYST	07/01/2014	RBRVS	$163.01	$95.56	010		Y	Y					
10081		DRAINAGE OF PILONIDAL CYST	07/01/2014	RBRVS	$247.89	$160.75	010		Y	Y					
1010F		SEVERITY ANGINA BY ACTVTY	01/01/2012	RBRVS	$0.00	$0.00									
1011F		ANGINA PRESENT	01/01/2012	RBRVS	$0.00	$0.00									
1012F		ANGINA ABSENT	01/01/2012	RBRVS	$0.00	$0.00									
10120		REMOVE FOREIGN BODY	07/01/2014	RBRVS	$138.29	$95.37	010		Y	Y					
10121		REMOVE FOREIGN BODY	07/01/2014	RBRVS	$251.21	$172.79	010		Y	Y					
10140		DRAINAGE OF HEMATOMA/FLUID	07/01/2014	RBRVS	$148.49	$109.44	010		Y	Y					
1015F		COPD SYMPTOMS ASSESS	07/01/2006	RBRVS	$0.00	$0.00									
10160		PUNCTURE DRAINAGE OF LESION	07/01/2014	RBRVS	$118.61	$88.59	010		Y	Y					
1018F		ASSESS DYSPNEA NOT PRESENT	07/01/2006	RBRVS	$0.00	$0.00									
10180		COMPLEX DRAINAGE WOUND	07/01/2014	RBRVS	$226.43	$166.40	010		Y	Y					
1019F		ASSESS DYSPNEA PRESENT	07/01/2006	RBRVS	$0.00	$0.00									
1022F		PNEUMO IMM STATUS ASSESS	07/01/2006	RBRVS	$0.00	$0.00									
1026F		CO-MORBID CONDITION ASSESS	07/01/2006	RBRVS	$0.00	$0.00									
1030F		INFLUENZA IMM STATUS ASSESS	07/01/2006	RBRVS	$0.00	$0.00									
1031F		SMOKING & 2ND HAND ASSESSED	01/01/2012	RBRVS	$0.00	$0.00									
1032F		SMOKER/EXPOSED 2ND HND SMOKE	01/01/2012	RBRVS	$0.00	$0.00									
1033F		TOBACCO NONSMOKER NOR 2NDHND	01/01/2012	RBRVS	$0.00	$0.00									
1034F		CURRENT TOBACCO SMOKER	07/01/2006	RBRVS	$0.00	$0.00									
1035F		SMOKELESS TOBACCO USER	07/01/2006	RBRVS	$0.00	$0.00									
1036F		TOBACCO NON-USER	07/01/2006	RBRVS	$0.00	$0.00									
1038F		PERSISTENT ASTHMA	07/01/2006	RBRVS	$0.00	$0.00									
1039F		INTERMITTENT ASTHMA	07/01/2006	RBRVS	$0.00	$0.00									
1040F		DSM-IV INFO MDD DOCD	10/01/2006	RBRVS	$0.00	$0.00									
1050F		HISTORY OF MOLE CHANGES	01/01/2007	RBRVS	$0.00	$0.00									
1052F		TYPE LOCATION ACTIVITY ASSES	01/01/2012	RBRVS	$0.00	$0.00									
1055F		VISUAL FUNCT STATUS ASSESS	01/01/2007	RBRVS	$0.00	$0.00									
11000		DEBRIDE INFECTED SKIN	07/01/2014	RBRVS	$49.63	$26.72	000		Y	Y					
11001		DEBRIDE INFECTED SKIN ADD-ON	07/01/2014	RBRVS	$19.53	$13.39	ZZZ		Y						
11004		DEBRIDE GENITALIA & PERINEUM	07/01/2014	RBRVS	$545.40	$545.40	000		Y	Y					
11005		DEBRIDE ABDOM WALL	07/01/2014	RBRVS	$736.78	$736.78	000		Y						
11006		DEBRIDE GENIT/PER/ABDOM WALL	07/01/2014	RBRVS	$661.29	$661.29	000		Y	Y					
11008		REMOVE MESH FROM ABD WALL	07/01/2014	RBRVS	$258.35	$258.35	ZZZ		Y						
11012		DEB SKIN BONE AT FX SITE	07/01/2014	RBRVS	$653.74	$399.09	000		Y	Y					
11042		DEB SUBQ TISSUE 20 SQ CM/<	07/01/2014	RBRVS	$106.18	$57.44	000		Y	Y					
11043		DEB MUSC/FASCIA 20 SQ CM/<	07/01/2014	RBRVS	$211.75	$147.52	000		Y	Y					
11044		DEB BONE 20 SQ CM/<	07/01/2014	RBRVS	$294.14	$220.23	000		Y	Y					
11045		DEB SUBQ TISSUE ADD-ON	07/01/2014	RBRVS	$39.31	$26.07	ZZZ		Y						
11046		DEB MUSC/FASCIA ADD-ON	07/01/2014	RBRVS	$68.03	$52.86	ZZZ		Y						
11047		DEB BONE ADD-ON	07/01/2014	RBRVS	$116.28	$94.66	ZZZ		Y						
11055		TRIM SKIN LESION	07/01/2014	RBRVS	$43.02	$14.94	000		Y	Y					
11056		TRIM SKIN LESIONS 2 TO 4	07/01/2014	RBRVS	$52.76	$21.14	000		Y	Y					
11057		TRIM SKIN LESIONS OVER 4	07/01/2014	RBRVS	$59.60	$27.65	000		Y	Y					
11100		BIOPSY SKIN LESION	07/01/2014	RBRVS	$92.88	$45.44	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
11101		BIOPSY SKIN ADD-ON	07/01/2014	RBRVS	$29.62	$22.85	ZZZ		Y						
11200		REMOVAL OF SKIN TAGS <W/15	07/01/2014	RBRVS	$79.97	$67.39	010		Y	Y					
11201		REMOVE SKIN TAGS ADD-ON	07/01/2014	RBRVS	$17.65	$15.71	ZZZ		Y						
1130F		BK PAIN + FXN ASSESSED	04/01/2008	RBRVS	$0.00	$0.00									
11300		SHAVE SKIN LESION 0.5 CM/<	07/01/2014	RBRVS	$86.91	$32.69	000		Y	Y					
11301		SHAVE SKIN LESION 0.6-1.0 CM	07/01/2014	RBRVS	$107.08	$49.63	000		Y	Y					
11302		SHAVE SKIN LESION 1.1-2.0 CM	07/01/2014	RBRVS	$126.22	$58.12	000		Y	Y					
11303		SHAVE SKIN LESION >2.0 CM	07/01/2014	RBRVS	$140.32	$69.32	000		Y	Y					
11305		SHAVE SKIN LESION 0.5 CM/<	07/01/2014	RBRVS	$88.75	$36.14	000		Y	Y					
11306		SHAVE SKIN LESION 0.6-1.0 CM	07/01/2014	RBRVS	$109.34	$48.34	000		Y	Y					
11307		SHAVE SKIN LESION 1.1-2.0 CM	07/01/2014	RBRVS	$129.19	$62.06	000		Y	Y					
11308		SHAVE SKIN LESION >2.0 CM	07/01/2014	RBRVS	$135.90	$68.45	000		Y	Y					
11310		SHAVE SKIN LESION 0.5 CM/<	07/01/2014	RBRVS	$101.92	$44.15	000		Y	Y					
11311		SHAVE SKIN LESION 0.6-1.0 CM	07/01/2014	RBRVS	$100.14	$60.76	000		Y	Y					
11312		SHAVE SKIN LESION 1.1-2.0 CM	07/01/2014	RBRVS	$144.62	$73.29	000		Y	Y					
11313		SHAVE SKIN LESION >2.0 CM	07/01/2014	RBRVS	$168.14	$93.91	000		Y	Y					
1134F		EPSD BK PAIN FOR 6 WKS/<	04/01/2008	RBRVS	$0.00	$0.00									
1135F		EPSD BK PAIN FOR >6 WKS	04/01/2008	RBRVS	$0.00	$0.00									
1136F		EPSD BK PAIN FOR 12 WKS/<	04/01/2008	RBRVS	$0.00	$0.00									
1137F		EPSD BK PAIN FOR >12 WKS	04/01/2008	RBRVS	$0.00	$0.00									
11400		EXC TR-EXT B9+MARG 0.5 CM<	07/01/2014	RBRVS	$110.96	$73.19	010		Y	Y					
11401		EXC TR-EXT B9+MARG 0.6-1 CM	07/01/2014	RBRVS	$134.61	$95.56	010		Y	Y					
11402		EXC TR-EXT B9+MARG 1.1-2 CM	07/01/2014	RBRVS	$150.01	$105.47	010		Y	Y					
11403		EXC TR-EXT B9+MARG 2.1-3CM/<	07/01/2014	RBRVS	$173.96	$135.87	010		Y	Y					
11404		EXC TR-EXT B9+MARG 3.1-4 CM	07/01/2014	RBRVS	$197.45	$149.36	010		Y	Y					
11406		EXC TR-EXT B9+MARG >4.0 CM	07/01/2014	RBRVS	$286.13	$228.37	010		Y	Y					
11420		EXC H-F-NK-SP B9+MARG 0.5/<	07/01/2014	RBRVS	$110.63	$75.13	010		Y	Y					
11421		EXC H-F-NK-SP B9+MARG 0.6-1	07/01/2014	RBRVS	$142.81	$102.47	010		Y	Y					
11422		EXC H-F-NK-SP B9+MARG 1.1-2	07/01/2014	RBRVS	$159.46	$124.92	010		Y	Y					
11423		EXC H-F-NK-SP B9+MARG 2.1-3	07/01/2014	RBRVS	$184.05	$145.33	010		Y	Y					
11424		EXC H-F-NK-SP B9+MARG 3.1-4	07/01/2014	RBRVS	$212.49	$166.01	010		Y	Y					
11426		EXC H-F-NK-SP B9+MARG >4 CM	07/01/2014	RBRVS	$305.37	$254.70	010		Y	Y					
11440		EXC FACE-MM B9+MARG 0.5 CM/<	07/01/2014	RBRVS	$122.80	$95.37	010		Y	Y					
11441		EXC FACE-MM B9+MARG 0.6-1 CM	07/01/2014	RBRVS	$152.91	$121.28	010		Y	Y					
11442		EXC FACE-MM B9+MARG 1.1-2 CM	07/01/2014	RBRVS	$171.24	$134.77	010		Y	Y					
11443		EXC FACE-MM B9+MARG 2.1-3 CM	07/01/2014	RBRVS	$204.26	$164.88	010		Y	Y					
11444		EXC FACE-MM B9+MARG 3.1-4 CM	07/01/2014	RBRVS	$258.29	$211.16	010		Y	Y					
11446		EXC FACE-MM B9+MARG >4 CM	07/01/2014	RBRVS	$359.43	$303.92	010		Y	Y					
11450		REMOVAL SWEAT GLAND LESION	07/01/2014	RBRVS	$345.07	$232.75	090		Y	Y	Y				
11462		REMOVAL SWEAT GLAND LESION	07/01/2014	RBRVS	$336.74	$222.17	090		Y	Y	Y				
11470		REMOVAL SWEAT GLAND LESION	07/01/2014	RBRVS	$379.28	$261.81	090		Y	Y					
1150F		DOC PT RSK DEATH W/IN 1YR	07/01/2009	RBRVS	$0.00	$0.00									
1151F		DOC NO PT RSK DEATH W/IN 1YR	07/01/2009	RBRVS	$0.00	$0.00									
1152F		DOC ADVNCD DIS COMFORT GOAL	07/01/2009	RBRVS	$0.00	$0.00									
1153F		DOC ADVNCD DIS CMFRT NOTGOAL	07/01/2009	RBRVS	$0.00	$0.00									
1157F		ADVNC CARE PLAN IN RCRD	07/01/2009	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
1158F		ADVNC CARE PLAN TLK DOCD	07/01/2009	RBRVS	$0.00	$0.00									
1159F		MED LIST DOCD IN RCRD	07/01/2009	RBRVS	$0.00	$0.00									
1160F		RVW MEDS BY RX/DR IN RCRD	07/01/2009	RBRVS	$0.00	$0.00									
11600		EXC TR-EXT MAL+MARG 0.5 CM/<	07/01/2014	RBRVS	$174.96	$111.05	010		Y	Y					
11601		EXC TR-EXT MAL+MARG 0.6-1 CM	07/01/2014	RBRVS	$206.87	$137.80	010		Y	Y					
11602		EXC TR-EXT MAL+MARG 1.1-2 CM	07/01/2014	RBRVS	$249.37	$167.97	010		Y	Y					
11603		EXC TR-EXT MAL+MARG 2.1-3 CM	07/01/2014	RBRVS	$284.58	$200.67	010		Y	Y					
11604		EXC TR-EXT MAL+MARG 3.1-4 CM	07/01/2014	RBRVS	$318.19	$222.44	010		Y	Y					
11620		EXC H-F-NK-SP MAL+MARG 0.5/<	07/01/2014	RBRVS	$196.55	$125.19	010		Y	Y					
11621		EXC S/N/H/F/G MAL+MRG 0.6-1	07/01/2014	RBRVS	$231.30	$153.84	010		Y	Y					
11622		EXC S/N/H/F/G MAL+MRG 1.1-2	07/01/2014	RBRVS	$258.12	$176.36	010		Y	Y					
11623		EXC S/N/H/F/G MAL+MRG 2.1-3	07/01/2014	RBRVS	$304.02	$219.03	010		Y	Y					
11624		EXC S/N/H/F/G MAL+MRG 3.1-4	07/01/2014	RBRVS	$343.32	$248.65	010		Y	Y					
11640		EXC F/E/E/N/L MAL+MRG 0.5CM<	07/01/2014	RBRVS	$202.29	$129.13	010		Y	Y					
11641		EXC F/E/E/N/L MAL+MRG 0.6-1	07/01/2014	RBRVS	$240.01	$161.12	010		Y	Y					
11642		EXC F/E/E/N/L MAL+MRG 1.1-2	07/01/2014	RBRVS	$273.29	$189.38	010		Y	Y					
11643		EXC F/E/E/N/L MAL+MRG 2.1-3	07/01/2014	RBRVS	$325.11	$239.04	010		Y	Y					
1170F		FXNL STATUS ASSESSED	01/01/2009	RBRVS	$0.00	$0.00									
11719		TRIM NAIL(S) ANY NUMBER	07/01/2014	RBRVS	$12.65	$7.16	000		Y	Y					
11720		DEBRIDE NAIL 1-5	07/01/2014	RBRVS	$29.52	$14.04	000		Y						
11721		DEBRIDE NAIL 6 OR MORE	07/01/2014	RBRVS	$40.88	$23.13	000		Y						
11730		REMOVAL OF NAIL PLATE	07/01/2014	RBRVS	$90.14	$47.53	000		Y	Y					
11732		REMOVE NAIL PLATE ADD-ON	07/01/2014	RBRVS	$32.43	$18.88	ZZZ		Y						
11740		DRAIN BLOOD FROM UNDER NAIL	07/01/2014	RBRVS	$45.01	$30.17	000		Y	Y					
1175F		FUNCTION STAT ASSESSED RVWD	01/01/2012	RBRVS	$0.00	$0.00									
11750		REMOVAL OF NAIL BED	07/01/2014	RBRVS	$204.45	$160.56	010		Y	Y					
11752		REMOVE NAIL BED/TIP	07/01/2014	RBRVS	$294.37	$240.79	010		Y	Y					
11755		BIOPSY NAIL UNIT	07/01/2014	RBRVS	$121.93	$72.87	000		Y	Y					
11760		REPAIR OF NAIL BED	07/01/2014	RBRVS	$212.07	$123.96	010		Y	Y					
11765		EXCISION OF NAIL FOLD TOE	07/01/2014	RBRVS	$150.81	$85.95	010		Y	Y					
11770		REMOVE PILONIDAL CYST SIMPLE	07/01/2014	RBRVS	$254.09	$171.46	010		Y	Y					
11771		REMOVE PILONIDAL CYST EXTEN	07/01/2014	RBRVS	$524.32	$402.65	090		Y	Y					
11772		REMOVE PILONIDAL CYST COMPL	07/01/2014	RBRVS	$636.54	$532.62	090		Y	Y					
1180F		THROMBOEMB RISK ASSESSED	07/01/2009	RBRVS	$0.00	$0.00									
1181F		NEUROPSYCHIA SYMPTS ASSESSED	01/01/2012	RBRVS	$0.00	$0.00									
1182F		NEUROPSYCHI SYMPT 1+PRESENT	01/01/2012	RBRVS	$0.00	$0.00									
1183F		NEUROPSYCHIATRIC SYMP ABSENT	01/01/2012	RBRVS	$0.00	$0.00									
11900		INJECT SKIN LESIONS </W 7	07/01/2014	RBRVS	$50.08	$29.11	000		Y	Y					
11901		INJECT SKIN LESIONS >7	07/01/2014	RBRVS	$63.51	$45.44	000		Y	Y					
11920		CORRECT SKIN COLOR 6.0 CM/<	07/01/2014	RBRVS	$174.64	$120.13	000		Y	Y					
11921		CORECT SKIN COLOR 6.1-20.0CM	07/01/2014	RBRVS	$202.90	$141.22	000		Y	Y					
11922		CORRECT SKIN COLOR EA 20.0CM	07/01/2014	RBRVS	$62.50	$31.31	ZZZ		Y						
11976		REMOVE CONTRACEPTIVE CAPSULE	07/01/2014	RBRVS	$148.75	$101.41	000		Y	Y					
11980		IMPLANT HORMONE PELLET(S)	07/01/2014	RBRVS	$95.40	$75.06	000		Y	Y					
11981		INSERT DRUG IMPLANT DEVICE	07/01/2014	RBRVS	$140.14	$84.92			Y	Y					
11982		REMOVE DRUG IMPLANT DEVICE	07/01/2014	RBRVS	$158.43	$101.41			Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
11983		REMOVE/INSERT DRUG IMPLANT	07/01/2014	RBRVS	$220.68	$175.86			Y	Y					
1200F		SEIZURE TYPE(S)+ FRQ DOCD	09/01/2011	RBRVS	$0.00	$0.00									
12001		RPR S/N/AX/GEN/TRNK 2.5CM/<	07/01/2014	RBRVS	$82.00	$42.30	000		Y	Y					
12002		RPR S/N/AX/GEN/TRNK2.6-7.5CM	07/01/2014	RBRVS	$99.72	$55.83	000		Y	Y					
12004		RPR S/N/AX/GEN/TRK7.6-12.5CM	07/01/2014	RBRVS	$117.73	$69.65	000		Y	Y					
12005		RPR S/N/A/GEN/TRK12.6-20.0CM	07/01/2014	RBRVS	$153.39	$94.33	000		Y	Y					
12006		RPR S/N/A/GEN/TRK20.1-30.0CM	07/01/2014	RBRVS	$184.41	$114.38	000		Y	Y					
12007		RPR S/N/AX/GEN/TRNK >30.0 CM	07/01/2014	RBRVS	$214.26	$141.97	000		Y	Y			Y		
12011		RPR F/E/E/N/L/M 2.5 CM/<	07/01/2014	RBRVS	$100.36	$52.92	000		Y	Y					
12013		RPR F/E/E/N/L/M 2.6-5.0 CM	07/01/2014	RBRVS	$109.76	$59.09	000		Y	Y					
12014		RPR F/E/E/N/L/M 5.1-7.5 CM	07/01/2014	RBRVS	$129.77	$75.23	000		Y	Y					
12015		RPR F/E/E/N/L/M 7.6-12.5 CM	07/01/2014	RBRVS	$158.56	$93.69	000		Y	Y					
12016		RPR FE/E/EN/L/M 12.6-20.0 CM	07/01/2014	RBRVS	$196.32	$127.26	000		Y	Y					
12017		RPR FE/E/EN/L/M 20.1-30.0 CM	07/01/2014	RBRVS	$145.84	$145.84	000		Y	Y					
12018		RPR F/E/E/N/L/M >30.0 CM	07/01/2014	RBRVS	$164.95	$164.95	000		Y	Y		Y			
12020		CLOSURE OF SPLIT WOUND	07/01/2014	RBRVS	$261.93	$177.38	010		Y	Y					
12021		CLOSURE OF SPLIT WOUND	07/01/2014	RBRVS	$153.62	$131.35	010		Y	Y					
12031		INTMD RPR S/A/T/EXT 2.5 CM/<	07/01/2014	RBRVS	$214.65	$141.71	010		Y	Y					
12032		INTMD RPR S/A/T/EXT 2.6-7.5	07/01/2014	RBRVS	$273.33	$179.73	010		Y	Y					
12034		INTMD RPR S/TR/EXT 7.6-12.5	07/01/2014	RBRVS	$283.32	$192.32	010		Y	Y					
12035		INTMD RPR S/A/T/EXT 12.6-20	07/01/2014	RBRVS	$351.85	$226.30	010		Y	Y					
12036		INTMD RPR S/A/T/EXT 20.1-30	07/01/2014	RBRVS	$388.48	$262.93	010		Y	Y					
12037		INTMD RPR S/TR/EXT >30.0 CM	07/01/2014	RBRVS	$437.69	$307.63	010		Y	Y			Y		
12041		INTMD RPR N-HF/GENIT 2.5CM/<	07/01/2014	RBRVS	$218.85	$144.94	010		Y	Y					
12042		INTMD RPR N-HF/GENIT2.6-7.5	07/01/2014	RBRVS	$261.22	$185.05	010		Y	Y					
12044		INTMD RPR N-HF/GENIT7.6-12.5	07/01/2014	RBRVS	$326.70	$200.84	010		Y	Y					
12045		INTMD RPR N-HF/GENIT12.6-20	07/01/2014	RBRVS	$366.34	$251.76	010		Y	Y					
12046		INTMD RPR N-HF/GENIT20.1-30	07/01/2014	RBRVS	$436.41	$286.33	010		Y	Y					
12047		INTMD RPR N-HF/GENIT >30.0CM	07/01/2014	RBRVS	$479.97	$319.25	010		Y	Y		Y	Y		
1205F		EPI ETIOL SYND RVWD AND DOCD	09/01/2011	RBRVS	$0.00	$0.00									
12051		INTMD RPR FACE/MM 2.5 CM/<	07/01/2014	RBRVS	$234.18	$158.98	010		Y	Y					
12052		INTMD RPR FACE/MM 2.6-5.0 CM	07/01/2014	RBRVS	$266.45	$188.35	010		Y	Y					
12053		INTMD RPR FACE/MM 5.1-7.5 CM	07/01/2014	RBRVS	$313.66	$202.64	010		Y	Y					
12054		INTMD RPR FACE/MM 7.6-12.5CM	07/01/2014	RBRVS	$335.39	$213.71	010		Y	Y					
12055		INTMD RPR FACE/MM 12.6-20 CM	07/01/2014	RBRVS	$434.92	$283.56	010		Y	Y					
12056		INTMD RPR FACE/MM 20.1-30.0	07/01/2014	RBRVS	$500.12	$351.00	010		Y	Y					
12057		INTMD RPR FACE/MM >30.0 CM	07/01/2014	RBRVS	$512.19	$354.36	010		Y	Y		Y	Y		
13100		CMPLX RPR TRUNK 1.1-2.5 CM	07/01/2014	RBRVS	$303.18	$191.51	010		Y	Y					
13101		CMPLX RPR TRUNK 2.6-7.5 CM	07/01/2014	RBRVS	$358.43	$235.46	010		Y	Y					
13102		CMPLX RPR TRUNK ADDL 5CM/<	07/01/2014	RBRVS	$111.53	$70.22	ZZZ		Y						
13120		CMPLX RPR S/A/L 1.1-2.5 CM	07/01/2014	RBRVS	$317.22	$219.42	010		Y	Y					
13121		CMPLX RPR S/A/L 2.6-7.5 CM	07/01/2014	RBRVS	$386.83	$248.70	010		Y	Y					
13122		CMPLX RPR S/A/L ADDL 5 CM/>	07/01/2014	RBRVS	$122.35	$80.72	ZZZ		Y						
13131		CMPLX RPR F/C/C/M/N/AX/G/H/F	07/01/2014	RBRVS	$349.88	$233.37	010		Y	Y					
13132		CMPLX RPR F/C/C/M/N/AX/G/H/F	07/01/2014	RBRVS	$431.89	$292.78	010		Y	Y					
13133		CMPLX RPR F/C/C/M/N/AX/G/H/F	07/01/2014	RBRVS	$163.44	$123.09	ZZZ		Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
13151		CMPLX RPR E/N/E/L 1.1-2.5 CM	07/01/2014	RBRVS	$383.80	$267.61	010		Y	Y					
13152		CMPLX RPR E/N/E/L 2.6-7.5 CM	07/01/2014	RBRVS	$460.44	$324.57	010		Y	Y					
13153		CMPLX RPR E/N/E/L ADDL 5CM/<	07/01/2014	RBRVS	$178.11	$133.26	ZZZ		Y						
13160		LATE CLOSURE OF WOUND	07/01/2014	RBRVS	$757.82	$757.82	090		Y	Y					
1400F		PARKINSON DIAG RVIEWED	01/01/2011	RBRVS	$0.00	$0.00									
14301		TIS TRNFR ANY 30.1-60 SQ CM	07/01/2014	RBRVS	$990.74	$824.85	090		Y	Y		Y			
14302		TIS TRNFR ADDL 30 SQ CM/<	07/01/2014	RBRVS	$208.78	$208.78	ZZZ		Y			Y			
1450F		SYMPTOMS IMPROVED/CONSIST	01/01/2012	RBRVS	$0.00	$0.00									
1451F		SYMPT SHOW CLIN IMPORT DROP	01/01/2012	RBRVS	$0.00	$0.00									
1460F		QUAL CARD DIAG PRIOR 12 MONS	01/01/2012	RBRVS	$0.00	$0.00									
1461F		NO QUAL CARD DIAG PRIOR12MON	01/01/2012	RBRVS	$0.00	$0.00									
1490F		DEM SEVERITY CLASSIFIED MILD	01/01/2012	RBRVS	$0.00	$0.00									
1491F		DEM SEVERITY CLASSIFIED MOD	07/01/2011	RBRVS	$0.00	$0.00									
1493F		DEM SEVERITY CLASS SEVERE	01/01/2012	RBRVS	$0.00	$0.00									
1494F		COGNIT ASSESSED AND REVIEWED	01/01/2012	RBRVS	$0.00	$0.00									
1500F		SYMPTOM+SIGN SYMM POLYNEURO	01/01/2013	RBRVS	$0.00	$0.00									
15002		WOUND PREP TRK/ARM/LEG	07/01/2014	RBRVS	$319.25	$213.39	000		Y						
15003		WOUND PREP ADDL 100 CM	07/01/2014	RBRVS	$69.87	$43.08	ZZZ		Y						
15004		WOUND PREP F/N/HF/G	07/01/2014	RBRVS	$370.05	$255.48	000		Y						
15005		WND PREP F/N/HF/G ADDL CM	07/01/2014	RBRVS	$116.19	$86.49	ZZZ		Y						
1501F		NOT INITIAL EVAL FOR COND	01/01/2013	RBRVS	$0.00	$0.00									
1502F		PT QUERIED PAIN FXN W/ INSTR	01/01/2013	RBRVS	$0.00	$0.00									
1503F		PT QUERIED SYMP RESP INSUFF	01/01/2013	RBRVS	$0.00	$0.00									
1504F		PT HAS RESP INSUFFICIENCY	01/01/2013	RBRVS	$0.00	$0.00									
15040		HARVEST CULTURED SKIN GRAFT	07/01/2014	RBRVS	$235.21	$119.67	000		Y						
1505F		PT HAS NO RESP INSUFFICIENCY	01/01/2013	RBRVS	$0.00	$0.00									
15100		SKIN SPLT GRFT TRNK/ARM/LEG	07/01/2014	RBRVS	$794.49	$671.52	090		Y	Y					
15110		EPIDRM AUTOGRFT TRNK/ARM/LEG	07/01/2014	RBRVS	$802.33	$705.18	090		Y	Y					
15111		EPIDRM AUTOGRFT T/A/L ADD-ON	07/01/2014	RBRVS	$106.47	$96.47	ZZZ		Y						
15115		EPIDRM A-GRFT FACE/NCK/HF/G	07/01/2014	RBRVS	$804.65	$708.48	090		Y	Y					
15116		EPIDRM A-GRFT F/N/HF/G ADDL	07/01/2014	RBRVS	$141.30	$127.73	ZZZ		Y				Y		
15130		DERM AUTOGRAFT TRNK/ARM/LEG	07/01/2014	RBRVS	$627.53	$532.32	090		Y	Y					
15131		DERM AUTOGRAFT T/A/L ADD-ON	07/01/2014	RBRVS	$95.21	$88.11	ZZZ		Y				Y		
15135		DERM AUTOGRAFT FACE/NCK/HF/G	07/01/2014	RBRVS	$792.87	$700.56	090		Y	Y					
15136		DERM AUTOGRAFT F/N/HF/G ADD	07/01/2014	RBRVS	$85.42	$79.62	ZZZ		Y				Y		
15150		CULT SKIN GRFT T/ARM/LEG	07/01/2014	RBRVS	$640.76	$587.52	090		Y	Y					
15151		CULT SKIN GRFT T/A/L ADDL	07/01/2014	RBRVS	$111.21	$103.14	ZZZ		Y						
15152		CULT SKIN GRAFT T/A/L +%	07/01/2014	RBRVS	$141.61	$132.90	ZZZ		Y						
15155		CULT SKIN GRAFT F/N/HF/G	07/01/2014	RBRVS	$646.45	$598.35	090		Y	Y					
15156		CULT SKIN GRFT F/N/HFG ADD	07/01/2014	RBRVS	$150.46	$142.07	ZZZ		Y				Y		
15157		CULT EPIDERM GRFT F/N/HFG +%	07/01/2014	RBRVS	$151.52	$141.84	ZZZ		Y				Y		
15731		FOREHEAD FLAP W/VASC PEDICLE	07/01/2014	RBRVS	$1,050.84	$949.50	090		Y	Y					
15750		NEUROVASCULAR PEDICLE FLAP	07/01/2014	RBRVS	$855.93	$855.93	090		Y	Y		Y			
15756		FREE MYO/SKIN FLAP MICROVASC	07/01/2014	RBRVS	$2,201.83	$2,201.83	090		Y	Y		Y	Y		
15757		FREE SKIN FLAP MICROVASC	07/01/2014	RBRVS	$2,170.88	$2,170.88	090		Y	Y		Y	Y		
15758		FREE FASCIAL FLAP MICROVASC	07/01/2014	RBRVS	$2,172.16	$2,172.16	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
15770		DERMA-FAT-FASCIA GRAFT	07/01/2014	RBRVS	$634.73	$634.73	090		Y	Y		Y	Y		
15830		EXC SKIN ABD	07/01/2014	RBRVS	$1,101.99	$1,101.99	090	Y	Y	Y		Y	Y		
15832		EXCISE EXCESSIVE SKIN THIGH	07/01/2014	RBRVS	$862.87	$862.87	090	Y	Y	Y	Y	Y	Y		
15841		NERVE PALSY MUSCLE GRAFT	07/01/2014	RBRVS	$1,502.02	$1,502.02	090		Y	Y		Y	Y		
15845		SKIN AND MUSCLE REPAIR FACE	07/01/2014	RBRVS	$953.37	$953.37	090		Y	Y		Y			
15847		EXC SKIN ABD ADD-ON	07/01/2014	FEE SCHED	$1,453.10	$0.00			Y						
15860		TEST FOR BLOOD FLOW IN GRAFT	07/01/2014	RBRVS	$105.18	$105.18	000		Y	Y					
15922		REMOVAL OF TAIL BONE ULCER	07/01/2014	RBRVS	$735.52	$735.52	090		Y	Y		Y	Y		
15946		REMOVE HIP PRESSURE SORE	07/01/2014	RBRVS	$1,544.34	$1,544.34	090		Y	Y			Y		
15952		REMOVE THIGH PRESSURE SORE	07/01/2014	RBRVS	$860.29	$860.29	090		Y	Y		Y	Y		
15956		REMOVE THIGH PRESSURE SORE	07/01/2014	RBRVS	$1,092.15	$1,092.15	090		Y	Y			Y		
15958		REMOVE THIGH PRESSURE SORE	07/01/2014	RBRVS	$1,105.86	$1,105.86	090		Y	Y			Y		
16000		INITIAL TREATMENT OF BURN(S)	07/01/2014	RBRVS	$63.51	$43.18	000		Y	Y					
16020		DRESS/DEBRID P-THICK BURN S	07/01/2014	RBRVS	$74.78	$50.57	000		Y	Y					
16025		DRESS/DEBRID P-THICK BURN M	07/01/2014	RBRVS	$136.07	$105.08	000		Y	Y					
16030		DRESS/DEBRID P-THICK BURN L	07/01/2014	RBRVS	$172.27	$127.09	000		Y	Y					
17000		DESTROY BENIGN/PREMLG LESION	07/01/2014	RBRVS	$68.19	$48.51	010		Y	Y					
17003		DESTRUCT PREMALG LES 2-14	07/01/2014	RBRVS	$9.09	$2.32	ZZZ		Y						
17004		DESTROY PREMAL LESIONS 15/>	07/01/2014	RBRVS	$135.58	$92.01	010		Y						
17110		DESTRUCT B9 LESION 1-14	07/01/2014	RBRVS	$98.85	$63.35	010		Y	Y					
17111		DESTRUCT LESION 15 OR MORE	07/01/2014	RBRVS	$117.41	$78.03	010		Y	Y					
17250		CHEMICAL CAUTERY TISSUE	07/01/2014	RBRVS	$72.03	$34.59	000		Y	Y					
17260		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$94.24	$70.93	010		Y	Y					
17261		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$129.35	$84.49	010		Y	Y					
17262		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$157.68	$107.34	010		Y	Y					
17263		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$172.37	$119.12	010		Y	Y					
17264		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$185.44	$127.67	010		Y	Y					
17270		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$150.65	$102.60	010		Y	Y					
17271		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$164.10	$114.25	010		Y	Y					
17272		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$168.18	$118.15	010		Y	Y					
17280		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$127.09	$83.84	010		Y	Y					
17281		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$178.62	$128.41	010		Y	Y					
17282		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$205.41	$148.39	010		Y	Y					
17283		DESTRUCTION OF SKIN LESIONS	07/01/2014	RBRVS	$246.32	$184.64	010		Y	Y					
17999		SKIN TISSUE PROCEDURE	07/01/2014	FEE SCHED	$1,239.04	$0.00			Y						
19105		CRYOSURG ABLATE FA EACH	07/01/2014	RBRVS	$1,743.47	$178.18	000		Y	Y	Y				
19260		REMOVAL OF CHEST WALL LESION	07/01/2014	RBRVS	$1,129.42	$1,129.42	090		Y	Y		Y	Y		
19271		REVISION OF CHEST WALL	07/01/2014	RBRVS	$1,517.10	$1,517.10	090		Y	Y		Y	Y		
19272		EXTENSIVE CHEST WALL SURGERY	07/01/2014	RBRVS	$1,696.68	$1,696.68	090		Y	Y		Y	Y		
19296		PLACE PO BREAST CATH FOR RAD	07/01/2014	RBRVS	$3,587.13	$196.41	000		Y	Y	Y				
19297		PLACE BREAST CATH FOR RAD	07/01/2014	RBRVS	$88.23	$88.23	ZZZ		Y						
19298		PLACE BREAST RAD TUBE/CATHS	07/01/2014	RBRVS	$951.75	$302.73	000		Y	Y	Y				
19300		REMOVAL OF BREAST TISSUE	07/01/2014	RBRVS	$479.52	$381.41	090		Y	Y	Y				
19301		PARTIAL MASTECTOMY	07/01/2014	RBRVS	$606.75	$606.75	090		Y	Y	Y				
19302		P-MASTECTOMY W/LN REMOVAL	07/01/2014	RBRVS	$835.57	$835.57	090		Y	Y	Y	Y	Y		
19303		MAST SIMPLE COMPLETE	07/01/2014	RBRVS	$939.91	$939.91	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
19304		MAST SUBQ	07/01/2014	RBRVS	$529.74	$529.74	090		Y	Y	Y	Y	Y		
19305		MAST RADICAL	07/01/2014	RBRVS	$1,052.10	$1,052.10	090		Y	Y	Y	Y	Y		
19306		MAST RAD URBAN TYPE	07/01/2014	RBRVS	$1,114.45	$1,114.45	090		Y	Y	Y	Y	Y		
19307		MAST MOD RAD	07/01/2014	RBRVS	$1,111.86	$1,111.86	090		Y	Y	Y	Y	Y		
19316		SUSPENSION OF BREAST	07/01/2014	RBRVS	$725.03	$725.03	090		Y	Y	Y	Y	Y		
19318		REDUCTION OF LARGE BREAST	07/01/2014	RBRVS	$1,044.64	$1,044.64	090	Y	Y	Y	Y	Y	Y		
19357		BREAST RECONSTRUCTION	07/01/2014	RBRVS	$1,414.60	$1,414.60	090		Y	Y	Y	Y	Y		
19361		BREAST RECONSTRUCTION	07/01/2014	RBRVS	$1,494.80	$1,494.80	090		Y	Y	Y	Y	Y		
19364		BREAST RECONSTRUCTION	07/01/2014	RBRVS	$2,620.39	$2,620.39	090		Y	Y	Y	Y	Y		
19366		BREAST RECONSTRUCTION	07/01/2014	RBRVS	$1,328.23	$1,328.23	090		Y	Y	Y	Y	Y		
19367		BREAST RECONSTRUCTION	07/01/2014	RBRVS	$1,701.54	$1,701.54	090		Y	Y	Y	Y	Y		
19369		BREAST RECONSTRUCTION	07/01/2014	RBRVS	$1,943.54	$1,943.54	090		Y	Y	Y	Y	Y		
19499		BREAST SURGERY PROCEDURE	07/01/2014	FEE SCHED	$357.28	$0.00			Y						
2000F		BLOOD PRESSURE MEASURE	10/01/2007	RBRVS	$0.00	$0.00									
20005		INCISION OF DEEP ABSCESS	07/01/2014	RBRVS	$285.04	$218.55	010		Y	Y					
2001F		WEIGHT RECORD	01/01/2006	RBRVS	$0.00	$0.00									
2002F		CLIN SIGN VOL OVRLD ASSESS	01/01/2006	RBRVS	$0.00	$0.00									
2004F		INITIAL EXAM INVOLVED JOINTS	01/01/2006	RBRVS	$0.00	$0.00									
2010F		VITAL SIGNS RECORDED	07/01/2006	RBRVS	$0.00	$0.00									
20100		EXPLORE WOUND NECK	07/01/2014	RBRVS	$568.63	$568.63	010		Y	Y	Y	Y			
20101		EXPLORE WOUND CHEST	07/01/2014	RBRVS	$412.42	$194.25	010		Y	Y					
20102		EXPLORE WOUND ABDOMEN	07/01/2014	RBRVS	$450.45	$238.73	010		Y	Y					
20103		EXPLORE WOUND EXTREMITY	07/01/2014	RBRVS	$535.32	$327.15	010		Y	Y					
2014F		MENTAL STATUS ASSESS	07/01/2006	RBRVS	$0.00	$0.00									
2015F		ASTHMA IMPAIRMENT ASSESSED	01/01/2012	RBRVS	$0.00	$0.00									
20150		EXCISE EPIPHYSEAL BAR	07/01/2014	RBRVS	$857.25	$857.25	090		Y	Y	Y	Y	Y		
2016F		ASTHMA RISK ASSESSED	01/01/2012	RBRVS	$0.00	$0.00									
2018F		HYDRATION STATUS ASSESS	07/01/2006	RBRVS	$0.00	$0.00									
2019F		DILATED MACUL EXAM DONE	07/01/2007	RBRVS	$0.00	$0.00									
2020F		DILATED FUNDUS EVAL DONE	07/01/2007	RBRVS	$0.00	$0.00									
20200		MUSCLE BIOPSY	07/01/2014	RBRVS	$189.54	$89.49	000		Y	Y					
20205		DEEP MUSCLE BIOPSY	07/01/2014	RBRVS	$264.29	$145.52	000		Y	Y					
20206		NEEDLE BIOPSY MUSCLE	07/01/2014	RBRVS	$213.87	$55.73	000		Y	Y					
2021F		DILAT MACUL+ EXAM DONE	01/01/2007	RBRVS	$0.00	$0.00									
2022F		DIL RETINA EXAM INTERP REV	07/01/2006	RBRVS	$0.00	$0.00									
20220		BONE BIOPSY TROCAR/NEEDLE	07/01/2014	RBRVS	$153.55	$68.03	000		Y	Y					
20225		BONE BIOPSY TROCAR/NEEDLE	07/01/2014	RBRVS	$479.46	$103.79	000		Y	Y					
2024F		7 FIELD PHOTO INTERP DOC REV	07/01/2006	RBRVS	$0.00	$0.00									
20240		BONE BIOPSY EXCISIONAL	07/01/2014	RBRVS	$205.36	$205.36	010		Y	Y					
20251		OPEN BONE BIOPSY	07/01/2014	RBRVS	$395.28	$395.28	010		Y	Y		Y			
2026F		EYE IMAGE VALID TO DX REV	07/01/2006	RBRVS	$0.00	$0.00									
2027F		OPTIC NERVE HEAD EVAL DONE	01/01/2007	RBRVS	$0.00	$0.00									
2029F		COMPLETE PHYS SKIN EXAM DONE	01/01/2007	RBRVS	$0.00	$0.00									
2030F		H2O STAT DOCD, NORMAL	10/01/2006	RBRVS	$0.00	$0.00									
2031F		H2O STAT DOCD, DEHYDRATED	10/01/2006	RBRVS	$0.00	$0.00									
2040F		BK PN XM ON INIT VISIT DATE	04/01/2008	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
2044F		DOC MNTL TST PRIOR BK TRXMNT	04/01/2008	RBRVS	$0.00	$0.00									
2050F		WOUND CHAR SIZE ETC DOCD	07/01/2009	RBRVS	$0.00	$0.00									
20500		INJECTION OF SINUS TRACT	07/01/2014	RBRVS	$96.11	$78.36	010		Y	Y					
20501		INJECT SINUS TRACT FOR X-RAY	07/01/2014	RBRVS	$107.21	$35.89	000		Y	Y					
20520		REMOVAL OF FOREIGN BODY	07/01/2014	RBRVS	$187.12	$136.45	010		Y	Y					
20525		REMOVAL OF FOREIGN BODY	07/01/2014	RBRVS	$439.28	$232.08	010		Y	Y					
20526		THER INJECTION CARP TUNNEL	07/01/2014	RBRVS	$70.06	$52.96	000		Y	Y	Y				
20550		INJ TENDON SHEATH/LIGAMENT	07/01/2014	RBRVS	$53.67	$38.82	000		Y	Y	Y				
20551		INJ TENDON ORIGIN/INSERTION	07/01/2014	RBRVS	$55.61	$39.79	000		Y	Y					
20552		INJ TRIGGER POINT 1/2 MUSCL	07/01/2014	RBRVS	$50.73	$35.56	000		Y	Y					
20553		INJECT TRIGGER POINTS 3/>	07/01/2014	RBRVS	$58.48	$40.08	000		Y	Y					
20555		PLACE NDL MUSC/TIS FOR RT	07/01/2014	RBRVS	$311.93	$311.93	000		Y	Y					
2060F		PT TALK EVAL HLTHWKR RE MDD	09/01/2011	RBRVS	$0.00	$0.00									
20600		DRAIN/INJ JOINT/BURSA W/O US	07/01/2014	RBRVS	$43.95	$33.30	000		Y	Y	Y				
20604		DRAIN/INJ JOINT/BURSA W/US	01/01/2015	RBRVS	$65.58	$42.02	000		Y	Y	Y				
20605		DRAIN/INJ JOINT/BURSA W/O US	07/01/2014	RBRVS	$45.92	$34.95	000		Y	Y	Y				
20606		DRAIN/INJ JOINT/BURSA W/US	01/01/2015	RBRVS	$72.03	$47.51	000		Y	Y	Y				
20610		DRAIN/INJ JOINT/BURSA W/O US	07/01/2014	RBRVS	$55.44	$43.18	000		Y	Y	Y				
20611		DRAIN/INJ JOINT/BURSA W/US	01/01/2015	RBRVS	$82.88	$56.08	000		Y	Y	Y				
20612		ASPIRATE/INJ GANGLION CYST	07/01/2014	RBRVS	$55.28	$38.82	000		Y	Y					
20615		TREATMENT OF BONE CYST	07/01/2014	RBRVS	$223.53	$151.56	010		Y	Y					
20650		INSERT AND REMOVE BONE PIN	07/01/2014	RBRVS	$188.02	$143.81	010		Y	Y			Y		
20670		REMOVAL OF SUPPORT IMPLANT	07/01/2014	RBRVS	$345.91	$137.09	010		Y	Y					
20680		REMOVAL OF SUPPORT IMPLANT	07/01/2014	RBRVS	$571.79	$397.52	090		Y	Y					
20692		APPLY BONE FIXATION DEVICE	07/01/2014	RBRVS	$1,045.74	$1,045.74	090		Y	Y		Y	Y		
20696		COMP MULTIPLANE EXT FIXATION	07/01/2014	RBRVS	$1,048.19	$1,048.19	090		Y	Y		Y	Y		
20697		COMP EXT FIXATE STRUT CHANGE	07/01/2014	RBRVS	$1,676.05	$1,676.05	000		Y			Y	Y		
20802		REPLANTATION ARM COMPLETE	07/01/2014	RBRVS	$2,156.94	$2,156.94	090		Y	Y	Y	Y	Y		
20805		REPLANT FOREARM COMPLETE	07/01/2014	RBRVS	$2,877.90	$2,877.90	090		Y	Y	Y	Y	Y		
20808		REPLANTATION HAND COMPLETE	07/01/2014	RBRVS	$3,729.96	$3,729.96	090		Y	Y	Y	Y	Y		
20816		REPLANTATION DIGIT COMPLETE	07/01/2014	RBRVS	$1,856.07	$1,856.07	090		Y	Y		Y	Y		
20822		REPLANTATION DIGIT COMPLETE	07/01/2014	RBRVS	$1,711.55	$1,711.55	090		Y	Y		Y	Y		
20824		REPLANTATION THUMB COMPLETE	07/01/2014	RBRVS	$2,006.56	$2,006.56	090		Y	Y	Y	Y	Y		
20827		REPLANTATION THUMB COMPLETE	07/01/2014	RBRVS	$1,708.74	$1,708.74	090		Y	Y	Y	Y	Y		
20838		REPLANTATION FOOT COMPLETE	07/01/2014	RBRVS	$2,422.90	$2,422.90	090		Y	Y	Y	Y	Y		
20900		REMOVAL OF BONE FOR GRAFT	07/01/2014	RBRVS	$386.28	$180.05	000		Y	Y		Y	Y		
20902		REMOVAL OF BONE FOR GRAFT	07/01/2014	RBRVS	$269.71	$269.71	000		Y	Y		Y	Y		
20920		REMOVAL OF FASCIA FOR GRAFT	07/01/2014	RBRVS	$368.54	$368.54	090		Y	Y			Y		
20922		REMOVAL OF FASCIA FOR GRAFT	07/01/2014	RBRVS	$569.02	$467.36	090		Y	Y		Y	Y		
20924		REMOVAL OF TENDON FOR GRAFT	07/01/2014	RBRVS	$470.55	$470.55	090		Y	Y		Y	Y		
20937		SPINAL BONE AUTOGRAFT	07/01/2014	RBRVS	$159.01	$159.01	ZZZ		Y			Y	Y		
20938		SPINAL BONE AUTOGRAFT	07/01/2014	RBRVS	$174.60	$174.60	ZZZ		Y			Y	Y		
20950		FLUID PRESSURE MUSCLE	07/01/2014	RBRVS	$229.01	$85.07	000		Y	Y					
20955		FIBULA BONE GRAFT MICROVASC	07/01/2014	RBRVS	$2,366.10	$2,366.10	090		Y	Y		Y	Y		
20956		ILIAC BONE GRAFT MICROVASC	07/01/2014	RBRVS	$2,488.39	$2,488.39	090		Y	Y		Y	Y		
20957		MT BONE GRAFT MICROVASC	07/01/2014	RBRVS	$2,160.97	$2,160.97	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
20962		OTHER BONE GRAFT MICROVASC	07/01/2014	RBRVS	$2,069.37	$2,069.37	090		Y	Y		Y	Y		
20969		BONE/SKIN GRAFT MICROVASC	07/01/2014	RBRVS	$2,619.13	$2,619.13	090		Y	Y		Y	Y		
20970		BONE/SKIN GRAFT ILIAC CREST	07/01/2014	RBRVS	$2,692.65	$2,692.65	090		Y	Y		Y	Y		
20972		BONE/SKIN GRAFT METATARSAL	07/01/2014	RBRVS	$2,054.26	$2,054.26	090		Y	Y		Y			
20973		BONE/SKIN GRAFT GREAT TOE	07/01/2014	RBRVS	$2,623.97	$2,623.97	090		Y	Y	Y	Y	Y		
20975		ELECTRICAL BONE STIMULATION	07/01/2014	RBRVS	$165.95	$165.95	000		Y			Y	Y		
20985		CPTR-ASST DIR MS PX	07/01/2014	RBRVS	$139.03	$139.03	ZZZ		Y						
21011		EXC FACE LES SC <2 CM	07/01/2014	RBRVS	$316.63	$237.57	090		Y	Y		Y			
21012		EXC FACE LES SBQ 2 CM/>	07/01/2014	RBRVS	$311.24	$311.24	090		Y	Y		Y			
21013		EXC FACE TUM DEEP < 2 CM	07/01/2014	RBRVS	$473.75	$369.50	090		Y	Y		Y			
21014		EXC FACE TUM DEEP 2 CM/>	07/01/2014	RBRVS	$481.62	$481.62	090		Y	Y		Y			
21016		RESECT FACE TUM 2 CM/>	07/01/2014	RBRVS	$972.38	$972.38	090		Y	Y		Y			
21030		EXCISE MAX/ZYGOMA B9 TUMOR	07/01/2014	RBRVS	$484.75	$392.77	090		Y	Y	Y				
21040		EXCISE MANDIBLE LESION	07/01/2014	RBRVS	$488.27	$393.39	090		Y	Y					
21046		REMOVE MANDIBLE CYST COMPLEX	07/01/2014	RBRVS	$1,038.80	$1,038.80	090		Y	Y			Y		
21047		EXCISE LWR JAW CYST W/REPAIR	07/01/2014	RBRVS	$1,223.80	$1,223.80	090		Y	Y		Y	Y		
21048		REMOVE MAXILLA CYST COMPLEX	07/01/2014	RBRVS	$1,067.26	$1,067.26	090		Y	Y			Y		
21049		EXCIS UPPR JAW CYST W/REPAIR	07/01/2014	RBRVS	$1,141.14	$1,141.14	090		Y	Y		Y	Y		
21060		REMOVE JAW JOINT CARTILAGE	07/01/2014	RBRVS	$780.06	$780.06	090		Y	Y	Y	Y	Y		
21073		MNPJ OF TMJ W/ANESTH	07/01/2014	RBRVS	$364.27	$242.28	090		Y	Y	Y				
21116		INJECTION JAW JOINT X-RAY	07/01/2014	RBRVS	$130.96	$39.95	000		Y	Y	Y				
21120		RECONSTRUCTION OF CHIN	07/01/2014	RBRVS	$618.04	$494.75	090	Y	Y	Y			Y		
21121		RECONSTRUCTION OF CHIN	07/01/2014	RBRVS	$706.34	$588.22	090	Y	Y	Y		Y			
21122		RECONSTRUCTION OF CHIN	07/01/2014	RBRVS	$642.77	$642.77	090	Y	Y	Y		Y			
21123		RECONSTRUCTION OF CHIN	07/01/2014	RBRVS	$813.20	$813.20	090	Y	Y	Y		Y	Y		
21125		AUGMENTATION LOWER JAW BONE	07/01/2014	RBRVS	$2,824.56	$759.02	090	Y	Y	Y		Y			
21127		AUGMENTATION LOWER JAW BONE	07/01/2014	RBRVS	$3,909.38	$808.82	090	Y	Y	Y		Y	Y		
21137		REDUCTION OF FOREHEAD	07/01/2014	RBRVS	$711.16	$711.16	090	Y	Y	Y		Y			
21138		REDUCTION OF FOREHEAD	07/01/2014	RBRVS	$854.52	$854.52	090	Y	Y	Y		Y	Y		
21139		REDUCTION OF FOREHEAD	07/01/2014	RBRVS	$997.49	$997.49	090	Y	Y	Y		Y	Y		
21145		LEFORT I-1 PIECE W/ GRAFT	07/01/2014	RBRVS	$1,408.66	$1,408.66	090	Y	Y	Y		Y			
21146		LEFORT I-2 PIECE W/ GRAFT	07/01/2014	RBRVS	$1,640.94	$1,640.94	090	Y	Y	Y		Y	Y		
21147		LEFORT I-3/> PIECE W/ GRAFT	07/01/2014	RBRVS	$1,412.53	$1,412.53	090	Y	Y	Y		Y			
21150		LEFORT II ANTERIOR INTRUSION	07/01/2014	RBRVS	$1,678.57	$1,678.57	090	Y	Y	Y		Y			
21151		LEFORT II W/BONE GRAFTS	07/01/2014	RBRVS	$1,907.74	$1,907.74	090	Y	Y	Y		Y			
21154		LEFORT III W/O LEFORT I	07/01/2014	RBRVS	$2,076.89	$2,076.89	090	Y	Y	Y		Y	Y		
21155		LEFORT III W/ LEFORT I	07/01/2014	RBRVS	$2,092.13	$2,092.13	090	Y	Y	Y		Y			
21159		LEFORT III W/FHDW/O LEFORT I	07/01/2014	RBRVS	$2,341.89	$2,341.89	090	Y	Y	Y		Y	Y		
21160		LEFORT III W/FHD W/ LEFORT I	07/01/2014	RBRVS	$2,444.76	$2,444.76	090	Y	Y	Y		Y			
21172		RECONSTRUCT ORBIT/FOREHEAD	07/01/2014	RBRVS	$1,754.12	$1,754.12	090	Y	Y	Y		Y	Y		
21175		RECONSTRUCT ORBIT/FOREHEAD	07/01/2014	RBRVS	$2,044.49	$2,044.49	090	Y	Y	Y		Y			
21179		RECONSTRUCT ENTIRE FOREHEAD	07/01/2014	RBRVS	$1,466.69	$1,466.69	090	Y	Y	Y		Y			
21180		RECONSTRUCT ENTIRE FOREHEAD	07/01/2014	RBRVS	$1,439.42	$1,439.42	090	Y	Y	Y		Y	Y		
21182		RECONSTRUCT CRANIAL BONE	07/01/2014	RBRVS	$1,801.21	$1,801.21	090	Y	Y	Y		Y	Y		
21183		RECONSTRUCT CRANIAL BONE	07/01/2014	RBRVS	$2,247.46	$2,247.46	090	Y	Y	Y		Y	Y		
21184		RECONSTRUCT CRANIAL BONE	07/01/2014	RBRVS	$2,094.67	$2,094.67	090	Y	Y	Y		Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
21188		RECONSTRUCTION OF MIDFACE	07/01/2014	RBRVS	$1,471.37	$1,471.37	090	Y	Y	Y		Y			
21193		RECONST LWR JAW W/O GRAFT	07/01/2014	RBRVS	$1,224.05	$1,224.05	090	Y	Y	Y		Y	Y		
21194		RECONST LWR JAW W/GRAFT	07/01/2014	RBRVS	$1,281.02	$1,281.02	090	Y	Y	Y		Y			
21195		RECONST LWR JAW W/O FIXATION	07/01/2014	RBRVS	$1,249.20	$1,249.20	090	Y	Y	Y		Y			
21196		RECONST LWR JAW W/FIXATION	07/01/2014	RBRVS	$1,384.91	$1,384.91	090	Y	Y	Y		Y	Y		
21198		RECONSTR LWR JAW SEGMENT	07/01/2014	RBRVS	$1,089.01	$1,089.01	090	Y	Y	Y		Y	Y		
21206		RECONSTRUCT UPPER JAW BONE	07/01/2014	RBRVS	$1,131.78	$1,131.78	090	Y	Y	Y		Y	Y		
21242		RECONSTRUCTION OF JAW JOINT	07/01/2014	RBRVS	$947.46	$947.46	090	Y	Y	Y	Y	Y	Y		
21247		RECONSTRUCT LOWER JAW BONE	07/01/2014	RBRVS	$1,495.28	$1,495.28	090	Y	Y	Y	Y	Y	Y		
21255		RECONSTRUCT LOWER JAW BONE	07/01/2014	RBRVS	$1,296.15	$1,296.15	090	Y	Y	Y	Y	Y	Y		
21256		RECONSTRUCTION OF ORBIT	07/01/2014	RBRVS	$1,151.08	$1,151.08	090	Y	Y	Y	Y	Y	Y		
21260		REVISE EYE SOCKETS	07/01/2014	RBRVS	$1,246.41	$1,246.41	090		Y	Y		Y	Y		
21261		REVISE EYE SOCKETS	07/01/2014	RBRVS	$2,050.07	$2,050.07	090		Y	Y		Y	Y		
21263		REVISE EYE SOCKETS	07/01/2014	RBRVS	$1,750.44	$1,750.44	090		Y	Y		Y	Y		
21267		REVISE EYE SOCKETS	07/01/2014	RBRVS	$1,558.63	$1,558.63	090		Y	Y	Y	Y	Y		
21268		REVISE EYE SOCKETS	07/01/2014	RBRVS	$1,687.38	$1,687.38	090		Y	Y	Y	Y	Y		
21270		AUGMENTATION CHEEK BONE	07/01/2014	RBRVS	$895.86	$686.07	090		Y	Y	Y	Y	Y		
21275		REVISION ORBITOFACIAL BONES	07/01/2014	RBRVS	$793.07	$793.07	090		Y	Y		Y	Y		
21339		OPEN NASOETHMOID FX W/ FIXJ	07/01/2014	RBRVS	$724.29	$724.29	090		Y	Y		Y	Y		
21343		OPEN TX DPRSD FRONT SINUS FX	07/01/2014	RBRVS	$1,142.40	$1,142.40	090		Y	Y		Y	Y		
21344		OPEN TX COMPL FRONT SINUS FX	07/01/2014	RBRVS	$1,481.40	$1,481.40	090		Y	Y		Y	Y		
21347		OPN TX NASOMAX FX MULTPLE	07/01/2014	RBRVS	$1,030.54	$1,030.54	090		Y	Y		Y	Y		
21348		OPN TX NASOMAX FX W/GRAFT	07/01/2014	RBRVS	$1,104.90	$1,104.90	090		Y	Y		Y	Y		
21365		OPN TX COMPLX MALAR FX	07/01/2014	RBRVS	$1,052.19	$1,052.19	090		Y	Y	Y	Y	Y		
21366		OPN TX COMPLX MALAR W/GRFT	07/01/2014	RBRVS	$1,122.45	$1,122.45	090		Y	Y	Y	Y	Y		
21385		OPN TX ORBIT FX TRANSANTRAL	07/01/2014	RBRVS	$639.44	$639.44	090		Y	Y	Y	Y	Y		
21386		OPN TX ORBIT FX PERIORBITAL	07/01/2014	RBRVS	$659.25	$659.25	090		Y	Y	Y	Y			
21387		OPN TX ORBIT FX COMBINED	07/01/2014	RBRVS	$691.30	$691.30	090		Y	Y	Y	Y			
21390		OPN TX ORBIT PERIORBTL IMPLT	07/01/2014	RBRVS	$758.72	$758.72	090		Y	Y	Y	Y	Y		
21395		OPN TX ORBIT PERIORBT W/GRFT	07/01/2014	RBRVS	$921.64	$921.64	090		Y	Y	Y	Y	Y		
21401		CLOSED TX ORBIT W/MANIPULJ	07/01/2014	RBRVS	$457.77	$290.26	090		Y	Y	Y	Y			
21406		OPN TX ORBIT FX W/O IMPLANT	07/01/2014	RBRVS	$480.56	$480.56	090		Y	Y	Y	Y	Y		
21407		OPN TX ORBIT FX W/IMPLANT	07/01/2014	RBRVS	$616.46	$616.46	090		Y	Y	Y	Y	Y		
21408		OPN TX ORBIT FX W/BONE GRFT	07/01/2014	RBRVS	$854.22	$854.22	090		Y	Y	Y	Y	Y		
21422		TREAT MOUTH ROOF FRACTURE	07/01/2014	RBRVS	$623.79	$623.79	090		Y	Y		Y	Y		
21423		TREAT MOUTH ROOF FRACTURE	07/01/2014	RBRVS	$779.67	$779.67	090		Y	Y		Y	Y		
21431		TREAT CRANIOFACIAL FRACTURE	07/01/2014	RBRVS	$677.24	$677.24	090		Y	Y		Y			
21432		TREAT CRANIOFACIAL FRACTURE	07/01/2014	RBRVS	$618.72	$618.72	090		Y	Y		Y			
21433		TREAT CRANIOFACIAL FRACTURE	07/01/2014	RBRVS	$1,657.53	$1,657.53	090		Y	Y		Y	Y		
21435		TREAT CRANIOFACIAL FRACTURE	07/01/2014	RBRVS	$1,186.10	$1,186.10	090		Y	Y		Y			
21436		TREAT CRANIOFACIAL FRACTURE	07/01/2014	RBRVS	$1,943.60	$1,943.60	090		Y	Y		Y	Y		
21445		TREAT DENTAL RIDGE FRACTURE	07/01/2014	RBRVS	$716.70	$584.71	090		Y	Y		Y			
21461		TREAT LOWER JAW FRACTURE	07/01/2014	RBRVS	$1,996.50	$883.36	090		Y	Y			Y		
21462		TREAT LOWER JAW FRACTURE	07/01/2014	RBRVS	$2,101.81	$973.83	090		Y	Y		Y	Y		
21465		TREAT LOWER JAW FRACTURE	07/01/2014	RBRVS	$925.58	$925.58	090		Y	Y	Y	Y	Y		
21470		TREAT LOWER JAW FRACTURE	07/01/2014	RBRVS	$1,144.98	$1,144.98	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
21490		REPAIR DISLOCATED JAW	07/01/2014	RBRVS	$880.88	$880.88	090		Y	Y	Y	Y	Y		
21495		TREAT HYOID BONE FRACTURE	07/01/2014	RBRVS	$660.80	$660.80	090		Y	Y		Y			
21501		DRAIN NECK/CHEST LESION	07/01/2014	RBRVS	$420.17	$300.43	090		Y	Y					
21502		DRAIN CHEST LESION	07/01/2014	RBRVS	$498.11	$498.11	090		Y	Y		Y			
21550		BIOPSY OF NECK/CHEST	07/01/2014	RBRVS	$241.66	$147.10	010		Y	Y					
21552		EXC NECK LES SC 3 CM/>	07/01/2014	RBRVS	$414.43	$414.43	090		Y	Y		Y			
21554		EXC NECK TUM DEEP 5 CM/>	07/01/2014	RBRVS	$680.59	$680.59	090		Y	Y		Y			
21555		REMOVE LESION, NECK/CHEST	07/01/2014	RBRVS	$383.22	$285.75	090		Y	Y					
21556		REMOVE LESION, NECK/CHEST	07/01/2014	RBRVS	$498.57	$498.57	090		Y	Y					
21557		REMOVE TUMOR, NECK/CHEST	07/01/2014	RBRVS	$901.44	$901.44	090		Y	Y		Y	Y		
21558		RESECT NECK TUM 5 CM/>	07/01/2014	RBRVS	$1,263.65	$1,263.65	090		Y	Y		Y	Y		
21600		PARTIAL REMOVAL OF RIB	07/01/2014	RBRVS	$526.32	$526.32	090		Y	Y		Y	Y		
21610		PARTIAL REMOVAL OF RIB	07/01/2014	RBRVS	$1,131.62	$1,131.62	090		Y	Y		Y			
21615		REMOVAL OF RIB	07/01/2014	RBRVS	$598.61	$598.61	090		Y	Y	Y	Y	Y		
21616		REMOVAL OF RIB AND NERVES	07/01/2014	RBRVS	$803.61	$803.61	090		Y	Y	Y	Y			
21620		PARTIAL REMOVAL OF STERNUM	07/01/2014	RBRVS	$478.49	$478.49	090		Y	Y		Y	Y		
21627		STERNAL DEBRIDEMENT	07/01/2014	RBRVS	$509.95	$509.95	090		Y	Y		Y			
21630		EXTENSIVE STERNUM SURGERY	07/01/2014	RBRVS	$1,147.56	$1,147.56	090		Y	Y		Y	Y		
21632		EXTENSIVE STERNUM SURGERY	07/01/2014	RBRVS	$1,152.15	$1,152.15	090		Y	Y		Y	Y		
21685		HYOID MYOTOMY & SUSPENSION	07/01/2014	RBRVS	$939.46	$939.46	090		Y	Y		Y	Y		
21700		REVISION OF NECK MUSCLE	07/01/2014	RBRVS	$351.98	$351.98	090		Y	Y	Y	Y			
21705		REVISION OF NECK MUSCLE/RIB	07/01/2014	RBRVS	$526.71	$526.71	090		Y	Y	Y	Y			
21720		REVISION OF NECK MUSCLE	07/01/2014	RBRVS	$457.22	$457.22	090		Y	Y		Y			
21725		REVISION OF NECK MUSCLE	07/01/2014	RBRVS	$441.31	$441.31	090		Y	Y		Y	Y		
21740		RECONSTRUCTION OF STERNUM	07/01/2014	RBRVS	$961.70	$961.70	090		Y	Y		Y	Y		
21743		REPAIR STERNUM/NUSS W/SCOPE	07/01/2014	FEE SCHED	$1,961.12	$0.00			Y						
21825		TREAT STERNUM FRACTURE	07/01/2014	RBRVS	$515.96	$515.96	090		Y	Y		Y	Y		
21899		NECK/CHEST SURGERY PROCEDURE	07/01/2014	FEE SCHED	$3,541.01	$0.00			Y						
21920		BIOPSY SOFT TISSUE OF BACK	07/01/2014	RBRVS	$237.66	$150.84	010		Y	Y					
21931		EXC BACK LES SC 3 CM/>	07/01/2014	RBRVS	$437.76	$437.76	090		Y	Y		Y			
21932		EXC BACK TUM DEEP < 5 CM	07/01/2014	RBRVS	$616.36	$616.36	090		Y	Y		Y			
21933		EXC BACK TUM DEEP 5 CM/>	07/01/2014	RBRVS	$686.82	$686.82	090		Y	Y		Y			
21936		RESECT BACK TUM 5 CM/>	07/01/2014	RBRVS	$1,322.78	$1,322.78	090		Y	Y		Y	Y		
22010		I&D P-SPINE C/T/CERV-THOR	07/01/2014	RBRVS	$891.40	$891.40	090		Y	Y					
22015		I&D ABSCESS P-SPINE L/S/LS	07/01/2014	RBRVS	$843.54	$843.54	090		Y	Y					
22100		REMOVE PART OF NECK VERTEBRA	07/01/2014	RBRVS	$826.38	$826.38	090		Y	Y		Y	Y		
22101		REMOVE PART THORAX VERTEBRA	07/01/2014	RBRVS	$839.99	$839.99	090		Y	Y		Y	Y		
22102		REMOVE PART LUMBAR VERTEBRA	07/01/2014	RBRVS	$766.86	$766.86	090		Y	Y		Y	Y		
22103		REMOVE EXTRA SPINE SEGMENT	07/01/2014	RBRVS	$135.26	$135.26	ZZZ		Y			Y	Y		
22110		REMOVE PART OF NECK VERTEBRA	07/01/2014	RBRVS	$1,025.18	$1,025.18	090		Y	Y		Y	Y		
22112		REMOVE PART THORAX VERTEBRA	07/01/2014	RBRVS	$1,012.66	$1,012.66	090		Y	Y		Y	Y		
22114		REMOVE PART LUMBAR VERTEBRA	07/01/2014	RBRVS	$931.07	$931.07	090		Y	Y		Y	Y		
22116		REMOVE EXTRA SPINE SEGMENT	07/01/2014	RBRVS	$132.77	$132.77	ZZZ		Y			Y	Y		
22206		INCIS SPINE 3 COLUMN THORAC	07/01/2014	RBRVS	$2,217.70	$2,217.70	090		Y	Y		Y	Y		
22207		INCIS SPINE 3 COLUMN LUMBAR	07/01/2014	RBRVS	$2,258.91	$2,258.91	090		Y	Y		Y	Y		
22208		INCIS SPINE 3 COLUMN ADL SEG	07/01/2014	RBRVS	$558.63	$558.63	ZZZ		Y			Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
22210		INCIS 1 VERTEBRAL SEG CERV	07/01/2014	RBRVS	$1,668.43	$1,668.43	090		Y	Y		Y	Y		
22214		INCIS 1 VERTEBRAL SEG LUMBAR	07/01/2014	RBRVS	$1,394.52	$1,394.52	090		Y	Y		Y	Y		
22220		INCIS W/DISCECTOMY CERVICAL	07/01/2014	RBRVS	$1,524.71	$1,524.71	090		Y	Y		Y	Y		
22224		INCIS W/DISCECTOMY LUMBAR	07/01/2014	RBRVS	$1,493.64	$1,493.64	090		Y	Y		Y	Y		
22325		TREAT SPINE FRACTURE	07/01/2014	RBRVS	$1,358.02	$1,358.02	090		Y	Y		Y	Y		
22326		TREAT NECK SPINE FRACTURE	07/01/2014	RBRVS	$1,403.69	$1,403.69	090		Y	Y		Y	Y		
22327		TREAT THORAX SPINE FRACTURE	07/01/2014	RBRVS	$1,399.91	$1,399.91	090		Y	Y		Y	Y		
22532		LAT THORAX SPINE FUSION	07/01/2014	RBRVS	$1,692.28	$1,692.28	090		Y	Y		Y	Y		
22533		LAT LUMBAR SPINE FUSION	07/01/2014	RBRVS	$1,581.32	$1,581.32	090		Y	Y		Y	Y		
22534		LAT THOR/LUMB ADDL SEG	07/01/2014	RBRVS	$344.39	$344.39	ZZZ		Y			Y	Y		
22548		NECK SPINE FUSION	07/01/2014	RBRVS	$1,854.62	$1,854.62	090		Y	Y		Y	Y		
22551		NECK SPINE FUSE&REMOV BEL C2	07/01/2014	RBRVS	$1,622.89	$1,622.89	090		Y	Y		Y	Y		
22552		ADDL NECK SPINE FUSION	07/01/2014	RBRVS	$374.73	$374.73	ZZZ		Y			Y	Y		
22554		NECK SPINE FUSION	07/01/2014	RBRVS	$1,201.01	$1,201.01	090		Y	Y		Y	Y		
22556		THORAX SPINE FUSION	07/01/2014	RBRVS	$1,575.16	$1,575.16	090		Y	Y		Y	Y		
22558		LUMBAR SPINE FUSION	07/01/2014	RBRVS	$1,453.06	$1,453.06	090		Y	Y		Y	Y		
22585		ADDITIONAL SPINAL FUSION	07/01/2014	RBRVS	$318.89	$318.89	ZZZ		Y			Y	Y		
22586		PRESCRL FUSE W/ INSTR L5-S1	07/01/2014	RBRVS	$1,769.45	$1,769.45	090		Y	Y		Y	Y		
22590		SPINE & SKULL SPINAL FUSION	07/01/2014	RBRVS	$1,492.41	$1,492.41	090		Y	Y		Y	Y		
22595		NECK SPINAL FUSION	07/01/2014	RBRVS	$1,420.25	$1,420.25	090		Y	Y		Y	Y		
22600		NECK SPINE FUSION	07/01/2014	RBRVS	$1,216.08	$1,216.08	090		Y	Y		Y	Y		
22610		THORAX SPINE FUSION	07/01/2014	RBRVS	$1,188.55	$1,188.55	090		Y	Y		Y	Y		
22612		LUMBAR SPINE FUSION	07/01/2014	RBRVS	$1,506.00	$1,506.00	090		Y	Y		Y	Y		
22614		SPINE FUSION EXTRA SEGMENT	07/01/2014	RBRVS	$372.08	$372.08	ZZZ		Y			Y	Y		
22630		LUMBAR SPINE FUSION	07/01/2014	RBRVS	$1,463.94	$1,463.94	090		Y	Y		Y	Y		
22632		SPINE FUSION EXTRA SEGMENT	07/01/2014	RBRVS	$303.57	$303.57	ZZZ		Y			Y	Y		
22800		POST FUSION </6 VERT SEG	07/01/2014	RBRVS	$1,280.11	$1,280.11	090		Y	Y		Y	Y		
22802		POST FUSION 7-12 VERT SEG	07/01/2014	RBRVS	$1,978.88	$1,978.88	090		Y	Y		Y	Y		
22810		ANT FUSION 4-7 VERT SEG	07/01/2014	RBRVS	$1,930.33	$1,930.33	090		Y	Y		Y	Y		
22812		ANT FUSION 8/> VERT SEG	07/01/2014	RBRVS	$2,110.91	$2,110.91	090		Y	Y		Y	Y		
22830		EXPLORATION OF SPINAL FUSION	07/01/2014	RBRVS	$764.47	$764.47	090		Y	Y		Y	Y		
22840		INSERT SPINE FIXATION DEVICE	07/01/2014	RBRVS	$725.81	$725.81	ZZZ		Y			Y	Y		
22841		INSERT SPINE FIXATION DEVICE	07/01/2003	RBRVS	$0.00	$0.00			Y						
22842		INSERT SPINE FIXATION DEVICE	07/01/2014	RBRVS	$726.26	$726.26	ZZZ		Y			Y	Y		
22843		INSERT SPINE FIXATION DEVICE	07/01/2014	RBRVS	$771.76	$771.76	ZZZ		Y			Y	Y		
22844		INSERT SPINE FIXATION DEVICE	07/01/2014	RBRVS	$926.32	$926.32	ZZZ		Y			Y	Y		
22845		INSERT SPINE FIXATION DEVICE	07/01/2014	RBRVS	$702.21	$702.21	ZZZ		Y			Y	Y		
22846		INSERT SPINE FIXATION DEVICE	07/01/2014	RBRVS	$728.62	$728.62	ZZZ		Y			Y	Y		
22847		INSERT SPINE FIXATION DEVICE	07/01/2014	RBRVS	$840.73	$840.73	ZZZ		Y			Y	Y		
22848		INSERT PELV FIXATION DEVICE	07/01/2014	RBRVS	$339.16	$339.16	ZZZ		Y			Y	Y		
22849		REINSERT SPINAL FIXATION	07/01/2014	RBRVS	$1,230.03	$1,230.03	090		Y	Y		Y	Y		
22850		REMOVE SPINE FIXATION DEVICE	07/01/2014	RBRVS	$681.07	$681.07	090		Y	Y		Y	Y		
22851		APPLY SPINE PROSTH DEVICE	07/01/2014	RBRVS	$388.87	$388.87	ZZZ		Y			Y	Y		
22852		REMOVE SPINE FIXATION DEVICE	07/01/2014	RBRVS	$650.64	$650.64	090		Y	Y		Y	Y		
22855		REMOVE SPINE FIXATION DEVICE	07/01/2014	RBRVS	$1,057.59	$1,057.59	090		Y	Y		Y	Y		
22864		REMOVE CERV ARTIF DISC	07/01/2014	RBRVS	$2,082.35	$2,082.35	090	Y	Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
22865		REMOVE LUMB ARTIF DISC	07/01/2014	RBRVS	$1,927.95	$1,927.95	090	Y	Y	Y		Y	Y	Y	
22899		SPINE SURGERY PROCEDURE	07/01/2014	FEE SCHED	$1,988.46	$0.00			Y						
22900		EXC ABDL TUM DEEP < 5 CM	07/01/2014	RBRVS	$524.80	$524.80	090		Y	Y		Y	Y		
22901		EXC ABDL TUM DEEP 5 CM/>	07/01/2014	RBRVS	$617.46	$617.46	090		Y	Y		Y	Y		
22902		EXC ABD LES SC < 3 CM	07/01/2014	RBRVS	$396.38	$300.21	090		Y	Y		Y	Y		
22903		EXC ABD LES SC 3 CM/>	07/01/2014	RBRVS	$402.81	$402.81	090		Y	Y		Y	Y		
22904		RESECT ABD TUM < 5 CM	07/01/2014	RBRVS	$981.42	$981.42	090		Y	Y		Y	Y	Y	
22905		RESECT ABD TUM 5 CM/>	07/01/2014	RBRVS	$1,250.81	$1,250.81	090		Y	Y		Y	Y	Y	
23000		REMOVAL OF CALCIUM DEPOSITS	07/01/2014	RBRVS	$534.61	$344.20	090		Y	Y	Y	Y	Y		
23020		RELEASE SHOULDER JOINT	07/01/2014	RBRVS	$643.02	$643.02	090		Y	Y	Y	Y			
23030		DRAIN SHOULDER LESION	07/01/2014	RBRVS	$404.62	$238.08	010		Y	Y					
23031		DRAIN SHOULDER BURSA	07/01/2014	RBRVS	$388.71	$204.10	010		Y	Y	Y				
23035		DRAIN SHOULDER BONE LESION	07/01/2014	RBRVS	$637.86	$637.86	090		Y	Y	Y	Y			
23040		EXPLORATORY SHOULDER SURGERY	07/01/2014	RBRVS	$670.71	$670.71	090		Y	Y	Y	Y	Y		
23044		EXPLORATORY SHOULDER SURGERY	07/01/2014	RBRVS	$528.84	$528.84	090		Y	Y	Y		Y		
23065		BIOPSY SHOULDER TISSUES	07/01/2014	RBRVS	$199.09	$155.85	010		Y	Y	Y				
23066		BIOPSY SHOULDER TISSUES	07/01/2014	RBRVS	$509.02	$330.22	090		Y	Y	Y				
23071		EXC SHOULDER LES SC 3 CM/>	07/01/2014	RBRVS	$389.89	$389.89	090		Y	Y	Y	Y			
23073		EXC SHOULDER TUM DEEP 5 CM/>	07/01/2014	RBRVS	$645.21	$645.21	090		Y	Y	Y	Y			
23075		REMOVAL OF SHOULDER LESION	07/01/2014	RBRVS	$430.04	$303.21	090		Y	Y	Y				
23076		REMOVAL OF SHOULDER LESION	07/01/2014	RBRVS	$502.11	$502.11	090		Y	Y	Y				
23077		REMOVE TUMOR OF SHOULDER	07/01/2014	RBRVS	$1,071.69	$1,071.69	090		Y	Y	Y	Y	Y		
23078		RESECT SHOULDER TUM 5 CM/>	07/01/2014	RBRVS	$1,354.57	$1,354.57	090		Y	Y	Y	Y	Y		
23100		BIOPSY OF SHOULDER JOINT	07/01/2014	RBRVS	$464.84	$464.84	090		Y	Y	Y	Y	Y		
23101		SHOULDER JOINT SURGERY	07/01/2014	RBRVS	$423.69	$423.69	090		Y	Y	Y		Y		
23105		REMOVE SHOULDER JOINT LINING	07/01/2014	RBRVS	$594.87	$594.87	090		Y	Y	Y	Y	Y		
23106		INCISION OF COLLARBONE JOINT	07/01/2014	RBRVS	$460.90	$460.90	090		Y	Y	Y		Y		
23120		PARTIAL REMOVAL COLLAR BONE	07/01/2014	RBRVS	$545.13	$545.13	090		Y	Y	Y	Y	Y		
23125		REMOVAL OF COLLAR BONE	07/01/2014	RBRVS	$660.29	$660.29	090		Y	Y	Y	Y	Y		
23130		REMOVE SHOULDER BONE PART	07/01/2014	RBRVS	$566.37	$566.37	090		Y	Y	Y		Y		
23140		REMOVAL OF BONE LESION	07/01/2014	RBRVS	$493.27	$493.27	090		Y	Y	Y				
23145		REMOVAL OF BONE LESION	07/01/2014	RBRVS	$647.47	$647.47	090		Y	Y	Y	Y	Y		
23146		REMOVAL OF BONE LESION	07/01/2014	RBRVS	$577.41	$577.41	090		Y	Y	Y				
23150		REMOVAL OF HUMERUS LESION	07/01/2014	RBRVS	$614.85	$614.85	090		Y	Y	Y	Y	Y		
23155		REMOVAL OF HUMERUS LESION	07/01/2014	RBRVS	$739.33	$739.33	090		Y	Y	Y	Y	Y		
23156		REMOVAL OF HUMERUS LESION	07/01/2014	RBRVS	$631.41	$631.41	090		Y	Y	Y	Y			
23170		REMOVE COLLAR BONE LESION	07/01/2014	RBRVS	$521.02	$521.02	090		Y	Y	Y				
23172		REMOVE SHOULDER BLADE LESION	07/01/2014	RBRVS	$527.39	$527.39	090		Y	Y	Y	Y			
23174		REMOVE HUMERUS LESION	07/01/2014	RBRVS	$705.51	$705.51	090		Y	Y	Y	Y	Y		
23180		REMOVE COLLAR BONE LESION	07/01/2014	RBRVS	$621.11	$621.11	090		Y	Y	Y		Y		
23182		REMOVE SHOULDER BLADE LESION	07/01/2014	RBRVS	$615.69	$615.69	090		Y	Y	Y	Y			
23184		REMOVE HUMERUS LESION	07/01/2014	RBRVS	$684.59	$684.59	090		Y	Y	Y	Y	Y		
23190		PARTIAL REMOVAL OF SCAPULA	07/01/2014	RBRVS	$531.03	$531.03	090		Y	Y	Y	Y	Y		
23195		REMOVAL OF HEAD OF HUMERUS	07/01/2014	RBRVS	$703.89	$703.89	090		Y	Y	Y	Y	Y		
23200		REMOVAL OF COLLAR BONE	07/01/2014	RBRVS	$1,421.21	$1,421.21	090		Y	Y	Y	Y	Y		
23210		REMOVAL OF SHOULDER BLADE	07/01/2014	RBRVS	$1,671.98	$1,671.98	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
23220		PARTIAL REMOVAL OF HUMERUS	07/01/2014	RBRVS	$1,834.48	$1,834.48	090		Y	Y	Y	Y	Y		
23330		REMOVE SHOULDER FOREIGN BODY	07/01/2014	RBRVS	$221.20	$140.51	010		Y	Y	Y				
23334		SHOULDER PROSTHESIS REMOVAL	07/01/2014	RBRVS	$1,006.59	$1,006.59	090		Y	Y	Y		Y		
23335		SHOULDER PROSTHESIS REMOVAL	07/01/2014	RBRVS	$1,200.78	$1,200.78	090		Y	Y	Y		Y		
23350		INJECTION FOR SHOULDER X-RAY	07/01/2014	RBRVS	$118.67	$48.31	000		Y	Y	Y				
23395		MUSCLE TRANSFER SHOULDER/ARM	07/01/2014	RBRVS	$1,204.01	$1,204.01	090		Y	Y		Y	Y		
23397		MUSCLE TRANSFERS	07/01/2014	RBRVS	$1,068.03	$1,068.03	090		Y	Y		Y	Y		
23400		FIXATION OF SHOULDER BLADE	07/01/2014	RBRVS	$907.29	$907.29	090		Y	Y	Y	Y	Y		
23405		INCISION OF TENDON & MUSCLE	07/01/2014	RBRVS	$587.13	$587.13	090		Y	Y		Y	Y		
23406		INCISE TENDON(S) & MUSCLE(S)	07/01/2014	RBRVS	$721.38	$721.38	090		Y	Y		Y			
23410		REPAIR ROTATOR CUFF ACUTE	07/01/2014	RBRVS	$767.47	$767.47	090		Y	Y	Y	Y	Y		
23412		REPAIR ROTATOR CUFF CHRONIC	07/01/2014	RBRVS	$797.00	$797.00	090		Y	Y	Y	Y	Y		
23415		RELEASE OF SHOULDER LIGAMENT	07/01/2014	RBRVS	$648.87	$648.87	090		Y	Y	Y		Y		
23420		REPAIR OF SHOULDER	07/01/2014	RBRVS	$905.83	$905.83	090		Y	Y	Y	Y	Y		
23430		REPAIR BICEPS TENDON	07/01/2014	RBRVS	$698.40	$698.40	090		Y	Y	Y	Y	Y		
23440		REMOVE/TRANSPLANT TENDON	07/01/2014	RBRVS	$706.70	$706.70	090		Y	Y	Y	Y	Y		
23450		REPAIR SHOULDER CAPSULE	07/01/2014	RBRVS	$886.47	$886.47	090		Y	Y	Y	Y	Y		
23455		REPAIR SHOULDER CAPSULE	07/01/2014	RBRVS	$938.59	$938.59	090		Y	Y	Y	Y	Y		
23460		REPAIR SHOULDER CAPSULE	07/01/2014	RBRVS	$1,019.31	$1,019.31	090		Y	Y	Y	Y	Y		
23462		REPAIR SHOULDER CAPSULE	07/01/2014	RBRVS	$1,003.78	$1,003.78	090		Y	Y	Y	Y	Y		
23465		REPAIR SHOULDER CAPSULE	07/01/2014	RBRVS	$1,045.58	$1,045.58	090		Y	Y	Y	Y	Y		
23466		REPAIR SHOULDER CAPSULE	07/01/2014	RBRVS	$1,049.29	$1,049.29	090		Y	Y	Y	Y	Y		
23470		RECONSTRUCT SHOULDER JOINT	07/01/2014	RBRVS	$1,131.33	$1,131.33	090		Y	Y	Y	Y	Y		
23472		RECONSTRUCT SHOULDER JOINT	07/01/2014	RBRVS	$1,372.64	$1,372.64	090		Y	Y	Y	Y	Y		
23473		REVIS RECONST SHOULDER JOINT	07/01/2014	RBRVS	$1,531.10	$1,531.10	090		Y	Y	Y	Y	Y		
23474		REVIS RECONST SHOULDER JOINT	07/01/2014	RBRVS	$1,655.52	$1,655.52	090		Y	Y	Y	Y	Y		
23480		REVISION OF COLLAR BONE	07/01/2014	RBRVS	$765.72	$765.72	090		Y	Y	Y		Y		
23485		REVISION OF COLLAR BONE	07/01/2014	RBRVS	$893.96	$893.96	090		Y	Y	Y	Y	Y		
23490		REINFORCE CLAVICLE	07/01/2014	RBRVS	$805.23	$805.23	090		Y	Y	Y	Y			
23491		REINFORCE SHOULDER BONES	07/01/2014	RBRVS	$947.95	$947.95	090		Y	Y	Y	Y	Y		
23500		TREAT CLAVICLE FRACTURE	07/01/2014	RBRVS	$201.84	$205.06	090		Y	Y	Y				
23505		TREAT CLAVICLE FRACTURE	07/01/2014	RBRVS	$325.77	$308.34	090		Y	Y	Y				
23515		TREAT CLAVICLE FRACTURE	07/01/2014	RBRVS	$673.20	$673.20	090		Y	Y	Y	Y	Y		
23520		TREAT CLAVICLE DISLOCATION	07/01/2014	RBRVS	$212.32	$215.55	090		Y	Y	Y				
23525		TREAT CLAVICLE DISLOCATION	07/01/2014	RBRVS	$353.26	$327.45	090		Y	Y	Y				
23530		TREAT CLAVICLE DISLOCATION	07/01/2014	RBRVS	$532.64	$532.64	090		Y	Y	Y	Y			
23532		TREAT CLAVICLE DISLOCATION	07/01/2014	RBRVS	$580.41	$580.41	090		Y	Y	Y	Y			
23540		TREAT CLAVICLE DISLOCATION	07/01/2014	RBRVS	$206.74	$209.97	090		Y	Y	Y				
23545		TREAT CLAVICLE DISLOCATION	07/01/2014	RBRVS	$313.83	$286.07	090		Y	Y	Y				
23550		TREAT CLAVICLE DISLOCATION	07/01/2014	RBRVS	$533.58	$533.58	090		Y	Y	Y	Y	Y		
23552		TREAT CLAVICLE DISLOCATION	07/01/2014	RBRVS	$610.91	$610.91	090		Y	Y	Y	Y	Y		
23570		TREAT SHOULDER BLADE FX	07/01/2014	RBRVS	$213.30	$219.75	090		Y	Y	Y				
23575		TREAT SHOULDER BLADE FX	07/01/2014	RBRVS	$368.89	$346.62	090		Y	Y	Y				
23585		TREAT SCAPULA FRACTURE	07/01/2014	RBRVS	$918.06	$918.06	090		Y	Y	Y	Y	Y		
23600		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$300.50	$284.04	090		Y	Y	Y				
23605		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$429.40	$394.55	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
23615		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$827.50	$827.50	090		Y	Y	Y	Y	Y		
23616		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$1,164.24	$1,164.24	090		Y	Y	Y	Y	Y		
23620		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$248.12	$236.50	090		Y	Y	Y				
23625		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$350.94	$327.70	090		Y	Y	Y				
23630		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$730.90	$730.90	090		Y	Y	Y	Y	Y		
23650		TREAT SHOULDER DISLOCATION	07/01/2014	RBRVS	$289.36	$266.45	090		Y	Y	Y				
23655		TREAT SHOULDER DISLOCATION	07/01/2014	RBRVS	$369.82	$369.82	090		Y	Y	Y				
23660		TREAT SHOULDER DISLOCATION	07/01/2014	RBRVS	$543.69	$543.69	090		Y	Y	Y	Y	Y		
23665		TREAT DISLOCATION/FRACTURE	07/01/2014	RBRVS	$393.39	$367.24	090		Y	Y	Y				
23670		TREAT DISLOCATION/FRACTURE	07/01/2014	RBRVS	$820.72	$820.72	090		Y	Y	Y	Y	Y		
23675		TREAT DISLOCATION/FRACTURE	07/01/2014	RBRVS	$508.32	$464.42	090		Y	Y	Y				
23680		TREAT DISLOCATION/FRACTURE	07/01/2014	RBRVS	$868.68	$868.68	090		Y	Y	Y	Y	Y		
23700		FIXATION OF SHOULDER	07/01/2014	RBRVS	$181.96	$181.96	010		Y	Y	Y				
23800		FUSION OF SHOULDER JOINT	07/01/2014	RBRVS	$959.57	$959.57	090		Y	Y	Y	Y	Y		
23802		FUSION OF SHOULDER JOINT	07/01/2014	RBRVS	$1,200.30	$1,200.30	090		Y	Y	Y	Y	Y		
23900		AMPUTATION OF ARM & GIRDLE	07/01/2014	RBRVS	$1,300.86	$1,300.86	090		Y	Y		Y			
23920		AMPUTATION AT SHOULDER JOINT	07/01/2014	RBRVS	$1,053.90	$1,053.90	090		Y	Y	Y	Y	Y		
23921		AMPUTATION FOLLOW-UP SURGERY	07/01/2014	RBRVS	$442.63	$442.63	090		Y	Y	Y				
23930		DRAINAGE OF ARM LESION	07/01/2014	RBRVS	$323.57	$200.61	010		Y	Y	Y				
23931		DRAINAGE OF ARM BURSA	07/01/2014	RBRVS	$264.13	$148.91	010		Y	Y	Y				
23935		DRAIN ARM/ELBOW BONE LESION	07/01/2014	RBRVS	$473.32	$473.32	090		Y	Y	Y				
24000		EXPLORATORY ELBOW SURGERY	07/01/2014	RBRVS	$443.61	$443.61	090		Y	Y	Y		Y		
24006		RELEASE ELBOW JOINT	07/01/2014	RBRVS	$663.13	$663.13	090		Y	Y	Y	Y	Y		
24065		BIOPSY ARM/ELBOW SOFT TISSUE	07/01/2014	RBRVS	$234.44	$155.69	010		Y	Y	Y				
24066		BIOPSY ARM/ELBOW SOFT TISSUE	07/01/2014	RBRVS	$566.73	$383.09	090		Y	Y	Y				
24071		EXC ARM/ELBOW LES SC 3 CM/>	07/01/2014	RBRVS	$378.02	$378.02	090		Y	Y	Y	Y			
24073		EX ARM/ELBOW TUM DEEP 5 CM/>	07/01/2014	RBRVS	$644.41	$644.41	090		Y	Y	Y	Y			
24075		REMOVE ARM/ELBOW LESION	07/01/2014	RBRVS	$449.31	$306.01	090		Y	Y	Y				
24076		REMOVE ARM/ELBOW LESION	07/01/2014	RBRVS	$505.86	$505.86	090		Y	Y	Y				
24077		REMOVE TUMOR OF ARM/ELBOW	07/01/2014	RBRVS	$970.54	$970.54	090		Y	Y	Y		Y		
24079		RESECT ARM/ELBOW TUM 5 CM/>	07/01/2014	RBRVS	$1,244.52	$1,244.52	090		Y	Y	Y	Y	Y		
24100		BIOPSY ELBOW JOINT LINING	07/01/2014	RBRVS	$387.93	$387.93	090		Y	Y	Y	Y	Y		
24101		EXPLORE/TREAT ELBOW JOINT	07/01/2014	RBRVS	$464.13	$464.13	090		Y	Y	Y	Y			
24102		REMOVE ELBOW JOINT LINING	07/01/2014	RBRVS	$573.31	$573.31	090		Y	Y	Y	Y	Y		
24115		REMOVE/GRAFT BONE LESION	07/01/2014	RBRVS	$687.24	$687.24	090		Y	Y	Y	Y	Y		
24116		REMOVE/GRAFT BONE LESION	07/01/2014	RBRVS	$804.59	$804.59	090		Y	Y	Y	Y			
24125		REMOVE/GRAFT BONE LESION	07/01/2014	RBRVS	$576.76	$576.76	090		Y	Y	Y	Y	Y		
24126		REMOVE/GRAFT BONE LESION	07/01/2014	RBRVS	$604.07	$604.07	090		Y	Y	Y	Y			
24130		REMOVAL OF HEAD OF RADIUS	07/01/2014	RBRVS	$471.20	$471.20	090		Y	Y	Y		Y		
24134		REMOVAL OF ARM BONE LESION	07/01/2014	RBRVS	$695.98	$695.98	090		Y	Y	Y	Y			
24136		REMOVE RADIUS BONE LESION	07/01/2014	RBRVS	$592.90	$592.90	090		Y	Y	Y				
24138		REMOVE ELBOW BONE LESION	07/01/2014	RBRVS	$626.49	$626.49	090		Y	Y	Y	Y			
24140		PARTIAL REMOVAL OF ARM BONE	07/01/2014	RBRVS	$650.99	$650.99	090		Y	Y	Y	Y			
24145		PARTIAL REMOVAL OF RADIUS	07/01/2014	RBRVS	$550.69	$550.69	090		Y	Y	Y		Y		
24149		RADICAL RESECTION OF ELBOW	07/01/2014	RBRVS	$1,094.08	$1,094.08	090		Y	Y	Y	Y	Y		
24150		EXTENSIVE HUMERUS SURGERY	07/01/2014	RBRVS	$1,459.78	$1,459.78	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
24152		EXTENSIVE RADIUS SURGERY	07/01/2014	RBRVS	$1,289.02	$1,289.02	090		Y	Y	Y	Y	Y		
24155		REMOVAL OF ELBOW JOINT	07/01/2014	RBRVS	$797.04	$797.04	090		Y	Y	Y	Y	Y		
24160		REMOVE ELBOW JOINT IMPLANT	07/01/2014	RBRVS	$1,179.16	$1,179.16	090		Y	Y	Y		Y		
24164		REMOVE RADIUS HEAD IMPLANT	07/01/2014	RBRVS	$679.91	$679.91	090		Y	Y	Y		Y		
24200		REMOVAL OF ARM FOREIGN BODY	07/01/2014	RBRVS	$188.80	$129.42	010		Y	Y	Y				
24201		REMOVAL OF ARM FOREIGN BODY	07/01/2014	RBRVS	$514.99	$342.97	090		Y	Y	Y				
24220		INJECTION FOR ELBOW X-RAY	07/01/2014	RBRVS	$145.81	$64.16	000		Y	Y	Y				
24300		MANIPULATE ELBOW W/ANESTH	07/01/2014	RBRVS	$380.31	$380.31	090		Y	Y	Y				
24301		MUSCLE/TENDON TRANSFER	07/01/2014	RBRVS	$702.27	$702.27	090		Y	Y		Y	Y		
24320		REPAIR OF ARM TENDON	07/01/2014	RBRVS	$728.36	$728.36	090		Y	Y		Y	Y		
24330		REVISION OF ARM MUSCLES	07/01/2014	RBRVS	$668.52	$668.52	090		Y	Y	Y	Y			
24331		REVISION OF ARM MUSCLES	07/01/2014	RBRVS	$733.65	$733.65	090		Y	Y	Y	Y			
24340		REPAIR OF BICEPS TENDON	07/01/2014	RBRVS	$572.83	$572.83	090		Y	Y	Y	Y	Y		
24341		REPAIR ARM TENDON/MUSCLE	07/01/2014	RBRVS	$695.88	$695.88	090		Y	Y	Y	Y	Y		
24342		REPAIR OF RUPTURED TENDON	07/01/2014	RBRVS	$725.10	$725.10	090		Y	Y	Y	Y	Y		
24343		REPR ELBOW LAT LIGMNT W/TISS	07/01/2014	RBRVS	$655.93	$655.93	090		Y	Y	Y	Y	Y		
24344		RECONSTRUCT ELBOW LAT LIGMNT	07/01/2014	RBRVS	$1,025.50	$1,025.50	090		Y	Y	Y	Y	Y		
24345		REPR ELBW MED LIGMNT W/TISSU	07/01/2014	RBRVS	$652.38	$652.38	090		Y	Y	Y	Y	Y		
24346		RECONSTRUCT ELBOW MED LIGMNT	07/01/2014	RBRVS	$1,025.50	$1,025.50	090		Y	Y	Y	Y	Y		
24357		REPAIR ELBOW PERC	07/01/2014	RBRVS	$409.00	$409.00	090		Y	Y	Y				
24358		REPAIR ELBOW W/DEB OPEN	07/01/2014	RBRVS	$485.98	$485.98	090		Y	Y	Y				
24359		REPAIR ELBOW DEB/ATTCH OPEN	07/01/2014	RBRVS	$614.62	$614.62	090		Y	Y	Y				
24360		RECONSTRUCT ELBOW JOINT	07/01/2014	RBRVS	$838.83	$838.83	090		Y	Y	Y	Y	Y		
24361		RECONSTRUCT ELBOW JOINT	07/01/2014	RBRVS	$940.42	$940.42	090		Y	Y	Y	Y	Y		
24362		RECONSTRUCT ELBOW JOINT	07/01/2014	RBRVS	$991.78	$991.78	090		Y	Y	Y	Y			
24363		REPLACE ELBOW JOINT	07/01/2014	RBRVS	$1,366.31	$1,366.31	090		Y	Y	Y	Y			
24365		RECONSTRUCT HEAD OF RADIUS	07/01/2014	RBRVS	$595.03	$595.03	090		Y	Y	Y	Y	Y		
24366		RECONSTRUCT HEAD OF RADIUS	07/01/2014	RBRVS	$634.79	$634.79	090		Y	Y	Y	Y	Y		
24370		REVISE RECONST ELBOW JOINT	07/01/2014	RBRVS	$1,446.55	$1,446.55	090		Y	Y	Y	Y			
24371		REVISE RECONST ELBOW JOINT	07/01/2014	RBRVS	$1,671.04	$1,671.04	090		Y	Y	Y	Y			
24400		REVISION OF HUMERUS	07/01/2014	RBRVS	$763.44	$763.44	090		Y	Y	Y	Y	Y		
24410		REVISION OF HUMERUS	07/01/2014	RBRVS	$987.97	$987.97	090		Y	Y	Y	Y	Y		
24420		REVISION OF HUMERUS	07/01/2014	RBRVS	$927.13	$927.13	090		Y	Y	Y	Y	Y		
24430		REPAIR OF HUMERUS	07/01/2014	RBRVS	$990.32	$990.32	090		Y	Y	Y	Y	Y		
24435		REPAIR HUMERUS WITH GRAFT	07/01/2014	RBRVS	$1,007.98	$1,007.98	090		Y	Y	Y	Y	Y		
24470		REVISION OF ELBOW JOINT	07/01/2014	RBRVS	$547.65	$547.65	090		Y	Y	Y	Y			
24498		REINFORCE HUMERUS	07/01/2014	RBRVS	$810.72	$810.72	090		Y	Y	Y	Y	Y		
24500		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$328.90	$300.17	090		Y	Y	Y				
24505		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$461.03	$418.42	090		Y	Y	Y				
24515		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$818.46	$818.46	090		Y	Y	Y	Y	Y		
24516		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$804.46	$804.46	090		Y	Y	Y	Y	Y		
24530		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$349.49	$317.22	090		Y	Y	Y				
24535		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$569.82	$527.87	090		Y	Y	Y				
24545		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$869.58	$869.58	090		Y	Y	Y	Y	Y		
24546		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$973.61	$973.61	090		Y	Y	Y	Y	Y		
24560		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$295.92	$266.22	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
24565		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$491.85	$452.48	090		Y	Y	Y				
24575		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$684.43	$684.43	090		Y	Y	Y	Y	Y		
24576		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$311.83	$281.49	090		Y	Y	Y				
24577		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$506.57	$465.26	090		Y	Y	Y				
24579		TREAT HUMERUS FRACTURE	07/01/2014	RBRVS	$779.31	$779.31	090		Y	Y	Y	Y	Y		
24586		TREAT ELBOW FRACTURE	07/01/2014	RBRVS	$1,015.40	$1,015.40	090		Y	Y	Y	Y	Y		
24587		TREAT ELBOW FRACTURE	07/01/2014	RBRVS	$1,012.17	$1,012.17	090		Y	Y	Y	Y	Y		
24600		TREAT ELBOW DISLOCATION	07/01/2014	RBRVS	$337.59	$310.47	090		Y	Y	Y				
24605		TREAT ELBOW DISLOCATION	07/01/2014	RBRVS	$435.11	$435.11	090		Y	Y	Y				
24615		TREAT ELBOW DISLOCATION	07/01/2014	RBRVS	$662.90	$662.90	090		Y	Y	Y	Y	Y		
24620		TREAT ELBOW FRACTURE	07/01/2014	RBRVS	$514.61	$514.61	090		Y	Y	Y				
24635		TREAT ELBOW FRACTURE	07/01/2014	RBRVS	$626.88	$626.88	090		Y	Y	Y	Y	Y		
24640		TREAT ELBOW DISLOCATION	07/01/2014	RBRVS	$128.32	$87.97	010		Y	Y	Y				
24650		TREAT RADIUS FRACTURE	07/01/2014	RBRVS	$240.30	$221.27	090		Y	Y	Y				
24655		TREAT RADIUS FRACTURE	07/01/2014	RBRVS	$404.55	$369.70	090		Y	Y	Y				
24665		TREAT RADIUS FRACTURE	07/01/2014	RBRVS	$606.14	$606.14	090		Y	Y	Y	Y	Y		
24666		TREAT RADIUS FRACTURE	07/01/2014	RBRVS	$682.72	$682.72	090		Y	Y	Y	Y	Y		
24670		TREAT ULNAR FRACTURE	07/01/2014	RBRVS	$267.51	$242.34	090		Y	Y	Y				
24675		TREAT ULNAR FRACTURE	07/01/2014	RBRVS	$419.78	$383.96	090		Y	Y	Y				
24685		TREAT ULNAR FRACTURE	07/01/2014	RBRVS	$609.20	$609.20	090		Y	Y	Y	Y	Y		
24800		FUSION OF ELBOW JOINT	07/01/2014	RBRVS	$773.44	$773.44	090		Y	Y	Y	Y	Y		
24802		FUSION/GRAFT OF ELBOW JOINT	07/01/2014	RBRVS	$935.84	$935.84	090		Y	Y	Y	Y			
24900		AMPUTATION OF UPPER ARM	07/01/2014	RBRVS	$685.72	$685.72	090		Y	Y	Y	Y	Y		
24920		AMPUTATION OF UPPER ARM	07/01/2014	RBRVS	$682.72	$682.72	090		Y	Y	Y	Y	Y		
24925		AMPUTATION FOLLOW-UP SURGERY	07/01/2014	RBRVS	$526.00	$526.00	090		Y	Y	Y	Y			
24930		AMPUTATION FOLLOW-UP SURGERY	07/01/2014	RBRVS	$722.23	$722.23	090		Y	Y	Y	Y			
24931		AMPUTATE UPPER ARM & IMPLANT	07/01/2014	RBRVS	$717.45	$717.45	090		Y	Y	Y	Y			
24940		REVISION OF UPPER ARM	07/01/2014	FEE SCHED	$794.51	$0.00			Y						
24999		UPPER ARM/ELBOW SURGERY	07/01/2014	FEE SCHED	$954.80	$0.00			Y						
25001		INCISE FLEXOR CARPI RADIALIS	07/01/2014	RBRVS	$316.15	$316.15	090		Y	Y	Y				
25024		DECOMPRESS FOREARM 2 SPACES	07/01/2014	RBRVS	$724.06	$724.06	090		Y	Y	Y				
25025		DECOMPRESS FOREARM 2 SPACES	07/01/2014	RBRVS	$1,135.36	$1,135.36	090		Y	Y	Y				
25028		DRAINAGE OF FOREARM LESION	07/01/2014	RBRVS	$481.95	$481.95	090		Y	Y	Y				
25031		DRAINAGE OF FOREARM BURSA	07/01/2014	RBRVS	$336.94	$336.94	090		Y	Y	Y				
25035		TREAT FOREARM BONE LESION	07/01/2014	RBRVS	$539.74	$539.74	090		Y	Y	Y				
25065		BIOPSY FOREARM SOFT TISSUES	07/01/2014	RBRVS	$231.49	$151.78	010		Y	Y	Y				
25066		BIOPSY FOREARM SOFT TISSUES	07/01/2014	RBRVS	$330.39	$330.39	090		Y	Y	Y				
25071		EXC FOREARM LES SC 3 CM/>	07/01/2014	RBRVS	$395.51	$395.51	090		Y	Y	Y	Y			
25073		EXC FOREARM TUM DEEP 3 CM/>	07/01/2014	RBRVS	$493.30	$493.30	090		Y	Y	Y	Y			
25075		REMOVAL FOREARM LESION SUBCU	07/01/2014	RBRVS	$438.60	$293.69	090		Y	Y	Y				
25076		REMOVAL FOREARM LESION DEEP	07/01/2014	RBRVS	$480.26	$480.26	090		Y	Y	Y				
25078		RESECT FORARM/WRIST TUM 3CM>	07/01/2014	RBRVS	$1,096.21	$1,096.21	090		Y	Y	Y	Y			
25085		INCISION OF WRIST CAPSULE	07/01/2014	RBRVS	$417.72	$417.72	090		Y	Y	Y	Y			
25107		REMOVE WRIST JOINT CARTILAGE	07/01/2014	RBRVS	$570.44	$570.44	090		Y	Y	Y	Y	Y		
25109		EXCISE TENDON FOREARM/WRIST	07/01/2014	RBRVS	$499.14	$499.14	090		Y	Y	Y				
25111		REMOVE WRIST TENDON LESION	07/01/2014	RBRVS	$295.49	$295.49	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
25112		REREMOVE WRIST TENDON LESION	07/01/2014	RBRVS	$357.82	$357.82	090		Y	Y	Y				
25119		PARTIAL REMOVAL OF ULNA	07/01/2014	RBRVS	$461.61	$461.61	090		Y	Y	Y	Y	Y		
25126		REMOVE/GRAFT FOREARM LESION	07/01/2014	RBRVS	$554.76	$554.76	090		Y	Y	Y	Y			
25130		REMOVAL OF WRIST LESION	07/01/2014	RBRVS	$414.29	$414.29	090		Y	Y	Y				
25135		REMOVE & GRAFT WRIST LESION	07/01/2014	RBRVS	$517.96	$517.96	090		Y	Y	Y	Y	Y		
25136		REMOVE & GRAFT WRIST LESION	07/01/2014	RBRVS	$457.67	$457.67	090		Y	Y	Y	Y	Y		
25145		REMOVE FOREARM BONE LESION	07/01/2014	RBRVS	$479.62	$479.62	090		Y	Y	Y	Y			
25151		PARTIAL REMOVAL OF RADIUS	07/01/2014	RBRVS	$543.10	$543.10	090		Y	Y	Y	Y	Y		
25170		EXTENSIVE FOREARM SURGERY	07/01/2014	RBRVS	$1,385.84	$1,385.84	090		Y	Y	Y	Y	Y		
25215		REMOVAL OF WRIST BONES	07/01/2014	RBRVS	$570.96	$570.96	090		Y	Y	Y	Y	Y		
25246		INJECTION FOR WRIST X-RAY	07/01/2014	RBRVS	$148.16	$70.06	000		Y	Y	Y				
25248		REMOVE FOREARM FOREIGN BODY	07/01/2014	RBRVS	$384.86	$384.86	090		Y	Y	Y				
25250		REMOVAL OF WRIST PROSTHESIS	07/01/2014	RBRVS	$495.01	$495.01	090		Y	Y	Y	Y			
25251		REMOVAL OF WRIST PROSTHESIS	07/01/2014	RBRVS	$670.16	$670.16	090		Y	Y	Y	Y			
25259		MANIPULATE WRIST W/ANESTHES	07/01/2014	RBRVS	$382.57	$382.57	090		Y	Y	Y				
25260		REPAIR FOREARM TENDON/MUSCLE	07/01/2014	RBRVS	$585.57	$585.57	090		Y	Y					
25263		REPAIR FOREARM TENDON/MUSCLE	07/01/2014	RBRVS	$580.89	$580.89	090		Y	Y		Y			
25265		REPAIR FOREARM TENDON/MUSCLE	07/01/2014	RBRVS	$696.15	$696.15	090		Y	Y		Y			
25300		FUSION OF TENDONS AT WRIST	07/01/2014	RBRVS	$638.09	$638.09	090		Y	Y	Y	Y			
25301		FUSION OF TENDONS AT WRIST	07/01/2014	RBRVS	$596.68	$596.68	090		Y	Y	Y	Y			
25310		TRANSPLANT FOREARM TENDON	07/01/2014	RBRVS	$572.83	$572.83	090		Y	Y		Y	Y		
25312		TRANSPLANT FOREARM TENDON	07/01/2014	RBRVS	$665.84	$665.84	090		Y	Y		Y	Y		
25315		REVISE PALSY HAND TENDON(S)	07/01/2014	RBRVS	$718.16	$718.16	090		Y	Y	Y	Y			
25316		REVISE PALSY HAND TENDON(S)	07/01/2014	RBRVS	$819.24	$819.24	090		Y	Y	Y	Y			
25320		REPAIR/REVISE WRIST JOINT	07/01/2014	RBRVS	$913.86	$913.86	090		Y	Y	Y	Y			
25332		REVISE WRIST JOINT	07/01/2014	RBRVS	$785.64	$785.64	090		Y	Y	Y	Y			
25335		REALIGNMENT OF HAND	07/01/2014	RBRVS	$819.44	$819.44	090		Y	Y	Y	Y			
25350		REVISION OF RADIUS	07/01/2014	RBRVS	$625.59	$625.59	090		Y	Y	Y	Y			
25355		REVISION OF RADIUS	07/01/2014	RBRVS	$713.80	$713.80	090		Y	Y	Y	Y			
25360		REVISION OF ULNA	07/01/2014	RBRVS	$609.36	$609.36	090		Y	Y	Y	Y	Y		
25365		REVISE RADIUS & ULNA	07/01/2014	RBRVS	$853.74	$853.74	090		Y	Y	Y	Y			
25370		REVISE RADIUS OR ULNA	07/01/2014	RBRVS	$939.14	$939.14	090		Y	Y	Y	Y			
25375		REVISE RADIUS & ULNA	07/01/2014	RBRVS	$827.50	$827.50	090		Y	Y	Y	Y	Y		
25390		SHORTEN RADIUS OR ULNA	07/01/2014	RBRVS	$713.80	$713.80	090		Y	Y	Y	Y	Y		
25391		LENGTHEN RADIUS OR ULNA	07/01/2014	RBRVS	$930.68	$930.68	090		Y	Y	Y	Y	Y		
25392		SHORTEN RADIUS & ULNA	07/01/2014	RBRVS	$947.46	$947.46	090		Y	Y	Y	Y			
25393		LENGTHEN RADIUS & ULNA	07/01/2014	RBRVS	$1,057.23	$1,057.23	090		Y	Y	Y	Y			
25394		REPAIR CARPAL BONE SHORTEN	07/01/2014	RBRVS	$730.94	$730.94	090		Y	Y	Y	Y	Y		
25400		REPAIR RADIUS OR ULNA	07/01/2014	RBRVS	$747.04	$747.04	090		Y	Y	Y	Y	Y		
25405		REPAIR/GRAFT RADIUS OR ULNA	07/01/2014	RBRVS	$966.02	$966.02	090		Y	Y	Y	Y	Y		
25415		REPAIR RADIUS & ULNA	07/01/2014	RBRVS	$902.99	$902.99	090		Y	Y	Y	Y	Y		
25420		REPAIR/GRAFT RADIUS & ULNA	07/01/2014	RBRVS	$1,092.24	$1,092.24	090		Y	Y	Y	Y	Y		
25425		REPAIR/GRAFT RADIUS OR ULNA	07/01/2014	RBRVS	$898.73	$898.73	090		Y	Y	Y	Y	Y		
25426		REPAIR/GRAFT RADIUS & ULNA	07/01/2014	RBRVS	$1,050.57	$1,050.57	090		Y	Y	Y	Y	Y		
25430		VASC GRAFT INTO CARPAL BONE	07/01/2014	RBRVS	$655.19	$655.19	090		Y	Y	Y				
25431		REPAIR NONUNION CARPAL BONE	07/01/2014	RBRVS	$735.52	$735.52	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
25440		REPAIR/GRAFT WRIST BONE	07/01/2014	RBRVS	$713.87	$713.87	090		Y	Y	Y	Y	Y		
25441		RECONSTRUCT WRIST JOINT	07/01/2014	RBRVS	$852.39	$852.39	090		Y	Y	Y	Y	Y		
25442		RECONSTRUCT WRIST JOINT	07/01/2014	RBRVS	$728.71	$728.71	090		Y	Y	Y	Y	Y		
25443		RECONSTRUCT WRIST JOINT	07/01/2014	RBRVS	$727.52	$727.52	090		Y	Y	Y	Y	Y		
25444		RECONSTRUCT WRIST JOINT	07/01/2014	RBRVS	$718.00	$718.00	090		Y	Y	Y	Y			
25446		WRIST REPLACEMENT	07/01/2014	RBRVS	$1,090.37	$1,090.37	090		Y	Y	Y	Y	Y		
25447		REPAIR WRIST JOINTS	07/01/2014	RBRVS	$767.76	$767.76	090		Y	Y	Y	Y	Y		
25449		REMOVE WRIST JOINT IMPLANT	07/01/2014	RBRVS	$970.96	$970.96	090		Y	Y	Y	Y	Y		
25450		REVISION OF WRIST JOINT	07/01/2014	RBRVS	$572.18	$572.18	090		Y	Y	Y				
25455		REVISION OF WRIST JOINT	07/01/2014	RBRVS	$630.54	$630.54	090		Y	Y	Y				
25490		REINFORCE RADIUS	07/01/2014	RBRVS	$645.41	$645.41	090		Y	Y	Y	Y			
25491		REINFORCE ULNA	07/01/2014	RBRVS	$688.53	$688.53	090		Y	Y	Y	Y			
25492		REINFORCE RADIUS AND ULNA	07/01/2014	RBRVS	$842.70	$842.70	090		Y	Y	Y	Y			
25500		TREAT FRACTURE OF RADIUS	07/01/2014	RBRVS	$250.15	$230.47	090		Y	Y	Y				
25505		TREAT FRACTURE OF RADIUS	07/01/2014	RBRVS	$463.55	$425.79	090		Y	Y	Y				
25515		TREAT FRACTURE OF RADIUS	07/01/2014	RBRVS	$622.69	$622.69	090		Y	Y	Y	Y	Y		
25520		TREAT FRACTURE OF RADIUS	07/01/2014	RBRVS	$524.16	$498.02	090		Y	Y	Y				
25525		TREAT FRACTURE OF RADIUS	07/01/2014	RBRVS	$731.55	$731.55	090		Y	Y	Y	Y	Y		
25526		TREAT FRACTURE OF RADIUS	07/01/2014	RBRVS	$890.46	$890.46	090		Y	Y	Y	Y	Y		
25530		TREAT FRACTURE OF ULNA	07/01/2014	RBRVS	$240.24	$217.98	090		Y	Y	Y				
25535		TREAT FRACTURE OF ULNA	07/01/2014	RBRVS	$451.25	$418.97	090		Y	Y	Y				
25545		TREAT FRACTURE OF ULNA	07/01/2014	RBRVS	$578.93	$578.93	090		Y	Y	Y	Y	Y		
25560		TREAT FRACTURE RADIUS & ULNA	07/01/2014	RBRVS	$256.44	$232.24	090		Y	Y	Y				
25565		TREAT FRACTURE RADIUS & ULNA	07/01/2014	RBRVS	$480.01	$436.12	090		Y	Y	Y				
25574		TREAT FRACTURE RADIUS & ULNA	07/01/2014	RBRVS	$626.40	$626.40	090		Y	Y	Y	Y	Y		
25575		TREAT FRACTURE RADIUS/ULNA	07/01/2014	RBRVS	$839.44	$839.44	090		Y	Y	Y	Y	Y		
25600		TREAT FRACTURE RADIUS/ULNA	07/01/2014	RBRVS	$301.21	$285.39	090		Y	Y	Y				
25605		TREAT FRACTURE RADIUS/ULNA	07/01/2014	RBRVS	$507.34	$478.30	090		Y	Y	Y				
25606		TREAT FX DISTAL RADIAL	07/01/2014	RBRVS	$614.95	$614.95	090		Y	Y	Y				
25607		TREAT FX RAD EXTRA-ARTICUL	07/01/2014	RBRVS	$683.46	$683.46	090		Y	Y	Y	Y			
25608		TREAT FX RAD INTRA-ARTICUL	07/01/2014	RBRVS	$766.73	$766.73	090		Y	Y	Y	Y			
25609		TREAT FX RADIAL 3+ FRAG	07/01/2014	RBRVS	$975.44	$975.44	090		Y	Y	Y	Y			
25622		TREAT WRIST BONE FRACTURE	07/01/2014	RBRVS	$279.59	$255.70	090		Y	Y	Y				
25624		TREAT WRIST BONE FRACTURE	07/01/2014	RBRVS	$437.92	$399.84	090		Y	Y	Y				
25628		TREAT WRIST BONE FRACTURE	07/01/2014	RBRVS	$669.16	$669.16	090		Y	Y	Y	Y			
25630		TREAT WRIST BONE FRACTURE	07/01/2014	RBRVS	$281.07	$258.80	090		Y	Y	Y				
25635		TREAT WRIST BONE FRACTURE	07/01/2014	RBRVS	$409.94	$365.73	090		Y	Y	Y				
25645		TREAT WRIST BONE FRACTURE	07/01/2014	RBRVS	$529.06	$529.06	090		Y	Y	Y	Y			
25650		TREAT WRIST BONE FRACTURE	07/01/2014	RBRVS	$295.75	$278.33	090		Y	Y	Y				
25651		PIN ULNAR STYLOID FRACTURE	07/01/2014	RBRVS	$449.35	$449.35	090		Y	Y	Y				
25652		TREAT FRACTURE ULNAR STYLOID	07/01/2014	RBRVS	$577.80	$577.80	090		Y	Y	Y		Y		
25660		TREAT WRIST DISLOCATION	07/01/2014	RBRVS	$374.76	$374.76	090		Y	Y	Y				
25670		TREAT WRIST DISLOCATION	07/01/2014	RBRVS	$563.04	$563.04	090		Y	Y	Y	Y	Y		
25671		PIN RADIOULNAR DISLOCATION	07/01/2014	RBRVS	$491.21	$491.21	090		Y	Y	Y				
25675		TREAT WRIST DISLOCATION	07/01/2014	RBRVS	$403.00	$369.11	090		Y	Y	Y				
25676		TREAT WRIST DISLOCATION	07/01/2014	RBRVS	$583.92	$583.92	090		Y	Y	Y	Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
25680		TREAT WRIST FRACTURE	07/01/2014	RBRVS	$438.28	$438.28	090		Y	Y	Y				
25685		TREAT WRIST FRACTURE	07/01/2014	RBRVS	$684.53	$684.53	090		Y	Y	Y	Y			
25690		TREAT WRIST DISLOCATION	07/01/2014	RBRVS	$445.38	$445.38	090		Y	Y	Y				
25695		TREAT WRIST DISLOCATION	07/01/2014	RBRVS	$589.06	$589.06	090		Y	Y	Y	Y	Y		
25800		FUSION OF WRIST JOINT	07/01/2014	RBRVS	$680.17	$680.17	090		Y	Y	Y	Y	Y		
25805		FUSION/GRAFT OF WRIST JOINT	07/01/2014	RBRVS	$787.25	$787.25	090		Y	Y	Y	Y	Y		
25810		FUSION/GRAFT OF WRIST JOINT	07/01/2014	RBRVS	$806.68	$806.68	090		Y	Y	Y	Y	Y		
25820		FUSION OF HAND BONES	07/01/2014	RBRVS	$569.18	$569.18	090		Y	Y	Y	Y	Y		
25825		FUSE HAND BONES WITH GRAFT	07/01/2014	RBRVS	$701.86	$701.86	090		Y	Y	Y	Y	Y		
25830		FUSION RADIOULNAR JNT/ULNA	07/01/2014	RBRVS	$880.75	$880.75	090		Y	Y	Y	Y	Y		
25905		AMPUTATION OF FOREARM	07/01/2014	RBRVS	$593.16	$593.16	090		Y	Y	Y	Y			
25907		AMPUTATION FOLLOW-UP SURGERY	07/01/2014	RBRVS	$569.66	$569.66	090		Y	Y	Y	Y			
25909		AMPUTATION FOLLOW-UP SURGERY	07/01/2014	RBRVS	$638.05	$638.05	090		Y	Y	Y	Y			
25915		AMPUTATION OF FOREARM	07/01/2014	RBRVS	$974.93	$974.93	090		Y	Y	Y	Y			
25922		AMPUTATE HAND AT WRIST	07/01/2014	RBRVS	$455.51	$455.51	090		Y	Y	Y	Y			
25924		AMPUTATION FOLLOW-UP SURGERY	07/01/2014	RBRVS	$571.60	$571.60	090		Y	Y	Y	Y			
25929		AMPUTATION FOLLOW-UP SURGERY	07/01/2014	RBRVS	$554.56	$554.56	090		Y	Y	Y	Y			
25931		AMPUTATION FOLLOW-UP SURGERY	07/01/2014	RBRVS	$623.82	$623.82	090		Y	Y	Y				
25999		FOREARM OR WRIST SURGERY	07/01/2014	FEE SCHED	$762.42	$0.00			Y						
26010		DRAINAGE OF FINGER ABSCESS	07/01/2014	RBRVS	$240.53	$127.89	010		Y	Y					
26011		DRAINAGE OF FINGER ABSCESS	07/01/2014	RBRVS	$354.40	$171.08	010		Y	Y					
26020		DRAIN HAND TENDON SHEATH	07/01/2014	RBRVS	$400.42	$400.42	090		Y	Y					
26025		DRAINAGE OF PALM BURSA	07/01/2014	RBRVS	$389.03	$389.03	090		Y	Y	Y				
26030		DRAINAGE OF PALM BURSAS	07/01/2014	RBRVS	$457.10	$457.10	090		Y	Y	Y				
26034		TREAT HAND BONE LESION	07/01/2014	RBRVS	$495.82	$495.82	090		Y	Y					
26035		DECOMPRESS FINGERS/HAND	07/01/2014	RBRVS	$805.91	$805.91	090		Y	Y					
26111		EXC HAND LES SC 1.5 CM/>	07/01/2014	RBRVS	$386.55	$386.55	090		Y	Y		Y			
26113		EXC HAND TUM DEEP 1.5 CM/>	07/01/2014	RBRVS	$508.24	$508.24	090		Y	Y		Y			
26115		REMOVAL HAND LESION SUBCUT	07/01/2014	RBRVS	$459.97	$307.31	090		Y	Y					
26116		REMOVAL HAND LESION DEEP	07/01/2014	RBRVS	$487.65	$487.65	090		Y	Y					
26118		EXC HAND TUM RA 3 CM/>	07/01/2014	RBRVS	$984.15	$984.15	090		Y	Y		Y			
26185		REMOVE FINGER BONE	07/01/2014	RBRVS	$510.60	$510.60	090		Y	Y	Y	Y	Y		
26205		REMOVE/GRAFT BONE LESION	07/01/2014	RBRVS	$559.89	$559.89	090		Y	Y					
26215		REMOVE/GRAFT FINGER LESION	07/01/2014	RBRVS	$523.42	$523.42	090		Y	Y					
26260		EXTENSIVE FINGER SURGERY	07/01/2014	RBRVS	$761.83	$761.83	090		Y	Y		Y			
26262		PARTIAL REMOVAL OF FINGER	07/01/2014	RBRVS	$594.36	$594.36	090		Y	Y		Y			
26340		MANIPULATE FINGER W/ANESTH	07/01/2014	RBRVS	$306.05	$306.05	090		Y	Y	Y				
26352		REPAIR/GRAFT HAND TENDON	07/01/2014	RBRVS	$744.37	$744.37	090		Y	Y		Y	Y		
26358		REPAIR/GRAFT HAND TENDON	07/01/2014	RBRVS	$838.53	$838.53	090		Y	Y		Y			
26372		REPAIR/GRAFT HAND TENDON	07/01/2014	RBRVS	$808.17	$808.17	090		Y	Y		Y			
26373		REPAIR FINGER/HAND TENDON	07/01/2014	RBRVS	$774.61	$774.61	090		Y	Y		Y			
26390		REVISE HAND/FINGER TENDON	07/01/2014	RBRVS	$765.99	$765.99	090		Y	Y		Y	Y		
26392		REPAIR/GRAFT HAND TENDON	07/01/2014	RBRVS	$890.99	$890.99	090		Y	Y		Y	Y		
26420		REPAIR/GRAFT FINGER TENDON	07/01/2014	RBRVS	$646.96	$646.96	090		Y	Y		Y			
26434		REPAIR/GRAFT FINGER TENDON	07/01/2014	RBRVS	$589.84	$589.84	090		Y	Y		Y			
26474		FUSION OF FINGER TENDONS	07/01/2014	RBRVS	$546.39	$546.39	090		Y	Y		Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
26476		TENDON LENGTHENING	07/01/2014	RBRVS	$530.48	$530.48	090		Y	Y					
26483		TRANSPLANT/GRAFT HAND TENDON	07/01/2014	RBRVS	$767.41	$767.41	090		Y	Y		Y	Y		
26485		TRANSPLANT PALM TENDON	07/01/2014	RBRVS	$731.03	$731.03	090		Y	Y		Y	Y		
26489		TRANSPLANT/GRAFT PALM TENDON	07/01/2014	RBRVS	$944.01	$944.01	090		Y	Y					
26492		TENDON TRANSFER WITH GRAFT	07/01/2014	RBRVS	$805.40	$805.40	090		Y	Y		Y	Y		
26494		HAND TENDON/MUSCLE TRANSFER	07/01/2014	RBRVS	$730.58	$730.58	090		Y	Y		Y	Y		
26496		REVISE THUMB TENDON	07/01/2014	RBRVS	$851.35	$851.35	090		Y	Y					
26497		FINGER TENDON TRANSFER	07/01/2014	RBRVS	$792.45	$792.45	090		Y	Y		Y			
26498		FINGER TENDON TRANSFER	07/01/2014	RBRVS	$1,051.22	$1,051.22	090		Y	Y		Y	Y		
26499		REVISION OF FINGER	07/01/2014	RBRVS	$759.57	$759.57	090		Y	Y		Y	Y		
26502		HAND TENDON RECONSTRUCTION	07/01/2014	RBRVS	$643.89	$643.89	090		Y	Y		Y			
26517		FUSION OF KNUCKLE JOINTS	07/01/2014	RBRVS	$755.01	$755.01	090		Y	Y	Y	Y			
26518		FUSION OF KNUCKLE JOINTS	07/01/2014	RBRVS	$762.53	$762.53	090		Y	Y	Y	Y	Y		
26530		REVISE KNUCKLE JOINT	07/01/2014	RBRVS	$496.79	$496.79	090		Y	Y		Y			
26531		REVISE KNUCKLE WITH IMPLANT	07/01/2014	RBRVS	$576.70	$576.70	090		Y	Y		Y	Y		
26541		REPAIR HAND JOINT WITH GRAFT	07/01/2014	RBRVS	$727.74	$727.74	090		Y	Y		Y	Y		
26546		REPAIR NONUNION HAND	07/01/2014	RBRVS	$903.41	$903.41	090		Y	Y	Y	Y			
26548		RECONSTRUCT FINGER JOINT	07/01/2014	RBRVS	$695.05	$695.05	090		Y	Y					
26550		CONSTRUCT THUMB REPLACEMENT	07/01/2014	RBRVS	$1,518.23	$1,518.23	090		Y	Y	Y	Y			
26555		POSITIONAL CHANGE OF FINGER	07/01/2014	RBRVS	$1,266.52	$1,266.52	090		Y	Y		Y			
26560		REPAIR OF WEB FINGER	07/01/2014	RBRVS	$520.31	$520.31	090		Y	Y		Y			
26561		REPAIR OF WEB FINGER	07/01/2014	RBRVS	$868.52	$868.52	090		Y	Y		Y	Y		
26562		REPAIR OF WEB FINGER	07/01/2014	RBRVS	$1,166.89	$1,166.89	090		Y	Y		Y			
26565		CORRECT METACARPAL FLAW	07/01/2014	RBRVS	$620.46	$620.46	090		Y	Y		Y			
26568		LENGTHEN METACARPAL/FINGER	07/01/2014	RBRVS	$822.24	$822.24	090		Y	Y		Y			
26580		REPAIR HAND DEFORMITY	07/01/2014	RBRVS	$1,408.24	$1,408.24	090		Y	Y	Y	Y			
26590		REPAIR FINGER DEFORMITY	07/01/2014	RBRVS	$1,300.77	$1,300.77	090		Y	Y		Y			
26596		EXCISION CONSTRICTING TISSUE	07/01/2014	RBRVS	$702.76	$702.76	090		Y	Y		Y			
26600		TREAT METACARPAL FRACTURE	07/01/2014	RBRVS	$270.32	$255.15	090		Y	Y					
26605		TREAT METACARPAL FRACTURE	07/01/2014	RBRVS	$295.59	$270.09	090		Y	Y					
26607		TREAT METACARPAL FRACTURE	07/01/2014	RBRVS	$422.04	$422.04	090		Y	Y					
26608		TREAT METACARPAL FRACTURE	07/01/2014	RBRVS	$440.96	$440.96	090		Y	Y					
26615		TREAT METACARPAL FRACTURE	07/01/2014	RBRVS	$532.62	$532.62	090		Y	Y					
26641		TREAT THUMB DISLOCATION	07/01/2014	RBRVS	$342.23	$314.47	090		Y	Y	Y				
26645		TREAT THUMB FRACTURE	07/01/2014	RBRVS	$393.06	$361.75	090		Y	Y	Y				
26665		TREAT THUMB FRACTURE	07/01/2014	RBRVS	$583.29	$583.29	090		Y	Y	Y		Y		
26670		TREAT HAND DISLOCATION	07/01/2014	RBRVS	$312.60	$285.17	090		Y	Y					
26675		TREAT HAND DISLOCATION	07/01/2014	RBRVS	$418.59	$386.00	090		Y	Y					
26676		PIN HAND DISLOCATION	07/01/2014	RBRVS	$462.39	$462.39	090		Y	Y					
26686		TREAT HAND DISLOCATION	07/01/2014	RBRVS	$579.77	$579.77	090		Y	Y		Y			
26700		TREAT KNUCKLE DISLOCATION	07/01/2014	RBRVS	$300.86	$282.78	090		Y	Y					
26705		TREAT KNUCKLE DISLOCATION	07/01/2014	RBRVS	$381.12	$350.14	090		Y	Y					
26706		PIN KNUCKLE DISLOCATION	07/01/2014	RBRVS	$406.65	$406.65	090		Y	Y					
26715		TREAT KNUCKLE DISLOCATION	07/01/2014	RBRVS	$531.42	$531.42	090		Y	Y					
26720		TREAT FINGER FRACTURE EACH	07/01/2014	RBRVS	$182.77	$170.18	090		Y	Y					
26725		TREAT FINGER FRACTURE EACH	07/01/2014	RBRVS	$310.18	$281.14	090		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
26727		TREAT FINGER FRACTURE EACH	07/01/2014	RBRVS	$433.01	$433.01	090		Y	Y					
26735		TREAT FINGER FRACTURE EACH	07/01/2014	RBRVS	$552.72	$552.72	090		Y	Y					
26740		TREAT FINGER FRACTURE EACH	07/01/2014	RBRVS	$209.90	$197.32	090		Y	Y					
26742		TREAT FINGER FRACTURE EACH	07/01/2014	RBRVS	$339.32	$309.31	090		Y	Y					
26746		TREAT FINGER FRACTURE EACH	07/01/2014	RBRVS	$687.78	$687.78	090		Y	Y					
26750		TREAT FINGER FRACTURE EACH	07/01/2014	RBRVS	$170.18	$170.50	090		Y	Y					
26755		TREAT FINGER FRACTURE EACH	07/01/2014	RBRVS	$289.88	$253.41	090		Y	Y					
26756		PIN FINGER FRACTURE EACH	07/01/2014	RBRVS	$384.70	$384.70	090		Y	Y					
26765		TREAT FINGER FRACTURE EACH	07/01/2014	RBRVS	$464.16	$464.16	090		Y	Y					
26770		TREAT FINGER DISLOCATION	07/01/2014	RBRVS	$255.15	$237.08	090		Y	Y					
26775		TREAT FINGER DISLOCATION	07/01/2014	RBRVS	$350.78	$318.51	090		Y	Y					
26776		PIN FINGER DISLOCATION	07/01/2014	RBRVS	$408.06	$408.06	090		Y	Y					
26785		TREAT FINGER DISLOCATION	07/01/2014	RBRVS	$506.08	$506.08	090		Y	Y					
26820		THUMB FUSION WITH GRAFT	07/01/2014	RBRVS	$719.77	$719.77	090		Y	Y	Y	Y	Y		
26842		THUMB FUSION WITH GRAFT	07/01/2014	RBRVS	$719.45	$719.45	090		Y	Y	Y	Y	Y		
26843		FUSION OF HAND JOINT	07/01/2014	RBRVS	$674.29	$674.29	090		Y	Y		Y	Y		
26844		FUSION/GRAFT OF HAND JOINT	07/01/2014	RBRVS	$746.53	$746.53	090		Y	Y		Y	Y		
26852		FUSION OF KNUCKLE WITH GRAFT	07/01/2014	RBRVS	$722.38	$722.38	090		Y	Y		Y	Y		
26860		FUSION OF FINGER JOINT	07/01/2014	RBRVS	$508.70	$508.70	090		Y	Y					
26862		FUSION/GRAFT OF FINGER JOINT	07/01/2014	RBRVS	$657.61	$657.61	090		Y	Y		Y	Y		
26863		FUSE/GRAFT ADDED JOINT	07/01/2014	RBRVS	$215.88	$215.88	ZZZ		Y			Y			
26951		AMPUTATION OF FINGER/THUMB	07/01/2014	RBRVS	$593.83	$593.83	090		Y	Y					
26990		DRAINAGE OF PELVIS LESION	07/01/2014	RBRVS	$579.28	$579.28	090		Y	Y					
26991		DRAINAGE OF PELVIS BURSA	07/01/2014	RBRVS	$649.96	$487.62	090		Y	Y					
27000		INCISION OF HIP TENDON	07/01/2014	RBRVS	$391.80	$391.80	090		Y	Y	Y		Y		
27001		INCISION OF HIP TENDON	07/01/2014	RBRVS	$504.47	$504.47	090		Y	Y	Y	Y	Y		
27003		INCISION OF HIP TENDON	07/01/2014	RBRVS	$554.23	$554.23	090		Y	Y	Y	Y	Y		
27005		INCISION OF HIP TENDON	07/01/2014	RBRVS	$678.40	$678.40	090		Y	Y	Y	Y	Y		
27006		INCISION OF HIP TENDONS	07/01/2014	RBRVS	$686.43	$686.43	090		Y	Y	Y	Y	Y		
27027		BUTTOCK FASCIOTOMY	07/01/2014	RBRVS	$785.03	$785.03	090		Y	Y	Y				
27030		DRAINAGE OF HIP JOINT	07/01/2014	RBRVS	$858.51	$858.51	090		Y	Y	Y	Y	Y		
27033		EXPLORATION OF HIP JOINT	07/01/2014	RBRVS	$911.70	$911.70	090		Y	Y	Y	Y	Y		
27035		DENERVATION OF HIP JOINT	07/01/2014	RBRVS	$1,101.87	$1,101.87	090		Y	Y	Y	Y	Y		
27040		BIOPSY OF SOFT TISSUES	07/01/2014	RBRVS	$317.12	$187.70	010		Y	Y	Y				
27041		BIOPSY OF SOFT TISSUES	07/01/2014	RBRVS	$642.73	$642.73	090		Y	Y	Y				
27043		EXC HIP PELVIS LES SC 3 CM/>	07/01/2014	RBRVS	$436.47	$436.47	090		Y	Y	Y				
27045		EXC HIP/PELV TUM DEEP 5 CM/>	07/01/2014	RBRVS	$699.57	$699.57	090		Y	Y	Y	Y	Y		
27047		REMOVE HIP/PELVIS LESION	07/01/2014	RBRVS	$431.56	$338.29	090		Y	Y	Y				
27048		REMOVE HIP/PELVIS LESION	07/01/2014	RBRVS	$569.15	$569.15	090		Y	Y	Y	Y	Y		
27052		BIOPSY OF HIP JOINT	07/01/2014	RBRVS	$537.78	$537.78	090		Y	Y	Y	Y	Y		
27054		REMOVAL OF HIP JOINT LINING	07/01/2014	RBRVS	$639.51	$639.51	090		Y	Y	Y	Y	Y		
27057		BUTTOCK FASCIOTOMY W/DBRDMT	07/01/2014	RBRVS	$881.30	$881.30	090		Y	Y	Y				
27059		RESECT HIP/PELV TUM 5 CM/>	07/01/2014	RBRVS	$1,695.42	$1,695.42	090		Y	Y	Y	Y	Y		
27060		REMOVAL OF ISCHIAL BURSA	07/01/2014	RBRVS	$432.30	$432.30	090		Y	Y	Y				
27062		REMOVE FEMUR LESION/BURSA	07/01/2014	RBRVS	$423.69	$423.69	090		Y	Y	Y		Y		
27065		REMOVE HIP BONE LES SUPER	07/01/2014	RBRVS	$477.36	$477.36	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27066		REMOVE HIP BONE LES DEEP	07/01/2014	RBRVS	$758.98	$758.98	090		Y	Y	Y	Y	Y		
27067		REMOVE/GRAFT HIP BONE LESION	07/01/2014	RBRVS	$966.57	$966.57	090		Y	Y	Y	Y			
27070		PARTIAL REMOVAL OF HIP BONE	07/01/2014	RBRVS	$794.52	$794.52	090		Y	Y	Y	Y	Y		
27071		PARTIAL REMOVAL OF HIP BONE	07/01/2014	RBRVS	$856.35	$856.35	090		Y	Y	Y	Y	Y		
27075		EXTENSIVE HIP SURGERY	07/01/2014	RBRVS	$1,974.06	$1,974.06	090		Y	Y		Y	Y		
27076		EXTENSIVE HIP SURGERY	07/01/2014	RBRVS	$2,374.74	$2,374.74	090		Y	Y		Y	Y		
27077		EXTENSIVE HIP SURGERY	07/01/2014	RBRVS	$2,669.89	$2,669.89	090		Y	Y		Y	Y		
27078		EXTENSIVE HIP SURGERY	07/01/2014	RBRVS	$1,946.12	$1,946.12	090		Y	Y	Y	Y	Y		
27080		REMOVAL OF TAIL BONE	07/01/2014	RBRVS	$477.13	$477.13	090		Y	Y		Y	Y		
27086		REMOVE HIP FOREIGN BODY	07/01/2014	RBRVS	$267.22	$153.30	010		Y	Y	Y				
27087		REMOVE HIP FOREIGN BODY	07/01/2014	RBRVS	$586.06	$586.06	090		Y	Y	Y	Y	Y		
27090		REMOVAL OF HIP PROSTHESIS	07/01/2014	RBRVS	$774.28	$774.28	090		Y	Y	Y	Y	Y		
27091		REMOVAL OF HIP PROSTHESIS	07/01/2014	RBRVS	$1,503.54	$1,503.54	090		Y	Y	Y	Y	Y		
27093		INJECTION FOR HIP X-RAY	07/01/2014	RBRVS	$170.44	$65.87	000		Y	Y	Y				
27095		INJECTION FOR HIP X-RAY	07/01/2014	RBRVS	$217.78	$77.06	000		Y	Y	Y				
27096		INJECT SACROILIAC JOINT	07/01/2014	RBRVS	$149.42	$79.07	000		Y	Y	Y				
27097		REVISION OF HIP TENDON	07/01/2014	RBRVS	$635.38	$635.38	090		Y	Y	Y	Y			
27098		TRANSFER TENDON TO PELVIS	07/01/2014	RBRVS	$646.45	$646.45	090		Y	Y	Y	Y			
27100		TRANSFER OF ABDOMINAL MUSCLE	07/01/2014	RBRVS	$763.95	$763.95	090		Y	Y	Y	Y	Y		
27105		TRANSFER OF SPINAL MUSCLE	07/01/2014	RBRVS	$807.84	$807.84	090		Y	Y	Y	Y			
27110		TRANSFER OF ILIOPSOAS MUSCLE	07/01/2014	RBRVS	$904.93	$904.93	090		Y	Y	Y	Y	Y		
27111		TRANSFER OF ILIOPSOAS MUSCLE	07/01/2014	RBRVS	$838.73	$838.73	090		Y	Y	Y	Y	Y		
27120		RECONSTRUCTION OF HIP SOCKET	07/01/2014	RBRVS	$1,217.66	$1,217.66	090		Y	Y	Y	Y	Y		
27122		RECONSTRUCTION OF HIP SOCKET	07/01/2014	RBRVS	$1,030.12	$1,030.12	090		Y	Y	Y	Y	Y		
27125		PARTIAL HIP REPLACEMENT	07/01/2014	RBRVS	$1,063.36	$1,063.36	090		Y	Y	Y	Y	Y		
27130		TOTAL HIP ARTHROPLASTY	07/01/2014	RBRVS	$1,277.53	$1,277.53	090		Y	Y	Y	Y	Y		
27132		TOTAL HIP ARTHROPLASTY	07/01/2014	RBRVS	$1,578.49	$1,578.49	090		Y	Y	Y	Y	Y		
27134		REVISE HIP JOINT REPLACEMENT	07/01/2014	RBRVS	$1,808.01	$1,808.01	090		Y	Y	Y	Y	Y		
27137		REVISE HIP JOINT REPLACEMENT	07/01/2014	RBRVS	$1,387.29	$1,387.29	090		Y	Y	Y	Y	Y		
27138		REVISE HIP JOINT REPLACEMENT	07/01/2014	RBRVS	$1,442.58	$1,442.58	090		Y	Y	Y	Y	Y		
27140		TRANSPLANT FEMUR RIDGE	07/01/2014	RBRVS	$835.83	$835.83	090		Y	Y	Y	Y	Y		
27146		INCISION OF HIP BONE	07/01/2014	RBRVS	$1,204.17	$1,204.17	090		Y	Y	Y	Y	Y		
27147		REVISION OF HIP BONE	07/01/2014	RBRVS	$1,378.26	$1,378.26	090		Y	Y	Y	Y	Y		
27151		INCISION OF HIP BONES	07/01/2014	RBRVS	$1,493.02	$1,493.02	090		Y	Y	Y	Y	Y		
27156		REVISION OF HIP BONES	07/01/2014	RBRVS	$1,609.92	$1,609.92	090		Y	Y	Y	Y	Y		
27158		REVISION OF PELVIS	07/01/2014	RBRVS	$1,314.36	$1,314.36	090		Y	Y		Y			
27161		INCISION OF NECK OF FEMUR	07/01/2014	RBRVS	$1,140.69	$1,140.69	090		Y	Y	Y	Y	Y		
27165		INCISION/FIXATION OF FEMUR	07/01/2014	RBRVS	$1,292.89	$1,292.89	090		Y	Y	Y	Y	Y		
27170		REPAIR/GRAFT FEMUR HEAD/NECK	07/01/2014	RBRVS	$1,104.35	$1,104.35	090		Y	Y	Y	Y	Y		
27175		TREAT SLIPPED EPIPHYSIS	07/01/2014	RBRVS	$552.59	$552.59	090		Y	Y	Y				
27176		TREAT SLIPPED EPIPHYSIS	07/01/2014	RBRVS	$857.97	$857.97	090		Y	Y	Y	Y	Y		
27177		TREAT SLIPPED EPIPHYSIS	07/01/2014	RBRVS	$1,041.80	$1,041.80	090		Y	Y	Y	Y	Y		
27178		TREAT SLIPPED EPIPHYSIS	07/01/2014	RBRVS	$857.97	$857.97	090		Y	Y	Y	Y	Y		
27179		REVISE HEAD/NECK OF FEMUR	07/01/2014	RBRVS	$912.19	$912.19	090		Y	Y	Y	Y			
27181		TREAT SLIPPED EPIPHYSIS	07/01/2014	RBRVS	$956.43	$956.43	090		Y	Y	Y	Y			
27185		REVISION OF FEMUR EPIPHYSIS	07/01/2014	RBRVS	$545.07	$545.07	090		Y	Y	Y		Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27187		REINFORCE HIP BONES	07/01/2014	RBRVS	$929.23	$929.23	090		Y	Y	Y	Y	Y		
27202		TREAT TAIL BONE FRACTURE	07/01/2014	RBRVS	$497.37	$497.37	090		Y	Y		Y			
27226		TREAT HIP WALL FRACTURE	07/01/2014	RBRVS	$993.29	$993.29	090		Y	Y	Y	Y	Y		
27227		TREAT HIP FRACTURE(S)	07/01/2014	RBRVS	$1,561.74	$1,561.74	090		Y	Y	Y	Y	Y		
27228		TREAT HIP FRACTURE(S)	07/01/2014	RBRVS	$1,779.65	$1,779.65	090		Y	Y	Y	Y	Y		
27232		TREAT THIGH FRACTURE	07/01/2014	RBRVS	$713.09	$713.09	090		Y	Y	Y				
27235		TREAT THIGH FRACTURE	07/01/2014	RBRVS	$850.86	$850.86	090		Y	Y	Y		Y		
27236		TREAT THIGH FRACTURE	07/01/2014	RBRVS	$1,123.38	$1,123.38	090		Y	Y	Y	Y	Y		
27244		TREAT THIGH FRACTURE	07/01/2014	RBRVS	$1,154.86	$1,154.86	090		Y	Y	Y	Y	Y		
27245		TREAT THIGH FRACTURE	07/01/2014	RBRVS	$1,155.18	$1,155.18	090		Y	Y	Y	Y	Y		
27248		TREAT THIGH FRACTURE	07/01/2014	RBRVS	$696.63	$696.63	090		Y	Y	Y	Y	Y		
27253		TREAT HIP DISLOCATION	07/01/2014	RBRVS	$882.40	$882.40	090		Y	Y	Y	Y	Y		
27254		TREAT HIP DISLOCATION	07/01/2014	RBRVS	$1,188.62	$1,188.62	090		Y	Y	Y	Y	Y		
27256		TREAT HIP DISLOCATION	07/01/2014	RBRVS	$279.45	$221.36	010		Y	Y	Y				
27258		TREAT HIP DISLOCATION	07/01/2014	RBRVS	$1,039.05	$1,039.05	090		Y	Y	Y	Y	Y		
27259		TREAT HIP DISLOCATION	07/01/2014	RBRVS	$1,455.26	$1,455.26	090		Y	Y	Y	Y			
27266		TREAT HIP DISLOCATION	07/01/2014	RBRVS	$541.52	$541.52	090		Y	Y	Y				
27267		CLTX THIGH FX	07/01/2014	RBRVS	$407.04	$407.04	090		Y	Y	Y	Y	Y		
27268		CLTX THIGH FX W/MNPJ	07/01/2014	RBRVS	$500.92	$500.92	090		Y	Y	Y	Y	Y		
27269		OPTX THIGH FX	07/01/2014	RBRVS	$1,168.45	$1,168.45	090		Y	Y	Y	Y	Y		
27279		ARTHRODESIS SACROILIAC JOINT	01/01/2015	RBRVS	$523.22	$523.22	090		Y	Y	Y	Y	Y		
27280		FUSION OF SACROILIAC JOINT	07/01/2014	RBRVS	$975.32	$975.32	090		Y	Y	Y	Y	Y		
27282		FUSION OF PUBIC BONES	07/01/2014	RBRVS	$797.00	$797.00	090		Y	Y		Y	Y		
27284		FUSION OF HIP JOINT	07/01/2014	RBRVS	$1,520.74	$1,520.74	090		Y	Y	Y	Y	Y		
27286		FUSION OF HIP JOINT	07/01/2014	RBRVS	$1,551.53	$1,551.53	090		Y	Y	Y	Y	Y		
27290		AMPUTATION OF LEG AT HIP	07/01/2014	RBRVS	$1,524.16	$1,524.16	090		Y	Y		Y	Y		
27295		AMPUTATION OF LEG AT HIP	07/01/2014	RBRVS	$1,189.03	$1,189.03	090		Y	Y	Y	Y	Y		
27299		PELVIS/HIP JOINT SURGERY	07/01/2014	FEE SCHED	$1,232.88	$0.00			Y						
27301		DRAIN THIGH/KNEE LESION	07/01/2014	RBRVS	$608.23	$461.70	090		Y	Y	Y				
27303		DRAINAGE OF BONE LESION	07/01/2014	RBRVS	$595.68	$595.68	090		Y	Y	Y	Y	Y		
27305		INCISE THIGH TENDON & FASCIA	07/01/2014	RBRVS	$450.63	$450.63	090		Y	Y	Y	Y	Y		
27306		INCISION OF THIGH TENDON	07/01/2014	RBRVS	$344.26	$344.26	090		Y	Y	Y	Y			
27310		EXPLORATION OF KNEE JOINT	07/01/2014	RBRVS	$682.56	$682.56	090		Y	Y	Y	Y	Y		
27323		BIOPSY THIGH SOFT TISSUES	07/01/2014	RBRVS	$248.95	$165.69	010		Y	Y	Y				
27324		BIOPSY THIGH SOFT TISSUES	07/01/2014	RBRVS	$367.75	$367.75	090		Y	Y	Y				
27325		NEURECTOMY HAMSTRING	07/01/2014	RBRVS	$518.13	$518.13	090		Y	Y	Y	Y			
27326		NEURECTOMY POPLITEAL	07/01/2014	RBRVS	$477.00	$477.00	090		Y	Y	Y	Y	Y		
27327		REMOVAL OF THIGH LESION	07/01/2014	RBRVS	$422.37	$291.66	090		Y	Y	Y				
27328		REMOVAL OF THIGH LESION	07/01/2014	RBRVS	$577.86	$577.86	090		Y	Y	Y				
27330		BIOPSY KNEE JOINT LINING	07/01/2014	RBRVS	$387.61	$387.61	090		Y	Y	Y		Y		
27331		EXPLORE/TREAT KNEE JOINT	07/01/2014	RBRVS	$442.67	$442.67	090		Y	Y	Y	Y	Y		
27332		REMOVAL OF KNEE CARTILAGE	07/01/2014	RBRVS	$596.45	$596.45	090		Y	Y	Y	Y	Y		
27333		REMOVAL OF KNEE CARTILAGE	07/01/2014	RBRVS	$544.65	$544.65	090		Y	Y	Y	Y	Y		
27334		REMOVE KNEE JOINT LINING	07/01/2014	RBRVS	$638.21	$638.21	090		Y	Y	Y	Y	Y		
27335		REMOVE KNEE JOINT LINING	07/01/2014	RBRVS	$713.80	$713.80	090		Y	Y	Y	Y	Y		
27337		EXC THIGH/KNEE LES SC 3 CM/>	07/01/2014	RBRVS	$389.25	$389.25	090		Y	Y	Y	Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27339		EXC THIGH/KNEE TUM DEP 5CM/>	07/01/2014	RBRVS	$700.54	$700.54	090		Y	Y	Y	Y			
27345		REMOVAL OF KNEE CYST	07/01/2014	RBRVS	$447.31	$447.31	090		Y	Y	Y	Y	Y		
27347		REMOVE KNEE CYST	07/01/2014	RBRVS	$492.11	$492.11	090		Y	Y	Y	Y	Y		
27350		REMOVAL OF KNEECAP	07/01/2014	RBRVS	$609.23	$609.23	090		Y	Y	Y	Y	Y		
27355		REMOVE FEMUR LESION	07/01/2014	RBRVS	$562.18	$562.18	090		Y	Y	Y	Y	Y		
27356		REMOVE FEMUR LESION/GRAFT	07/01/2014	RBRVS	$688.40	$688.40	090		Y	Y	Y	Y	Y		
27357		REMOVE FEMUR LESION/GRAFT	07/01/2014	RBRVS	$759.63	$759.63	090		Y	Y	Y	Y	Y		
27358		REMOVE FEMUR LESION/FIXATION	07/01/2014	RBRVS	$262.52	$262.52	ZZZ		Y			Y			
27360		PARTIAL REMOVAL LEG BONE(S)	07/01/2014	RBRVS	$795.42	$795.42	090		Y	Y	Y	Y	Y		
27364		RESECT THIGH/KNEE TUM 5 CM/>	07/01/2014	RBRVS	$1,467.95	$1,467.95	090		Y	Y	Y	Y	Y		
27365		EXTENSIVE LEG SURGERY	07/01/2014	RBRVS	$1,946.53	$1,946.53	090		Y	Y	Y	Y	Y		
27370		INJECTION FOR KNEE X-RAY	07/01/2014	RBRVS	$146.78	$48.67	000		Y	Y	Y				
27372		REMOVAL OF FOREIGN BODY	07/01/2014	RBRVS	$560.37	$377.05	090		Y	Y	Y				
27380		REPAIR OF KNEECAP TENDON	07/01/2014	RBRVS	$553.59	$553.59	090		Y	Y	Y	Y	Y		
27381		REPAIR/GRAFT KNEECAP TENDON	07/01/2014	RBRVS	$746.33	$746.33	090		Y	Y	Y	Y	Y		
27385		REPAIR OF THIGH MUSCLE	07/01/2014	RBRVS	$534.94	$534.94	090		Y	Y	Y	Y	Y		
27386		REPAIR/GRAFT OF THIGH MUSCLE	07/01/2014	RBRVS	$775.06	$775.06	090		Y	Y	Y	Y	Y		
27390		INCISION OF THIGH TENDON	07/01/2014	RBRVS	$416.07	$416.07	090		Y	Y	Y	Y			
27392		INCISION OF THIGH TENDONS	07/01/2014	RBRVS	$663.20	$663.20	090		Y	Y		Y	Y		
27393		LENGTHENING OF THIGH TENDON	07/01/2014	RBRVS	$473.87	$473.87	090		Y	Y	Y	Y	Y		
27394		LENGTHENING OF THIGH TENDONS	07/01/2014	RBRVS	$607.68	$607.68	090		Y	Y		Y			
27395		LENGTHENING OF THIGH TENDONS	07/01/2014	RBRVS	$819.44	$819.44	090		Y	Y		Y	Y		
27396		TRANSPLANT OF THIGH TENDON	07/01/2014	RBRVS	$573.31	$573.31	090		Y	Y	Y	Y	Y		
27397		TRANSPLANTS OF THIGH TENDONS	07/01/2014	RBRVS	$854.64	$854.64	090		Y	Y	Y	Y			
27400		REVISE THIGH MUSCLES/TENDONS	07/01/2014	RBRVS	$646.76	$646.76	090		Y	Y	Y	Y	Y		
27403		REPAIR OF KNEE CARTILAGE	07/01/2014	RBRVS	$597.19	$597.19	090		Y	Y	Y	Y	Y		
27405		REPAIR OF KNEE LIGAMENT	07/01/2014	RBRVS	$631.41	$631.41	090		Y	Y	Y	Y	Y		
27407		REPAIR OF KNEE LIGAMENT	07/01/2014	RBRVS	$738.68	$738.68	090		Y	Y	Y	Y	Y		
27409		REPAIR OF KNEE LIGAMENTS	07/01/2014	RBRVS	$901.63	$901.63	090		Y	Y	Y	Y	Y		
27412		AUTOCHONDROCYTE IMPLANT KNEE	07/01/2014	RBRVS	$1,551.79	$1,551.79	090		Y	Y	Y	Y	Y		
27415		REPAIR/GRAFT KNEE LIGAME	07/01/2014	RBRVS	$1,287.09	$1,287.09	090		Y	Y	Y	Y	Y		
27416		OSTEOCHONDRAL KNEE AUTOGRAFT	07/01/2014	RBRVS	$916.93	$916.93	090		Y	Y	Y				
27418		REPAIR DEGENERATED KNEECAP	07/01/2014	RBRVS	$776.38	$776.38	090		Y	Y	Y	Y	Y		
27420		REVISION OF UNSTABLE KNEECAP	07/01/2014	RBRVS	$686.30	$686.30	090		Y	Y	Y	Y	Y		
27422		REVISION OF UNSTABLE KNEECAP	07/01/2014	RBRVS	$694.34	$694.34	090		Y	Y	Y	Y	Y		
27424		REVISION/REMOVAL OF KNEECAP	07/01/2014	RBRVS	$696.63	$696.63	090		Y	Y	Y	Y	Y		
27425		LAT RETINACULAR RELEASE OPEN	07/01/2014	RBRVS	$415.26	$415.26	090		Y	Y	Y		Y		
27427		RECONSTRUCTION KNEE	07/01/2014	RBRVS	$667.55	$667.55	090		Y	Y	Y	Y	Y		
27428		RECONSTRUCTION KNEE	07/01/2014	RBRVS	$1,041.09	$1,041.09	090		Y	Y	Y	Y	Y		
27429		RECONSTRUCTION KNEE	07/01/2014	RBRVS	$1,170.83	$1,170.83	090		Y	Y	Y	Y	Y		
27430		REVISION OF THIGH MUSCLES	07/01/2014	RBRVS	$691.75	$691.75	090		Y	Y	Y	Y	Y		
27435		INCISION OF KNEE JOINT	07/01/2014	RBRVS	$756.18	$756.18	090		Y	Y	Y	Y	Y		
27437		REVISE KNEECAP	07/01/2014	RBRVS	$615.42	$615.42	090		Y	Y	Y		Y		
27438		REVISE KNEECAP WITH IMPLANT	07/01/2014	RBRVS	$788.06	$788.06	090		Y	Y	Y	Y	Y		
27440		REVISION OF KNEE JOINT	07/01/2014	RBRVS	$744.01	$744.01	090		Y	Y	Y	Y	Y		
27441		REVISION OF KNEE JOINT	07/01/2014	RBRVS	$768.96	$768.96	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27442		REVISION OF KNEE JOINT	07/01/2014	RBRVS	$814.30	$814.30	090		Y	Y	Y	Y	Y		
27443		REVISION OF KNEE JOINT	07/01/2014	RBRVS	$762.14	$762.14	090		Y	Y	Y	Y	Y		
27445		REVISION OF KNEE JOINT	07/01/2014	RBRVS	$1,176.19	$1,176.19	090		Y	Y	Y	Y	Y		
27446		REVISION OF KNEE JOINT	07/01/2014	RBRVS	$1,091.66	$1,091.66	090		Y	Y	Y	Y	Y		
27447		TOTAL KNEE ARTHROPLASTY	07/01/2014	RBRVS	$1,276.82	$1,276.82	090		Y	Y	Y	Y	Y		
27448		INCISION OF THIGH	07/01/2014	RBRVS	$755.56	$755.56	090		Y	Y	Y	Y	Y		
27450		INCISION OF THIGH	07/01/2014	RBRVS	$948.76	$948.76	090		Y	Y	Y	Y	Y		
27454		REALIGNMENT OF THIGH BONE	07/01/2014	RBRVS	$1,217.25	$1,217.25	090		Y	Y	Y	Y	Y		
27455		REALIGNMENT OF KNEE	07/01/2014	RBRVS	$880.30	$880.30	090		Y	Y	Y	Y	Y		
27457		REALIGNMENT OF KNEE	07/01/2014	RBRVS	$896.12	$896.12	090		Y	Y	Y	Y	Y		
27465		SHORTENING OF THIGH BONE	07/01/2014	RBRVS	$1,174.84	$1,174.84	090		Y	Y	Y	Y	Y		
27466		LENGTHENING OF THIGH BONE	07/01/2014	RBRVS	$1,104.41	$1,104.41	090		Y	Y	Y	Y	Y		
27468		SHORTEN/LENGTHEN THIGHS	07/01/2014	RBRVS	$1,131.20	$1,131.20	090		Y	Y	Y	Y	Y		
27470		REPAIR OF THIGH	07/01/2014	RBRVS	$1,103.60	$1,103.60	090		Y	Y	Y	Y	Y		
27472		REPAIR/GRAFT OF THIGH	07/01/2014	RBRVS	$1,186.52	$1,186.52	090		Y	Y	Y	Y	Y		
27475		SURGERY TO STOP LEG GROWTH	07/01/2014	RBRVS	$616.72	$616.72	090		Y	Y	Y		Y		
27477		SURGERY TO STOP LEG GROWTH	07/01/2014	RBRVS	$683.04	$683.04	090		Y	Y	Y		Y		
27479		SURGERY TO STOP LEG GROWTH	07/01/2014	RBRVS	$800.29	$800.29	090		Y	Y	Y	Y			
27485		SURGERY TO STOP LEG GROWTH	07/01/2014	RBRVS	$625.31	$625.31	090		Y	Y	Y				
27486		REVISE/REPLACE KNEE JOINT	07/01/2014	RBRVS	$1,324.04	$1,324.04	090		Y	Y	Y	Y	Y		
27487		REVISE/REPLACE KNEE JOINT	07/01/2014	RBRVS	$1,657.69	$1,657.69	090		Y	Y	Y	Y	Y		
27488		REMOVAL OF KNEE PROSTHESIS	07/01/2014	RBRVS	$1,128.23	$1,128.23	090		Y	Y	Y	Y	Y		
27495		REINFORCE THIGH	07/01/2014	RBRVS	$1,057.71	$1,057.71	090		Y	Y	Y	Y	Y		
27496		DECOMPRESSION OF THIGH/KNEE	07/01/2014	RBRVS	$504.76	$504.76	090		Y	Y	Y				
27498		DECOMPRESSION OF THIGH/KNEE	07/01/2014	RBRVS	$609.23	$609.23	090		Y	Y	Y	Y	Y		
27499		DECOMPRESSION OF THIGH/KNEE	07/01/2014	RBRVS	$652.38	$652.38	090		Y	Y	Y	Y	Y		
27500		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$480.33	$445.79	090		Y	Y	Y				
27501		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$467.64	$464.10	090		Y	Y	Y				
27502		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$721.48	$721.48	090		Y	Y	Y				
27503		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$749.95	$749.95	090		Y	Y	Y				
27506		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$1,255.81	$1,255.81	090		Y	Y	Y	Y	Y		
27507		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$913.74	$913.74	090		Y	Y	Y	Y	Y		
27508		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$488.30	$460.54	090		Y	Y	Y				
27509		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$599.67	$599.67	090		Y	Y	Y				
27510		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$640.53	$640.53	090		Y	Y	Y				
27511		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$937.23	$937.23	090		Y	Y	Y	Y	Y		
27513		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$1,167.31	$1,167.31	090		Y	Y	Y	Y	Y		
27514		TREATMENT OF THIGH FRACTURE	07/01/2014	RBRVS	$907.92	$907.92	090		Y	Y	Y	Y	Y		
27516		TREAT THIGH FX GROWTH PLATE	07/01/2014	RBRVS	$469.68	$441.92	090		Y	Y	Y				
27517		TREAT THIGH FX GROWTH PLATE	07/01/2014	RBRVS	$638.19	$638.19	090		Y	Y	Y				
27519		TREAT THIGH FX GROWTH PLATE	07/01/2014	RBRVS	$834.70	$834.70	090		Y	Y	Y	Y	Y		
27520		TREAT KNEECAP FRACTURE	07/01/2014	RBRVS	$297.95	$272.78	090		Y	Y	Y				
27524		TREAT KNEECAP FRACTURE	07/01/2014	RBRVS	$702.92	$702.92	090		Y	Y	Y	Y	Y		
27530		TREAT KNEE FRACTURE	07/01/2014	RBRVS	$277.91	$258.54	090		Y	Y	Y				
27532		TREAT KNEE FRACTURE	07/01/2014	RBRVS	$571.38	$537.48	090		Y	Y	Y				
27535		TREAT KNEE FRACTURE	07/01/2014	RBRVS	$842.22	$842.22	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27536		TREAT KNEE FRACTURE	07/01/2014	RBRVS	$1,117.35	$1,117.35	090		Y	Y	Y	Y	Y		
27540		TREAT KNEE FRACTURE	07/01/2014	RBRVS	$760.05	$760.05	090		Y	Y	Y	Y	Y		
27550		TREAT KNEE DISLOCATION	07/01/2014	RBRVS	$469.35	$437.08	090		Y	Y	Y				
27552		TREAT KNEE DISLOCATION	07/01/2014	RBRVS	$583.00	$583.00	090		Y	Y	Y				
27556		TREAT KNEE DISLOCATION	07/01/2014	RBRVS	$818.34	$818.34	090		Y	Y	Y	Y	Y		
27557		TREAT KNEE DISLOCATION	07/01/2014	RBRVS	$982.58	$982.58	090		Y	Y	Y	Y	Y		
27558		TREAT KNEE DISLOCATION	07/01/2014	RBRVS	$1,120.59	$1,120.59	090		Y	Y	Y	Y	Y		
27560		TREAT KNEECAP DISLOCATION	07/01/2014	RBRVS	$334.03	$309.83	090		Y	Y	Y				
27562		TREAT KNEECAP DISLOCATION	07/01/2014	RBRVS	$448.80	$448.80	090		Y	Y	Y				
27566		TREAT KNEECAP DISLOCATION	07/01/2014	RBRVS	$834.09	$834.09	090		Y	Y	Y	Y	Y		
27580		FUSION OF KNEE	07/01/2014	RBRVS	$1,347.28	$1,347.28	090		Y	Y	Y	Y	Y		
27590		AMPUTATE LEG AT THIGH	07/01/2014	RBRVS	$767.63	$767.63	090		Y	Y	Y	Y	Y		
27591		AMPUTATE LEG AT THIGH	07/01/2014	RBRVS	$909.45	$909.45	090		Y	Y	Y	Y	Y		
27592		AMPUTATE LEG AT THIGH	07/01/2014	RBRVS	$648.38	$648.38	090		Y	Y	Y	Y	Y		
27598		AMPUTATE LOWER LEG AT KNEE	07/01/2014	RBRVS	$689.63	$689.63	090		Y	Y	Y	Y	Y		
27599		LEG SURGERY PROCEDURE	07/01/2014	FEE SCHED	$438.68	$0.00			Y						
27600		DECOMPRESSION OF LOWER LEG	07/01/2014	RBRVS	$389.87	$389.87	090		Y	Y	Y		Y		
27601		DECOMPRESSION OF LOWER LEG	07/01/2014	RBRVS	$414.39	$414.39	090		Y	Y	Y				
27602		DECOMPRESSION OF LOWER LEG	07/01/2014	RBRVS	$472.61	$472.61	090		Y	Y	Y	Y	Y		
27603		DRAIN LOWER LEG LESION	07/01/2014	RBRVS	$488.30	$363.08	090		Y	Y	Y				
27604		DRAIN LOWER LEG BURSA	07/01/2014	RBRVS	$428.72	$309.96	090		Y	Y	Y				
27612		EXPLORATION OF ANKLE JOINT	07/01/2014	RBRVS	$526.80	$526.80	090		Y	Y	Y	Y	Y		
27613		BIOPSY LOWER LEG SOFT TISSUE	07/01/2014	RBRVS	$232.04	$151.68	010		Y	Y	Y				
27614		BIOPSY LOWER LEG SOFT TISSUE	07/01/2014	RBRVS	$536.16	$380.61	090		Y	Y	Y				
27616		RESECT LEG/ANKLE TUM 5 CM/>	07/01/2014	RBRVS	$1,188.23	$1,188.23	090		Y	Y	Y		Y		
27618		REMOVE LOWER LEG LESION	07/01/2014	RBRVS	$411.68	$284.52	090		Y	Y	Y				
27619		REMOVE LOWER LEG LESION	07/01/2014	RBRVS	$441.27	$441.27	090		Y	Y	Y				
27620		EXPLORE/TREAT ANKLE JOINT	07/01/2014	RBRVS	$424.56	$424.56	090		Y	Y	Y	Y	Y		
27625		REMOVE ANKLE JOINT LINING	07/01/2014	RBRVS	$541.23	$541.23	090		Y	Y	Y	Y	Y		
27626		REMOVE ANKLE JOINT LINING	07/01/2014	RBRVS	$585.41	$585.41	090		Y	Y	Y	Y			
27632		EXC LEG/ANKLE LES SC 3 CM/>	07/01/2014	RBRVS	$385.61	$385.61	090		Y	Y	Y	Y			
27634		EXC LEG/ANKLE TUM DEP 5 CM/>	07/01/2014	RBRVS	$637.54	$637.54	090		Y	Y	Y	Y			
27635		REMOVE LOWER LEG BONE LESION	07/01/2014	RBRVS	$551.11	$551.11	090		Y	Y	Y		Y		
27637		REMOVE/GRAFT LEG BONE LESION	07/01/2014	RBRVS	$703.47	$703.47	090		Y	Y	Y	Y	Y		
27638		REMOVE/GRAFT LEG BONE LESION	07/01/2014	RBRVS	$721.38	$721.38	090		Y	Y	Y	Y	Y		
27640		PARTIAL REMOVAL OF TIBIA	07/01/2014	RBRVS	$780.29	$780.29	090		Y	Y	Y		Y		
27641		PARTIAL REMOVAL OF FIBULA	07/01/2014	RBRVS	$626.24	$626.24	090		Y	Y	Y		Y		
27645		EXTENSIVE LOWER LEG SURGERY	07/01/2014	RBRVS	$1,671.98	$1,671.98	090		Y	Y	Y	Y	Y		
27646		EXTENSIVE LOWER LEG SURGERY	07/01/2014	RBRVS	$1,448.81	$1,448.81	090		Y	Y	Y	Y	Y		
27647		EXTENSIVE ANKLE/HEEL SURGERY	07/01/2014	RBRVS	$976.93	$976.93	090		Y	Y	Y	Y			
27648		INJECTION FOR ANKLE X-RAY	07/01/2014	RBRVS	$149.04	$48.99	000		Y	Y	Y				
27650		REPAIR ACHILLES TENDON	07/01/2014	RBRVS	$619.92	$619.92	090		Y	Y	Y	Y	Y		
27654		REPAIR OF ACHILLES TENDON	07/01/2014	RBRVS	$661.87	$661.87	090		Y	Y	Y	Y	Y		
27656		REPAIR LEG FASCIA DEFECT	07/01/2014	RBRVS	$583.00	$367.08	090		Y	Y	Y	Y			
27658		REPAIR OF LEG TENDON EACH	07/01/2014	RBRVS	$349.01	$349.01	090		Y	Y		Y	Y		
27659		REPAIR OF LEG TENDON EACH	07/01/2014	RBRVS	$454.64	$454.64	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27665		REPAIR OF LEG TENDON EACH	07/01/2014	RBRVS	$386.61	$386.61	090		Y	Y		Y	Y		
27675		REPAIR LOWER LEG TENDONS	07/01/2014	RBRVS	$453.83	$453.83	090		Y	Y	Y	Y	Y		
27676		REPAIR LOWER LEG TENDONS	07/01/2014	RBRVS	$576.06	$576.06	090		Y	Y	Y	Y			
27680		RELEASE OF LOWER LEG TENDON	07/01/2014	RBRVS	$400.35	$400.35	090		Y	Y			Y		
27681		RELEASE OF LOWER LEG TENDONS	07/01/2014	RBRVS	$508.28	$508.28	090		Y	Y	Y		Y		
27685		REVISION OF LOWER LEG TENDON	07/01/2014	RBRVS	$617.21	$434.86	090		Y	Y	Y	Y	Y		
27687		REVISION OF CALF TENDON	07/01/2014	RBRVS	$424.95	$424.95	090		Y	Y	Y	Y	Y		
27690		REVISE LOWER LEG TENDON	07/01/2014	RBRVS	$590.22	$590.22	090		Y	Y	Y	Y	Y		
27691		REVISE LOWER LEG TENDON	07/01/2014	RBRVS	$704.44	$704.44	090		Y	Y	Y	Y	Y		
27692		REVISE ADDITIONAL LEG TENDON	07/01/2014	RBRVS	$100.17	$100.17	ZZZ		Y			Y	Y		
27695		REPAIR OF ANKLE LIGAMENT	07/01/2014	RBRVS	$447.96	$447.96	090		Y	Y	Y		Y		
27696		REPAIR OF ANKLE LIGAMENTS	07/01/2014	RBRVS	$524.22	$524.22	090		Y	Y	Y		Y		
27698		REPAIR OF ANKLE LIGAMENT	07/01/2014	RBRVS	$600.55	$600.55	090		Y	Y	Y	Y	Y		
27700		REVISION OF ANKLE JOINT	07/01/2014	RBRVS	$554.14	$554.14	090		Y	Y	Y	Y	Y		
27702		RECONSTRUCT ANKLE JOINT	07/01/2014	RBRVS	$911.32	$911.32	090		Y	Y	Y	Y	Y		
27703		RECONSTRUCTION ANKLE JOINT	07/01/2014	RBRVS	$1,052.52	$1,052.52	090		Y	Y	Y	Y			
27704		REMOVAL OF ANKLE IMPLANT	07/01/2014	RBRVS	$539.10	$539.10	090		Y	Y	Y		Y		
27705		INCISION OF TIBIA	07/01/2014	RBRVS	$710.25	$710.25	090		Y	Y	Y	Y	Y		
27707		INCISION OF FIBULA	07/01/2014	RBRVS	$376.05	$376.05	090		Y	Y	Y		Y		
27709		INCISION OF TIBIA & FIBULA	07/01/2014	RBRVS	$1,096.76	$1,096.76	090		Y	Y	Y	Y	Y		
27712		REALIGNMENT OF LOWER LEG	07/01/2014	RBRVS	$1,034.21	$1,034.21	090		Y	Y	Y	Y	Y		
27715		REVISION OF LOWER LEG	07/01/2014	RBRVS	$1,002.33	$1,002.33	090		Y	Y	Y	Y	Y		
27720		REPAIR OF TIBIA	07/01/2014	RBRVS	$820.08	$820.08	090		Y	Y	Y	Y	Y		
27722		REPAIR/GRAFT OF TIBIA	07/01/2014	RBRVS	$830.86	$830.86	090		Y	Y	Y	Y	Y		
27724		REPAIR/GRAFT OF TIBIA	07/01/2014	RBRVS	$1,192.49	$1,192.49	090		Y	Y	Y	Y	Y		
27725		REPAIR OF LOWER LEG	07/01/2014	RBRVS	$1,141.63	$1,141.63	090		Y	Y	Y	Y	Y		
27726		REPAIR FIBULA NONUNION	07/01/2014	RBRVS	$909.77	$909.77	090		Y	Y	Y		Y		
27727		REPAIR OF LOWER LEG	07/01/2014	RBRVS	$864.10	$864.10	090		Y	Y	Y	Y	Y		
27730		REPAIR OF TIBIA EPIPHYSIS	07/01/2014	RBRVS	$545.40	$545.40	090		Y	Y	Y		Y		
27732		REPAIR OF FIBULA EPIPHYSIS	07/01/2014	RBRVS	$357.27	$357.27	090		Y	Y	Y				
27734		REPAIR LOWER LEG EPIPHYSES	07/01/2014	RBRVS	$571.22	$571.22	090		Y	Y	Y				
27740		REPAIR OF LEG EPIPHYSES	07/01/2014	RBRVS	$580.89	$580.89	090		Y	Y	Y	Y			
27742		REPAIR OF LEG EPIPHYSES	07/01/2014	RBRVS	$639.27	$639.27	090		Y	Y	Y	Y	Y		
27745		REINFORCE TIBIA	07/01/2014	RBRVS	$707.83	$707.83	090		Y	Y	Y	Y	Y		
27750		TREATMENT OF TIBIA FRACTURE	07/01/2014	RBRVS	$319.54	$294.37	090		Y	Y	Y				
27752		TREATMENT OF TIBIA FRACTURE	07/01/2014	RBRVS	$498.33	$461.23	090		Y	Y	Y				
27756		TREATMENT OF TIBIA FRACTURE	07/01/2014	RBRVS	$535.77	$535.77	090		Y	Y	Y	Y	Y		
27758		TREATMENT OF TIBIA FRACTURE	07/01/2014	RBRVS	$833.83	$833.83	090		Y	Y	Y	Y	Y		
27759		TREATMENT OF TIBIA FRACTURE	07/01/2014	RBRVS	$936.23	$936.23	090		Y	Y	Y	Y	Y		
27760		CLTX MEDIAL ANKLE FX	07/01/2014	RBRVS	$308.60	$282.78	090		Y	Y	Y				
27762		CLTX MED ANKLE FX W/MNPJ	07/01/2014	RBRVS	$443.12	$406.33	090		Y	Y	Y				
27766		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$568.60	$568.60	090		Y	Y	Y		Y		
27767		CLTX POST ANKLE FX	07/01/2014	RBRVS	$261.06	$262.67	090		Y	Y	Y				
27768		CLTX POST ANKLE FX W/MNPJ	07/01/2014	RBRVS	$408.33	$408.33	090		Y	Y	Y				
27769		OPTX POST ANKLE FX	07/01/2014	RBRVS	$682.39	$682.39	090		Y	Y	Y				
27780		TREATMENT OF FIBULA FRACTURE	07/01/2014	RBRVS	$282.52	$257.99	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27781		TREATMENT OF FIBULA FRACTURE	07/01/2014	RBRVS	$387.18	$360.08	090		Y	Y	Y				
27784		TREATMENT OF FIBULA FRACTURE	07/01/2014	RBRVS	$670.55	$670.55	090		Y	Y	Y		Y		
27786		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$292.27	$265.16	090		Y	Y	Y				
27788		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$389.61	$357.01	090		Y	Y	Y				
27792		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$610.68	$610.68	090		Y	Y	Y		Y		
27808		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$308.82	$278.49	090		Y	Y	Y				
27810		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$434.72	$396.00	090		Y	Y	Y				
27814		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$723.00	$723.00	090		Y	Y	Y	Y	Y		
27816		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$294.21	$264.84	090		Y	Y	Y				
27818		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$450.06	$405.52	090		Y	Y	Y				
27822		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$787.55	$787.55	090		Y	Y	Y	Y	Y		
27823		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$894.73	$894.73	090		Y	Y	Y	Y	Y		
27824		TREAT LOWER LEG FRACTURE	07/01/2014	RBRVS	$290.34	$282.59	090		Y	Y	Y				
27825		TREAT LOWER LEG FRACTURE	07/01/2014	RBRVS	$506.41	$460.90	090		Y	Y	Y				
27826		TREAT LOWER LEG FRACTURE	07/01/2014	RBRVS	$783.87	$783.87	090		Y	Y	Y	Y	Y		
27827		TREAT LOWER LEG FRACTURE	07/01/2014	RBRVS	$1,014.59	$1,014.59	090		Y	Y	Y	Y	Y		
27828		TREAT LOWER LEG FRACTURE	07/01/2014	RBRVS	$1,215.30	$1,215.30	090		Y	Y	Y	Y	Y		
27829		TREAT LOWER LEG JOINT	07/01/2014	RBRVS	$640.21	$640.21	090		Y	Y	Y	Y	Y		
27830		TREAT LOWER LEG DISLOCATION	07/01/2014	RBRVS	$350.82	$327.58	090		Y	Y	Y				
27831		TREAT LOWER LEG DISLOCATION	07/01/2014	RBRVS	$369.99	$369.99	090		Y	Y	Y				
27832		TREAT LOWER LEG DISLOCATION	07/01/2014	RBRVS	$704.67	$704.67	090		Y	Y	Y	Y	Y		
27840		TREAT ANKLE DISLOCATION	07/01/2014	RBRVS	$344.68	$344.68	090		Y	Y	Y				
27842		TREAT ANKLE DISLOCATION	07/01/2014	RBRVS	$460.58	$460.58	090		Y	Y	Y				
27846		TREAT ANKLE DISLOCATION	07/01/2014	RBRVS	$685.08	$685.08	090		Y	Y	Y	Y	Y		
27848		TREAT ANKLE DISLOCATION	07/01/2014	RBRVS	$764.73	$764.73	090		Y	Y	Y	Y	Y		
27870		FUSION OF ANKLE JOINT OPEN	07/01/2014	RBRVS	$971.51	$971.51	090		Y	Y	Y	Y	Y		
27871		FUSION OF TIBIOFIBULAR JOINT	07/01/2014	RBRVS	$644.25	$644.25	090		Y	Y	Y	Y	Y		
27880		AMPUTATION OF LOWER LEG	07/01/2014	RBRVS	$875.36	$875.36	090		Y	Y	Y	Y	Y		
27881		AMPUTATION OF LOWER LEG	07/01/2014	RBRVS	$832.41	$832.41	090		Y	Y	Y	Y	Y		
27882		AMPUTATION OF LOWER LEG	07/01/2014	RBRVS	$575.44	$575.44	090		Y	Y	Y		Y		
27888		AMPUTATION OF FOOT AT ANKLE	07/01/2014	RBRVS	$635.31	$635.31	090		Y	Y	Y	Y	Y		
27889		AMPUTATION OF FOOT AT ANKLE	07/01/2014	RBRVS	$630.31	$630.31	090		Y	Y	Y		Y		
27894		DECOMPRESSION OF LEG	07/01/2014	RBRVS	$806.56	$806.56	090		Y	Y	Y	Y			
28001		DRAINAGE OF BURSA OF FOOT	07/01/2014	RBRVS	$255.80	$157.68	010		Y	Y					
28002		TREATMENT OF FOOT INFECTION	07/01/2014	RBRVS	$415.17	$301.24	010		Y	Y					
28003		TREATMENT OF FOOT INFECTION	07/01/2014	RBRVS	$664.42	$534.68	090		Y	Y					
28020		EXPLORATION OF FOOT JOINT	07/01/2014	RBRVS	$502.70	$338.10	090		Y	Y			Y		
28035		DECOMPRESSION OF TIBIA NERVE	07/01/2014	RBRVS	$493.85	$334.42	090		Y	Y	Y		Y		
28039		EXC FOOT/TOE TUM SC 1.5 CM/>	07/01/2014	RBRVS	$475.91	$327.13	090		Y	Y	Y	Y			
28041		EXC FOOT/TOE TUM DEP 1.5CM/>	07/01/2014	RBRVS	$429.43	$429.43	090		Y	Y	Y				
28043		EXCISION OF FOOT LESION	07/01/2014	RBRVS	$370.53	$244.35	090		Y	Y	Y				
28045		EXCISION OF FOOT LESION	07/01/2014	RBRVS	$462.13	$325.93	090		Y	Y	Y				
28046		RESECTION OF TUMOR, FOOT	07/01/2014	RBRVS	$690.40	$690.40	090		Y	Y	Y		Y		
28047		RESECT FOOT/TOE TUMOR 3 CM/>	07/01/2014	RBRVS	$958.21	$958.21	090		Y	Y	Y	Y	Y		
28050		BIOPSY OF FOOT JOINT LINING	07/01/2014	RBRVS	$396.03	$262.74	090		Y	Y	Y		Y		
28055		NEURECTOMY FOOT	07/01/2014	RBRVS	$351.91	$351.91	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
28060		PARTIAL REMOVAL FOOT FASCIA	07/01/2014	RBRVS	$480.75	$331.97	090		Y	Y	Y				
28062		REMOVAL OF FOOT FASCIA	07/01/2014	RBRVS	$544.91	$379.99	090		Y	Y	Y		Y		
28070		REMOVAL OF FOOT JOINT LINING	07/01/2014	RBRVS	$494.40	$330.45	090		Y	Y					
28072		REMOVAL OF FOOT JOINT LINING	07/01/2014	RBRVS	$473.49	$312.12	090		Y	Y					
28080		REMOVAL OF FOOT LESION	07/01/2014	RBRVS	$485.27	$340.36	090		Y	Y					
28086		EXCISE FOOT TENDON SHEATH	07/01/2014	RBRVS	$508.12	$337.06	090		Y	Y	Y	Y	Y		
28100		REMOVAL OF ANKLE/HEEL LESION	07/01/2014	RBRVS	$563.18	$383.41	090		Y	Y	Y	Y	Y		
28102		REMOVE/GRAFT FOOT LESION	07/01/2014	RBRVS	$530.45	$530.45	090		Y	Y	Y	Y			
28103		REMOVE/GRAFT FOOT LESION	07/01/2014	RBRVS	$365.31	$365.31	090		Y	Y	Y	Y			
28104		REMOVAL OF FOOT LESION	07/01/2014	RBRVS	$486.88	$326.80	090		Y	Y		Y	Y		
28106		REMOVE/GRAFT FOOT LESION	07/01/2014	RBRVS	$415.65	$415.65	090		Y	Y		Y	Y		
28107		REMOVE/GRAFT FOOT LESION	07/01/2014	RBRVS	$509.15	$340.68	090		Y	Y		Y			
28108		REMOVAL OF TOE LESIONS	07/01/2014	RBRVS	$409.85	$268.81	090		Y	Y					
28110		PART REMOVAL OF METATARSAL	07/01/2014	RBRVS	$429.37	$268.97	090		Y	Y	Y		Y		
28111		PART REMOVAL OF METATARSAL	07/01/2014	RBRVS	$462.61	$307.05	090		Y	Y	Y		Y		
28112		PART REMOVAL OF METATARSAL	07/01/2014	RBRVS	$455.48	$292.82	090		Y	Y	Y		Y		
28114		REMOVAL OF METATARSAL HEADS	07/01/2014	RBRVS	$1,001.16	$783.00	090		Y	Y	Y	Y	Y		
28118		REMOVAL OF HEEL BONE	07/01/2014	RBRVS	$547.98	$383.05	090		Y	Y	Y	Y	Y		
28119		REMOVAL OF HEEL SPUR	07/01/2014	RBRVS	$488.75	$336.74	090		Y	Y	Y		Y		
28122		PARTIAL REMOVAL OF FOOT BONE	07/01/2014	RBRVS	$557.50	$411.30	090		Y	Y	Y	Y	Y		
28126		PARTIAL REMOVAL OF TOE	07/01/2014	RBRVS	$368.69	$232.18	090		Y	Y					
28130		REMOVAL OF ANKLE BONE	07/01/2014	RBRVS	$623.66	$623.66	090		Y	Y	Y	Y	Y		
28171		EXTENSIVE FOOT SURGERY	07/01/2014	RBRVS	$794.52	$794.52	090		Y	Y		Y			
28173		EXTENSIVE FOOT SURGERY	07/01/2014	RBRVS	$724.49	$724.49	090		Y	Y			Y		
28175		EXTENSIVE FOOT SURGERY	07/01/2014	RBRVS	$456.57	$456.57	090		Y	Y			Y		
28190		REMOVAL OF FOOT FOREIGN BODY	07/01/2014	RBRVS	$237.57	$124.92	010		Y	Y	Y				
28192		REMOVAL OF FOOT FOREIGN BODY	07/01/2014	RBRVS	$438.54	$293.62	090		Y	Y	Y				
28193		REMOVAL OF FOOT FOREIGN BODY	07/01/2014	RBRVS	$496.01	$345.94	090		Y	Y	Y				
28200		REPAIR OF FOOT TENDON	07/01/2014	RBRVS	$451.54	$296.63	090		Y	Y			Y		
28202		REPAIR/GRAFT OF FOOT TENDON	07/01/2014	RBRVS	$555.14	$397.64	090		Y	Y		Y	Y		
28208		REPAIR OF FOOT TENDON	07/01/2014	RBRVS	$440.15	$290.40	090		Y	Y			Y		
28210		REPAIR/GRAFT OF FOOT TENDON	07/01/2014	RBRVS	$525.45	$376.66	090		Y	Y		Y			
28238		REVISION OF FOOT TENDON	07/01/2014	RBRVS	$628.20	$456.84	090		Y	Y	Y	Y	Y		
28250		REVISION OF FOOT FASCIA	07/01/2014	RBRVS	$539.29	$377.28	090		Y	Y	Y	Y	Y		
28260		RELEASE OF MIDFOOT JOINT	07/01/2014	RBRVS	$638.47	$477.10	090		Y	Y	Y	Y	Y		
28262		REVISION OF FOOT AND ANKLE	07/01/2014	RBRVS	$1,361.16	$1,096.18	090		Y	Y	Y	Y	Y		
28264		RELEASE OF MIDFOOT JOINT	07/01/2014	RBRVS	$892.66	$671.58	090		Y	Y	Y	Y			
28285		REPAIR OF HAMMERTOE	07/01/2014	RBRVS	$495.85	$350.94	090		Y	Y	Y		Y		
28292		CORRECTION OF BUNION	07/01/2014	RBRVS	$734.77	$561.15	090		Y	Y	Y	Y	Y		
28293		CORRECTION OF BUNION	07/01/2014	RBRVS	$971.45	$662.58	090		Y	Y	Y	Y	Y		
28294		CORRECTION OF BUNION	07/01/2014	RBRVS	$698.63	$499.82	090		Y	Y	Y	Y	Y		
28296		CORRECTION OF BUNION	07/01/2014	RBRVS	$663.22	$485.72	090		Y	Y	Y	Y	Y		
28297		CORRECTION OF BUNION	07/01/2014	RBRVS	$759.92	$547.56	090		Y	Y	Y	Y	Y		
28298		CORRECTION OF BUNION	07/01/2014	RBRVS	$672.17	$472.39	090		Y	Y	Y	Y	Y		
28299		CORRECTION OF BUNION	07/01/2014	RBRVS	$831.69	$630.63	090		Y	Y	Y	Y	Y		
28300		INCISION OF HEEL BONE	07/01/2014	RBRVS	$614.62	$614.62	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
28302		INCISION OF ANKLE BONE	07/01/2014	RBRVS	$667.23	$667.23	090		Y	Y	Y	Y	Y		
28304		INCISION OF MIDFOOT BONES	07/01/2014	RBRVS	$757.17	$558.69	090		Y	Y	Y	Y	Y		
28305		INCISE/GRAFT MIDFOOT BONES	07/01/2014	RBRVS	$594.45	$594.45	090		Y	Y	Y	Y	Y		
28306		INCISION OF METATARSAL	07/01/2014	RBRVS	$573.18	$379.22	090		Y	Y	Y	Y	Y		
28308		INCISION OF METATARSAL	07/01/2014	RBRVS	$523.03	$350.04	090		Y	Y	Y	Y	Y		
28310		REVISION OF BIG TOE	07/01/2014	RBRVS	$503.66	$331.32	090		Y	Y	Y		Y		
28312		REVISION OF TOE	07/01/2014	RBRVS	$475.36	$298.82	090		Y	Y			Y		
28315		REMOVAL OF SESAMOID BONE	07/01/2014	RBRVS	$446.28	$302.34	090		Y	Y	Y		Y		
28320		REPAIR OF FOOT BONES	07/01/2014	RBRVS	$579.93	$579.93	090		Y	Y	Y	Y	Y		
28322		REPAIR OF METATARSALS	07/01/2014	RBRVS	$740.23	$544.32	090		Y	Y		Y	Y		
28400		TREATMENT OF HEEL FRACTURE	07/01/2014	RBRVS	$230.69	$211.32	090		Y	Y	Y				
28405		TREATMENT OF HEEL FRACTURE	07/01/2014	RBRVS	$360.56	$328.29	090		Y	Y	Y				
28406		TREATMENT OF HEEL FRACTURE	07/01/2014	RBRVS	$493.30	$493.30	090		Y	Y	Y				
28415		TREAT HEEL FRACTURE	07/01/2014	RBRVS	$1,040.09	$1,040.09	090		Y	Y	Y	Y	Y		
28420		TREAT/GRAFT HEEL FRACTURE	07/01/2014	RBRVS	$1,173.03	$1,173.03	090		Y	Y	Y	Y	Y		
28430		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$217.98	$194.09	090		Y	Y	Y				
28435		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$303.34	$272.03	090		Y	Y	Y				
28436		TREATMENT OF ANKLE FRACTURE	07/01/2014	RBRVS	$417.14	$417.14	090		Y	Y	Y				
28445		TREAT ANKLE FRACTURE	07/01/2014	RBRVS	$994.97	$994.97	090		Y	Y	Y	Y	Y		
28446		OSTEOCHONDRAL TALUS AUTOGRFT	07/01/2014	RBRVS	$1,146.78	$1,146.78	090		Y	Y	Y	Y	Y		
28450		TREAT MIDFOOT FRACTURE EACH	07/01/2014	RBRVS	$200.35	$178.73	090		Y	Y					
28455		TREAT MIDFOOT FRACTURE EACH	07/01/2014	RBRVS	$276.87	$249.12	090		Y	Y					
28456		TREAT MIDFOOT FRACTURE	07/01/2014	RBRVS	$294.63	$294.63	090		Y	Y					
28465		TREAT MIDFOOT FRACTURE EACH	07/01/2014	RBRVS	$584.47	$584.47	090		Y	Y					
28470		TREAT METATARSAL FRACTURE	07/01/2014	RBRVS	$204.39	$191.16	090		Y	Y					
28475		TREAT METATARSAL FRACTURE	07/01/2014	RBRVS	$237.18	$211.04	090		Y	Y					
28476		TREAT METATARSAL FRACTURE	07/01/2014	RBRVS	$324.16	$324.16	090		Y	Y					
28485		TREAT METATARSAL FRACTURE	07/01/2014	RBRVS	$489.60	$489.60	090		Y	Y			Y		
28490		TREAT BIG TOE FRACTURE	07/01/2014	RBRVS	$134.10	$115.38	090		Y	Y	Y				
28495		TREAT BIG TOE FRACTURE	07/01/2014	RBRVS	$163.66	$138.16	090		Y	Y	Y				
28496		TREAT BIG TOE FRACTURE	07/01/2014	RBRVS	$403.55	$216.04	090		Y	Y	Y				
28505		TREAT BIG TOE FRACTURE	07/01/2014	RBRVS	$616.66	$463.68	090		Y	Y	Y				
28510		TREATMENT OF TOE FRACTURE	07/01/2014	RBRVS	$113.95	$110.73	090		Y	Y					
28515		TREATMENT OF TOE FRACTURE	07/01/2014	RBRVS	$148.39	$131.29	090		Y	Y					
28525		TREAT TOE FRACTURE	07/01/2014	RBRVS	$530.64	$374.44	090		Y	Y					
28540		TREAT FOOT DISLOCATION	07/01/2014	RBRVS	$188.96	$170.56	090		Y	Y	Y				
28545		TREAT FOOT DISLOCATION	07/01/2014	RBRVS	$272.68	$242.34	090		Y	Y	Y				
28546		TREAT FOOT DISLOCATION	07/01/2014	RBRVS	$532.39	$314.21	090		Y	Y	Y				
28555		REPAIR FOOT DISLOCATION	07/01/2014	RBRVS	$809.23	$618.82	090		Y	Y	Y	Y	Y		
28570		TREAT FOOT DISLOCATION	07/01/2014	RBRVS	$199.06	$168.08	090		Y	Y	Y				
28575		TREAT FOOT DISLOCATION	07/01/2014	RBRVS	$336.84	$305.21	090		Y	Y	Y				
28576		TREAT FOOT DISLOCATION	07/01/2014	RBRVS	$367.34	$367.34	090		Y	Y	Y				
28585		REPAIR FOOT DISLOCATION	07/01/2014	RBRVS	$808.17	$640.35	090		Y	Y	Y	Y	Y		
28600		TREAT FOOT DISLOCATION	07/01/2014	RBRVS	$203.51	$175.43	090		Y	Y					
28605		TREAT FOOT DISLOCATION	07/01/2014	RBRVS	$301.73	$272.35	090		Y	Y					
28606		TREAT FOOT DISLOCATION	07/01/2014	RBRVS	$372.18	$372.18	090		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
28615		REPAIR FOOT DISLOCATION	07/01/2014	RBRVS	$738.39	$738.39	090		Y	Y		Y	Y		
28630		TREAT TOE DISLOCATION	07/01/2014	RBRVS	$145.74	$102.50	010		Y	Y					
28635		TREAT TOE DISLOCATION	07/01/2014	RBRVS	$162.50	$123.44	010		Y	Y					
28636		TREAT TOE DISLOCATION	07/01/2014	RBRVS	$241.11	$162.36	010		Y	Y			Y		
28645		REPAIR TOE DISLOCATION	07/01/2014	RBRVS	$610.20	$451.73	090		Y	Y			Y		
28660		TREAT TOE DISLOCATION	07/01/2014	RBRVS	$107.82	$83.29	010		Y	Y					
28665		TREAT TOE DISLOCATION	07/01/2014	RBRVS	$142.91	$122.58	010		Y	Y					
28666		TREAT TOE DISLOCATION	07/01/2014	RBRVS	$177.93	$177.93	010		Y	Y			Y		
28675		REPAIR OF TOE DISLOCATION	07/01/2014	RBRVS	$527.65	$375.31	090		Y	Y					
28715		FUSION OF FOOT BONES	07/01/2014	RBRVS	$877.20	$877.20	090		Y	Y	Y	Y	Y		
28725		FUSION OF FOOT BONES	07/01/2014	RBRVS	$723.64	$723.64	090		Y	Y	Y	Y	Y		
28730		FUSION OF FOOT BONES	07/01/2014	RBRVS	$688.76	$688.76	090		Y	Y	Y	Y	Y		
28735		FUSION OF FOOT BONES	07/01/2014	RBRVS	$733.61	$733.61	090		Y	Y	Y	Y	Y		
28737		REVISION OF FOOT BONES	07/01/2014	RBRVS	$645.51	$645.51	090		Y	Y	Y	Y	Y		
28740		FUSION OF FOOT BONES	07/01/2014	RBRVS	$795.39	$588.19	090		Y	Y		Y	Y		
28755		FUSION OF BIG TOE JOINT	07/01/2014	RBRVS	$473.55	$308.63	090		Y	Y	Y		Y		
28760		FUSION OF BIG TOE JOINT	07/01/2014	RBRVS	$729.23	$536.22	090		Y	Y	Y	Y	Y		
28800		AMPUTATION OF MIDFOOT	07/01/2014	RBRVS	$513.02	$513.02	090		Y	Y	Y	Y	Y		
29049		APPLICATION OF FIGURE EIGHT	07/01/2014	RBRVS	$91.26	$65.44	000		Y	Y					
29055		APPLICATION OF SHOULDER CAST	07/01/2014	RBRVS	$204.75	$128.89	000		Y	Y					
29058		APPLICATION OF SHOULDER CAST	07/01/2014	RBRVS	$113.47	$87.66	000		Y	Y					
29065		APPLICATION OF LONG ARM CAST	07/01/2014	RBRVS	$88.91	$63.73	000		Y	Y	Y				
29075		APPLICATION OF FOREARM CAST	07/01/2014	RBRVS	$80.07	$58.12	000		Y	Y	Y				
29085		APPLY HAND/WRIST CAST	07/01/2014	RBRVS	$87.49	$62.64	000		Y	Y	Y				
29086		APPLY FINGER CAST	07/01/2014	RBRVS	$72.38	$47.53	000		Y	Y	Y				
29105		APPLY LONG ARM SPLINT	07/01/2014	RBRVS	$81.03	$55.54	000		Y	Y	Y				
29125		APPLY FOREARM SPLINT	07/01/2014	RBRVS	$59.48	$36.89	000		Y	Y	Y				
29126		APPLY FOREARM SPLINT	07/01/2014	RBRVS	$70.58	$45.41	000		Y	Y	Y				
29130		APPLICATION OF FINGER SPLINT	07/01/2014	RBRVS	$38.15	$26.85	000		Y	Y	Y				
29131		APPLICATION OF FINGER SPLINT	07/01/2014	RBRVS	$47.53	$31.07	000		Y	Y	Y				
29200		STRAPPING OF CHEST	07/01/2014	RBRVS	$48.34	$36.72	000		Y	Y					
29240		STRAPPING OF SHOULDER	07/01/2014	RBRVS	$52.21	$40.27	000		Y	Y	Y				
29260		STRAPPING OF ELBOW OR WRIST	07/01/2014	RBRVS	$46.73	$34.14	000		Y	Y	Y				
29280		STRAPPING OF HAND OR FINGER	07/01/2014	RBRVS	$46.05	$33.14	000		Y	Y	Y				
29305		APPLICATION OF HIP CAST	07/01/2014	RBRVS	$227.56	$148.16	000		Y	Y					
29325		APPLICATION OF HIP CASTS	07/01/2014	RBRVS	$252.09	$166.56	000		Y	Y					
29345		APPLICATION OF LONG LEG CAST	07/01/2014	RBRVS	$126.61	$94.98	000		Y	Y	Y				
29355		APPLICATION OF LONG LEG CAST	07/01/2014	RBRVS	$131.86	$100.89	000		Y	Y	Y				
29358		APPLY LONG LEG CAST BRACE	07/01/2014	RBRVS	$148.65	$97.65	000		Y	Y	Y				
29365		APPLICATION OF LONG LEG CAST	07/01/2014	RBRVS	$114.12	$82.49	000		Y	Y	Y				
29405		APPLY SHORT LEG CAST	07/01/2014	RBRVS	$75.45	$55.77	000		Y	Y	Y				
29425		APPLY SHORT LEG CAST	07/01/2014	RBRVS	$72.52	$52.83	000		Y	Y	Y				
29435		APPLY SHORT LEG CAST	07/01/2014	RBRVS	$107.01	$77.65	000		Y	Y	Y				
29440		ADDITION OF WALKER TO CAST	07/01/2014	RBRVS	$41.73	$28.49	000		Y	Y	Y				
29445		APPLY RIGID LEG CAST	07/01/2014	RBRVS	$126.12	$98.69	000		Y	Y	Y				
29450		APPLICATION OF LEG CAST	07/01/2014	RBRVS	$131.84	$104.73	000		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
29505		APPLICATION LONG LEG SPLINT	07/01/2014	RBRVS	$76.75	$46.73	000		Y	Y	Y				
29515		APPLICATION LOWER LEG SPLINT	07/01/2014	RBRVS	$66.38	$46.70	000		Y	Y	Y				
29520		STRAPPING OF HIP	07/01/2014	RBRVS	$43.79	$32.17	000		Y	Y	Y				
29530		STRAPPING OF KNEE	07/01/2014	RBRVS	$46.41	$34.14	000		Y	Y	Y				
29540		STRAPPING OF ANKLE AND/OR FT	07/01/2014	RBRVS	$34.04	$24.04	000		Y	Y	Y				
29550		STRAPPING OF TOES	07/01/2014	RBRVS	$28.46	$17.81	000		Y	Y	Y				
29580		APPLICATION OF PASTE BOOT	07/01/2014	RBRVS	$48.47	$33.30	000		Y	Y	Y				
29581		APPLY MULTLAY COMPRS LWR LEG	07/01/2014	RBRVS	$56.22	$11.68	000		Y	Y	Y				
29700		REMOVAL/REVISION OF CAST	07/01/2014	RBRVS	$57.34	$31.85	000		Y	Y					
29705		REMOVAL/REVISION OF CAST	07/01/2014	RBRVS	$61.57	$43.83	000		Y	Y	Y				
29710		REMOVAL/REVISION OF CAST	07/01/2014	RBRVS	$107.89	$76.59	000		Y	Y	Y				
29720		REPAIR OF BODY CAST	07/01/2014	RBRVS	$77.71	$40.92	000		Y	Y					
29730		WINDOWING OF CAST	07/01/2014	RBRVS	$59.96	$42.21	000		Y	Y					
29740		WEDGING OF CAST	07/01/2014	RBRVS	$90.62	$64.48	000		Y	Y					
29750		WEDGING OF CLUBFOOT CAST	07/01/2014	RBRVS	$80.39	$62.64	000		Y	Y	Y				
29799		CASTING/STRAPPING PROCEDURE	07/01/2014	FEE SCHED	$44.88	$0.00			Y						
29822		SHOULDER ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$536.91	$536.91	090		Y	Y	Y	Y			
29823		SHOULDER ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$585.99	$585.99	090		Y	Y	Y	Y	Y		
29824		SHOULDER ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$632.86	$632.86	090		Y	Y	Y	Y	Y		
29826		SHOULDER ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$166.59	$166.59	ZZZ		Y		Y	Y	Y		
29827		ARTHROSCOP ROTATOR CUFF REPR	07/01/2014	RBRVS	$1,007.82	$1,007.82	090		Y	Y	Y	Y	Y		
29828		ARTHROSCOPY BICEPS TENODESIS	07/01/2014	RBRVS	$866.20	$866.20	090		Y	Y	Y	Y	Y		
29866		AUTGRFT IMPLNT KNEE W/SCOPE	07/01/2014	RBRVS	$981.74	$981.74	090		Y	Y	Y				
29867		ALLGRFT IMPLNT KNEE W/SCOPE	07/01/2014	RBRVS	$1,197.39	$1,197.39	090		Y	Y	Y				
29868		MENISCAL TRNSPL KNEE W/SCPE	07/01/2014	RBRVS	$1,571.09	$1,571.09	090		Y	Y	Y				
29871		KNEE ARTHROSCOPY/DRAINAGE	07/01/2014	RBRVS	$479.78	$479.78	090		Y	Y	Y				
29873		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$488.40	$488.40	090		Y	Y	Y		Y		
29874		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$502.54	$502.54	090		Y	Y	Y				
29875		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$462.48	$462.48	090		Y	Y	Y				
29876		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$613.98	$613.98	090		Y	Y	Y				
29877		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$582.41	$582.41	090		Y	Y	Y				
29879		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$620.59	$620.59	090		Y	Y	Y				
29880		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$526.68	$526.68	090		Y	Y	Y		Y		
29881		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$506.25	$506.25	090		Y	Y	Y				
29882		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$655.12	$655.12	090		Y	Y	Y				
29883		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$789.19	$789.19	090		Y	Y	Y				
29884		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$579.83	$579.83	090		Y	Y	Y	Y	Y		
29885		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$702.76	$702.76	090		Y	Y	Y	Y	Y		
29886		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$593.91	$593.91	090		Y	Y	Y				
29887		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$699.83	$699.83	090		Y	Y	Y	Y	Y		
29888		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$927.29	$927.29	090		Y	Y	Y	Y	Y		
29889		KNEE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$1,271.95	$1,271.95	090		Y	Y	Y	Y	Y		
29891		ANKLE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$642.93	$642.93	090		Y	Y	Y	Y			
29892		ANKLE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$649.68	$649.68	090		Y	Y	Y	Y			
29897		ANKLE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$479.14	$479.14	090		Y	Y	Y	Y			
29898		ANKLE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$529.38	$529.38	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
29899		ANKLE ARTHROSCOPY/SURGERY	07/01/2014	RBRVS	$971.83	$971.83	090		Y	Y	Y	Y	Y		
29900		MCP JOINT ARTHROSCOPY DX	07/01/2014	RBRVS	$433.56	$433.56	090		Y	Y	Y				
29901		MCP JOINT ARTHROSCOPY SURG	07/01/2014	RBRVS	$495.82	$495.82	090		Y	Y	Y				
29902		MCP JOINT ARTHROSCOPY SURG	07/01/2014	RBRVS	$572.73	$572.73	090		Y	Y	Y				
29904		SUBTALAR ARTHRO W/FB RMVL	07/01/2014	RBRVS	$595.35	$595.35	090		Y	Y	Y	Y			
29905		SUBTALAR ARTHRO W/EXC	07/01/2014	RBRVS	$644.03	$644.03	090		Y	Y	Y	Y			
29906		SUBTALAR ARTHRO W/DEB	07/01/2014	RBRVS	$678.04	$678.04	090		Y	Y	Y	Y			
29907		SUBTALAR ARTHRO W/FUSION	07/01/2014	RBRVS	$819.44	$819.44	090		Y	Y	Y	Y			
29914		HIP ARTHRO W/FEMOROPLASTY	07/01/2014	RBRVS	$947.85	$947.85	090		Y	Y	Y	Y	Y		
29915		HIP ARTHRO ACETABULOPLASTY	07/01/2014	RBRVS	$967.08	$967.08	090		Y	Y	Y	Y	Y		
29916		HIP ARTHRO W/LABRAL REPAIR	07/01/2014	RBRVS	$967.41	$967.41	090		Y	Y	Y	Y	Y		
29999		ARTHROSCOPY OF JOINT	07/01/2014	FEE SCHED	$973.84	$0.00			Y						
30020		DRAINAGE OF NOSE LESION	07/01/2014	RBRVS	$216.27	$111.05	010		Y	Y					
3006F		CXR DOC REV	07/01/2006	RBRVS	$0.00	$0.00									
3008F		BODY MASS INDEX DOCD	09/01/2011	RBRVS	$0.00	$0.00									
30100		INTRANASAL BIOPSY	07/01/2014	RBRVS	$130.32	$64.16	000		Y	Y					
3011F		LIPID PANEL DOC REV	07/01/2006	RBRVS	$0.00	$0.00									
30118		REMOVAL OF INTRANASAL LESION	07/01/2014	RBRVS	$714.42	$714.42	090		Y	Y			Y		
30124		REMOVAL OF NOSE LESION	07/01/2014	RBRVS	$265.41	$265.41	090		Y	Y					
30125		REMOVAL OF NOSE LESION	07/01/2014	RBRVS	$565.02	$565.02	090		Y	Y		Y			
3014F		SCREEN MAMMO DOC REV	07/01/2006	RBRVS	$0.00	$0.00									
3015F		CERV CANCER SCREEN DOC/REV	09/01/2011	RBRVS	$0.00	$0.00									
3016F		PT SCRND UNHLTHY OH USE	01/01/2009	RBRVS	$0.00	$0.00									
30160		REMOVAL OF NOSE	07/01/2014	RBRVS	$719.42	$719.42	090		Y	Y		Y	Y		
3017F		COLORECTAL CA SCREEN DOC REV	07/01/2006	RBRVS	$0.00	$0.00									
3018F		PRE-PRXD RSK ET AL DOCD	07/01/2009	RBRVS	$0.00	$0.00									
3019F		LVEF ASSESS PLANPOST DSCHRGE	01/01/2012	RBRVS	$0.00	$0.00									
3020F		LVF ASSESS DOCUMENTED	07/01/2006	RBRVS	$0.00	$0.00									
30200		INJECTION TREATMENT OF NOSE	07/01/2014	RBRVS	$105.75	$56.06	000		Y	Y					
3021F		LVEF MOD/SEVERE <40%	07/01/2006	RBRVS	$0.00	$0.00									
3022F		LVEF >/=40% SYSTOLIC	07/01/2006	RBRVS	$0.00	$0.00									
3023F		SPIROM DOC REV	07/01/2006	RBRVS	$0.00	$0.00									
3025F		SPIROM FEV/FVC<70% W/COPD	07/01/2006	RBRVS	$0.00	$0.00									
3027F		SPIROM FEV/FVC>=70%/W/O COPD	07/01/2006	RBRVS	$0.00	$0.00									
3028F		O2 SATURATION DOC REV	07/01/2006	RBRVS	$0.00	$0.00									
30300		REMOVE NASAL FOREIGN BODY	07/01/2014	RBRVS	$213.36	$117.18	010		Y	Y					
3035F		O2 SATURATION</=88%/PAO</=55	07/01/2006	RBRVS	$0.00	$0.00									
3037F		O2 SATURATION >88%/PAO>55 HG	07/01/2006	RBRVS	$0.00	$0.00									
3038F		PULM FX W/IN 12MON PRIORSURG	09/01/2011	RBRVS	$0.00	$0.00									
3040F		FEV <40% PREDICTED VALUE	07/01/2006	RBRVS	$0.00	$0.00									
30410		RECONSTRUCTION OF NOSE	07/01/2014	RBRVS	$1,098.41	$1,098.41	090	Y	Y	Y		Y			
3042F		FEV >/=40% PREDICTED VALUE	07/01/2006	RBRVS	$0.00	$0.00									
30430		REVISION OF NOSE	07/01/2014	RBRVS	$899.66	$899.66	090	Y	Y	Y		Y			
30435		REVISION OF NOSE	07/01/2014	RBRVS	$1,032.34	$1,032.34	090	Y	Y	Y		Y			
3044F		HG A1C LEVEL < 7.0%	01/01/2007	RBRVS	$0.00	$0.00									
3045F		HG A1C LEVEL 7.0-9.0%	01/01/2007	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
30450		REVISION OF NOSE	07/01/2014	RBRVS	$1,391.91	$1,391.91	090	Y	Y	Y		Y			
3046F		HEMOGLOBIN A1C LEVEL >9.0%	04/01/2006	RBRVS	$0.00	$0.00									
30460		REVISION OF NOSE	07/01/2014	RBRVS	$703.47	$703.47	090	Y	Y	Y		Y	Y		
30462		REVISION OF NOSE	07/01/2014	RBRVS	$1,467.56	$1,467.56	090	Y	Y	Y		Y	Y		
3048F		LDL-C <100 MG/DL	04/01/2006	RBRVS	$0.00	$0.00									
3049F		LDL-C 100-129 MG/DL	04/01/2006	RBRVS	$0.00	$0.00									
3050F		LDL-C >/= 130 MG/DL	04/01/2006	RBRVS	$0.00	$0.00									
30540		REPAIR NASAL DEFECT	07/01/2014	RBRVS	$638.11	$638.11	090		Y	Y		Y			
30545		REPAIR NASAL DEFECT	07/01/2014	RBRVS	$849.74	$849.74	090		Y	Y		Y			
3055F		LVEF LESS THAN/EQUAL TO 35%	01/01/2012	RBRVS	$0.00	$0.00									
3056F		LVEF GREATER THAN 35%	01/01/2012	RBRVS	$0.00	$0.00									
3060F		POS MICROALBUMINURIA REV&DOC	07/01/2006	RBRVS	$0.00	$0.00									
3061F		NEG MICROALBUMINURIA REV&DOC	07/01/2006	RBRVS	$0.00	$0.00									
3062F		POS MACROALBUMINURIA REV&DOC	07/01/2006	RBRVS	$0.00	$0.00									
3066F		NEPHROPATHY DOC TX	07/01/2006	RBRVS	$0.00	$0.00									
3072F		LOW RISK FOR RETINOPATHY	07/01/2006	RBRVS	$0.00	$0.00									
3073F		PRE-SURG EYE MEASURES DOCD	01/01/2007	RBRVS	$0.00	$0.00									
3074F		SYST BP < 130 MM HG	01/01/2007	RBRVS	$0.00	$0.00									
3075F		SYST BP 130 - 139MM HG	01/01/2007	RBRVS	$0.00	$0.00									
3077F		SYST BP >= 140 MM HG	04/01/2006	RBRVS	$0.00	$0.00									
3078F		DIAST BP < 80 MM HG	04/01/2006	RBRVS	$0.00	$0.00									
3079F		DIAST BP 80-89 MM HG	04/01/2006	RBRVS	$0.00	$0.00									
3080F		DIAST BP >= 90 MM HG	04/01/2006	RBRVS	$0.00	$0.00									
3082F		KT/V >1.2	10/01/2006	RBRVS	$0.00	$0.00									
3083F		KT/V =/> 1.2 & <1.7	10/01/2006	RBRVS	$0.00	$0.00									
3084F		KT/V >= 1.7	10/01/2006	RBRVS	$0.00	$0.00									
3085F		SUICIDE RISK ASSESSED	10/01/2006	RBRVS	$0.00	$0.00									
3088F		MDD, MILD	10/01/2006	RBRVS	$0.00	$0.00									
3089F		MDD, MODERATE	10/01/2006	RBRVS	$0.00	$0.00									
3090F		MDD SEVERE W/O PSYCH	10/01/2006	RBRVS	$0.00	$0.00									
30901		CONTROL OF NOSEBLEED	07/01/2014	RBRVS	$88.59	$53.41	000		Y	Y	Y				
30903		CONTROL OF NOSEBLEED	07/01/2014	RBRVS	$190.93	$75.06	000		Y	Y	Y				
30905		CONTROL OF NOSEBLEED	07/01/2014	RBRVS	$237.47	$95.46	000		Y	Y					
30906		REPEAT CONTROL OF NOSEBLEED	07/01/2014	RBRVS	$261.18	$123.70	000		Y	Y					
3091F		MDD, SEVERE; W/PSYCH	10/01/2006	RBRVS	$0.00	$0.00									
3093F		DOC NEW INIT/RECUR MDD	10/01/2006	RBRVS	$0.00	$0.00									
3095F		CENTRAL DEXA RESULTS DOCD	01/01/2007	RBRVS	$0.00	$0.00									
3096F		CENTRAL DEXA ORDERED	01/01/2007	RBRVS	$0.00	$0.00									
31000		IRRIGATION MAXILLARY SINUS	07/01/2014	RBRVS	$168.50	$97.49	010		Y	Y	Y				
31002		IRRIGATION SPHENOID SINUS	07/01/2014	RBRVS	$186.57	$186.57	010		Y	Y	Y				
3115F		QUANT RESULTS ACTIVITY +SYMP	01/01/2012	RBRVS	$0.00	$0.00									
3117F		HF ASSESSMENT TOOL COMPLETED	01/01/2012	RBRVS	$0.00	$0.00									
3118F		NY HEART ASSOC CLASS DOCD	01/01/2012	RBRVS	$0.00	$0.00									
3119F		NO EVAL ACTIVITY CLIN SYMP	01/01/2012	RBRVS	$0.00	$0.00									
31205		REMOVAL OF ETHMOID SINUS	07/01/2014	RBRVS	$845.61	$845.61	090		Y	Y	Y	Y	Y		
31225		REMOVAL OF UPPER JAW	07/01/2014	RBRVS	$1,745.01	$1,745.01	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
31230		REMOVAL OF UPPER JAW	07/01/2014	RBRVS	$1,935.30	$1,935.30	090		Y	Y	Y	Y	Y		
31231		NASAL ENDOSCOPY DX	07/01/2014	RBRVS	$191.64	$60.29	000		Y	Y					
3126F		ESOPH BX RPRT W/DYSPL INFO	01/01/2015	RBRVS	$0.00	$0.00									
31295		SINUS ENDO W/BALLOON DIL	07/01/2014	RBRVS	$1,897.51	$156.65	000		Y	Y	Y	Y			
31296		SINUS ENDO W/BALLOON DIL	07/01/2014	RBRVS	$1,926.30	$187.38	000		Y	Y	Y	Y			
31360		REMOVAL OF LARYNX	07/01/2014	RBRVS	$1,942.21	$1,942.21	090		Y	Y		Y	Y		
31365		REMOVAL OF LARYNX	07/01/2014	RBRVS	$2,404.80	$2,404.80	090		Y	Y		Y	Y		
31367		PARTIAL REMOVAL OF LARYNX	07/01/2014	RBRVS	$2,053.49	$2,053.49	090		Y	Y		Y	Y		
31368		PARTIAL REMOVAL OF LARYNX	07/01/2014	RBRVS	$2,275.99	$2,275.99	090		Y	Y		Y	Y		
31370		PARTIAL REMOVAL OF LARYNX	07/01/2014	RBRVS	$1,927.36	$1,927.36	090		Y	Y		Y	Y		
31375		PARTIAL REMOVAL OF LARYNX	07/01/2014	RBRVS	$1,829.61	$1,829.61	090		Y	Y		Y	Y		
31380		PARTIAL REMOVAL OF LARYNX	07/01/2014	RBRVS	$1,803.47	$1,803.47	090		Y	Y		Y	Y		
31382		PARTIAL REMOVAL OF LARYNX	07/01/2014	RBRVS	$1,980.07	$1,980.07	090		Y	Y		Y	Y		
31390		REMOVAL OF LARYNX & PHARYNX	07/01/2014	RBRVS	$2,677.48	$2,677.48	090		Y	Y		Y	Y		
31395		RECONSTRUCT LARYNX & PHARYNX	07/01/2014	RBRVS	$2,803.90	$2,803.90	090		Y	Y		Y	Y		
31400		REVISION OF LARYNX	07/01/2014	RBRVS	$924.20	$924.20	090		Y	Y		Y			
31420		REMOVAL OF EPIGLOTTIS	07/01/2014	RBRVS	$778.22	$778.22	090		Y	Y		Y	Y		
31500		INSERT EMERGENCY AIRWAY	07/01/2014	RBRVS	$104.24	$104.24	000								
31502		CHANGE OF WINDPIPE AIRWAY	07/01/2014	RBRVS	$32.98	$32.98	000		Y	Y					
31545		REMOVE VC LESION W/SCOPE	07/01/2014	RBRVS	$343.62	$343.62	000		Y	Y	Y				
31546		REMOVE VC LESION SCOPE/GRAFT	07/01/2014	RBRVS	$522.12	$522.12	000		Y	Y	Y				
31575		DIAGNOSTIC LARYNGOSCOPY	07/01/2014	RBRVS	$105.14	$70.93	000		Y	Y					
31588		REVISION OF LARYNX	07/01/2014	RBRVS	$1,063.26	$1,063.26	090		Y	Y		Y			
31590		REINNERVATE LARYNX	07/01/2014	RBRVS	$821.11	$821.11	090		Y	Y		Y	Y		
31595		LARYNX NERVE SURGERY	07/01/2014	RBRVS	$708.41	$708.41	090		Y	Y	Y	Y	Y		
31611		SURGERY/SPEECH PROSTHESIS	07/01/2014	RBRVS	$502.50	$502.50	090		Y	Y		Y	Y		
31620		DIAGNOSTIC BRONCHOSCOPY	07/01/2014	RBRVS	$262.64	$63.18	ZZZ		Y						
31626		BRONCHOSCOPY W/MARKERS	07/01/2014	RBRVS	$406.97	$193.64	000		Y	Y					
31627		NAVIGATIONAL BRONCHOSCOPY	07/01/2014	RBRVS	$1,180.61	$88.78	ZZZ		Y						
31634		BRONCH W/BALLOON OCCLUSION	07/01/2014	RBRVS	$1,701.26	$188.25	000		Y	Y		Y			
31636		BRONCHOSCOPY BRONCH STENTS	07/01/2014	RBRVS	$209.74	$209.74	000		Y	Y					
31637		BRONCHOSCOPY STENT ADD-ON	07/01/2014	RBRVS	$69.32	$69.32	ZZZ		Y						
31638		BRONCHOSCOPY REVISE STENT	07/01/2014	RBRVS	$240.83	$240.83	000		Y	Y					
31720		CLEARANCE OF AIRWAYS	07/01/2014	RBRVS	$47.86	$47.86	000		Y	Y					
31725		CLEARANCE OF AIRWAYS	07/01/2014	RBRVS	$86.20	$86.20	000		Y	Y					
31730		INTRO WINDPIPE WIRE/TUBE	07/01/2014	RBRVS	$1,107.99	$138.16	000		Y	Y					
31770		REPAIR/GRAFT OF BRONCHUS	07/01/2014	RBRVS	$1,271.20	$1,271.20	090		Y	Y		Y	Y		
31775		RECONSTRUCT BRONCHUS	07/01/2014	RBRVS	$1,298.02	$1,298.02	090		Y	Y		Y			
31780		RECONSTRUCT WINDPIPE	07/01/2014	RBRVS	$1,112.16	$1,112.16	090		Y	Y		Y	Y		
31781		RECONSTRUCT WINDPIPE	07/01/2014	RBRVS	$1,459.65	$1,459.65	090		Y	Y		Y	Y		
31785		REMOVE WINDPIPE LESION	07/01/2014	RBRVS	$1,018.34	$1,018.34	090		Y	Y		Y	Y		
31786		REMOVE WINDPIPE LESION	07/01/2014	RBRVS	$1,376.83	$1,376.83	090		Y	Y		Y	Y		
31805		REPAIR OF WINDPIPE INJURY	07/01/2014	RBRVS	$776.12	$776.12	090		Y	Y		Y	Y		
32100		EXPLORATION/BIOPSY OF CHEST	07/01/2014	RBRVS	$778.54	$778.54	090		Y	Y		Y	Y		
32110		EXPLORE/REPAIR CHEST	07/01/2014	RBRVS	$1,387.00	$1,387.00	090		Y	Y		Y	Y		
32120		RE-EXPLORATION OF CHEST	07/01/2014	RBRVS	$830.60	$830.60	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
32124		EXPLORE CHEST FREE ADHESIONS	07/01/2014	RBRVS	$885.24	$885.24	090		Y	Y		Y	Y		
32140		REMOVAL OF LUNG LESION(S)	07/01/2014	RBRVS	$945.43	$945.43	090		Y	Y		Y	Y		
32141		REMOVE/TREAT LUNG LESIONS	07/01/2014	RBRVS	$1,462.97	$1,462.97	090		Y	Y		Y	Y		
32150		REMOVAL OF LUNG LESION(S)	07/01/2014	RBRVS	$957.24	$957.24	090		Y	Y		Y	Y		
32151		REMOVE LUNG FOREIGN BODY	07/01/2014	RBRVS	$954.56	$954.56	090		Y	Y		Y	Y		
32160		OPEN CHEST HEART MASSAGE	07/01/2014	RBRVS	$749.14	$749.14	090		Y	Y		Y	Y		
32200		DRAIN OPEN LUNG LESION	07/01/2014	RBRVS	$1,079.46	$1,079.46	090		Y	Y		Y	Y		
32220		RELEASE OF LUNG	07/01/2014	RBRVS	$1,512.78	$1,512.78	090		Y	Y	Y	Y	Y		
32225		PARTIAL RELEASE OF LUNG	07/01/2014	RBRVS	$948.50	$948.50	090		Y	Y	Y	Y	Y		
32480		PARTIAL REMOVAL OF LUNG	07/01/2014	RBRVS	$1,412.85	$1,412.85	090		Y	Y		Y	Y		
32482		BILOBECTOMY	07/01/2014	RBRVS	$1,512.78	$1,512.78	090		Y	Y		Y	Y		
32484		SEGMENTECTOMY	07/01/2014	RBRVS	$1,370.74	$1,370.74	090		Y	Y		Y	Y		
32486		SLEEVE LOBECTOMY	07/01/2014	RBRVS	$2,247.59	$2,247.59	090		Y	Y		Y	Y		
32488		COMPLETION PNEUMONECTOMY	07/01/2014	RBRVS	$2,295.84	$2,295.84	090		Y	Y		Y	Y		
32491		LUNG VOLUME REDUCTION	07/01/2014	RBRVS	$1,403.49	$1,403.49	090		Y	Y	Y	Y	Y		
3250F		NONPRIM LOC SPECIMIN SITE	01/01/2009	RBRVS	$0.00	$0.00									
32501		REPAIR BRONCHUS ADD-ON	07/01/2014	RBRVS	$235.01	$235.01	ZZZ					Y	Y		
32503		RESECT APICAL LUNG TUMOR	07/01/2014	RBRVS	$1,734.49	$1,734.49	090		Y	Y		Y	Y		
32504		RESECT APICAL LUNG TUM/CHEST	07/01/2014	RBRVS	$1,977.91	$1,977.91	090		Y	Y		Y	Y		
32550		INSERT PLEURAL CATH	07/01/2014	RBRVS	$719.67	$212.65	000		Y						
32551		INSERTION OF CHEST TUBE	07/01/2014	RBRVS	$169.30	$169.30	000		Y	Y	Y				
32552		REMOVE LUNG CATHETER	07/01/2014	RBRVS	$179.89	$157.62	010		Y	Y					
32553		INS MARK THOR FOR RT PERQ	07/01/2014	RBRVS	$542.49	$202.00	000		Y	Y		Y			
32554		ASPIRATE PLEURA W/O IMAGING	07/01/2014	RBRVS	$181.89	$84.75	000		Y	Y	Y				
32555		ASPIRATE PLEURA W/ IMAGING	07/01/2014	RBRVS	$271.29	$106.69	000		Y	Y	Y				
32556		INSERT CATH PLEURA W/O IMAGE	07/01/2014	RBRVS	$489.60	$117.15	000		Y	Y	Y				
32557		INSERT CATH PLEURA W/ IMAGE	07/01/2014	RBRVS	$524.09	$158.11	000		Y	Y	Y				
32560		TREAT LUNG LINING CHEMICALLY	07/01/2014	RBRVS	$225.04	$74.97	000		Y	Y					
32561		LYSE CHEST FIBRIN INIT DAY	07/01/2014	RBRVS	$88.68	$67.70	000		Y	Y		Y			
32562		LYSE CHEST FIBRIN SUBQ DAY	07/01/2014	RBRVS	$79.91	$60.54	000		Y	Y		Y			
32650		THORACOSCOPY W/PLEURODESIS	07/01/2014	RBRVS	$633.24	$633.24	090		Y	Y	Y	Y	Y		
32651		THORACOSCOPY REMOVE CORTEX	07/01/2014	RBRVS	$1,042.12	$1,042.12	090		Y	Y	Y	Y	Y		
32652		THORACOSCOPY REM TOTL CORTEX	07/01/2014	RBRVS	$1,584.03	$1,584.03	090		Y	Y	Y	Y	Y		
32653		THORACOSCOPY REMOV FB/FIBRIN	07/01/2014	RBRVS	$1,007.27	$1,007.27	090		Y	Y		Y	Y		
32654		THORACOSCOPY CONTRL BLEEDING	07/01/2014	RBRVS	$1,119.06	$1,119.06	090		Y	Y	Y	Y	Y		
32655		THORACOSCOPY SURGICAL	07/01/2014	RBRVS	$910.64	$910.64	090		Y	Y	Y	Y	Y		
32656		THORACOSCOPY W/PLEURECTOMY	07/01/2014	RBRVS	$759.57	$759.57	090		Y	Y	Y	Y	Y		
32658		THORACOSCOPY W/SAC FB REMOVE	07/01/2014	RBRVS	$679.82	$679.82	090		Y	Y		Y	Y		
32659		THORACOSCOPY W/SAC DRAINAGE	07/01/2014	RBRVS	$696.21	$696.21	090		Y	Y		Y	Y		
32661		THORACOSCOPY W/PERICARD EXC	07/01/2014	RBRVS	$760.79	$760.79	090		Y	Y		Y	Y		
32662		THORACOSCOPY W/MEDIAST EXC	07/01/2014	RBRVS	$852.12	$852.12	090		Y	Y		Y	Y		
32663		THORACOSCOPY SURGICAL	07/01/2014	RBRVS	$1,337.62	$1,337.62	090		Y	Y		Y	Y		
32664		THORACOSCOPY W/ TH NRV EXC	07/01/2014	RBRVS	$808.78	$808.78	090		Y	Y	Y	Y	Y		
32665		THORACOSCOP W/ESOPH MUSC EXC	07/01/2014	RBRVS	$1,161.41	$1,161.41	090		Y	Y		Y	Y		
3267F		PATH RPRT W/ PT PN CAT ET AL	07/01/2011	RBRVS	$0.00	$0.00									
32701		THORAX STEREO RAD TARGETW/TX	07/01/2014	RBRVS	$211.87	$211.87			Y				Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
32815		CLOSE BRONCHIAL FISTULA	07/01/2014	RBRVS	$2,690.29	$2,690.29	090		Y	Y		Y	Y		
3293F		ABO RH BLOOD TYPING DOCD	09/01/2011	RBRVS	$0.00	$0.00									
3294F		GRP B STREP SCREENING DOCD	09/01/2011	RBRVS	$0.00	$0.00									
32998		PERQ RF ABLATE TX PUL TUMOR	07/01/2014	RBRVS	$2,698.23	$271.23	000		Y	Y	Y	Y			
33025		INCISION OF HEART SAC	07/01/2014	RBRVS	$849.63	$849.63	090		Y	Y		Y	Y		
33202		INSERT EPICARD ELTRD OPEN	07/01/2014	RBRVS	$740.30	$740.30	090		Y	Y					
33203		INSERT EPICARD ELTRD ENDO	07/01/2014	RBRVS	$769.67	$769.67	090		Y	Y					
3321F		AJCC CNCR 0/IA MELAN DOCD	07/01/2009	RBRVS	$0.00	$0.00									
33215		REPOSITION PACING-DEFIB LEAD	07/01/2014	RBRVS	$290.14	$290.14	090		Y	Y					
3322F		MELANOMAAJCC STAGE 0 OR IA	07/01/2009	RBRVS	$0.00	$0.00									
33224		INSERT PACING LEAD & CONNECT	07/01/2014	RBRVS	$484.88	$484.88	000		Y	Y					
33225		L VENTRIC PACING LEAD ADD-ON	07/01/2014	RBRVS	$439.79	$439.79	ZZZ		Y						
33226		REPOSITION L VENTRIC LEAD	07/01/2014	RBRVS	$465.45	$465.45	000		Y	Y					
3323F		TNM STAGE DOC PRIOR SURG	01/01/2010	RBRVS	$0.00	$0.00									
3324F		MRI CT SCAN ORD RVWD RQSTD	09/01/2011	RBRVS	$0.00	$0.00									
33254		ABLATE ATRIA LMTD	07/01/2014	RBRVS	$1,312.71	$1,312.71	090		Y	Y		Y	Y		
33255		ABLATE ATRIA W/O BYPASS EXT	07/01/2014	RBRVS	$1,597.01	$1,597.01	090		Y	Y		Y	Y		
33256		ABLATE ATRIA W/BYPASS EXTEN	07/01/2014	RBRVS	$1,888.06	$1,888.06	090		Y	Y		Y	Y		
33257		ABLATE ATRIA LMTD ADD-ON	07/01/2014	RBRVS	$558.82	$558.82	ZZZ		Y			Y			
33258		ABLATE ATRIA X10SV ADD-ON	07/01/2014	RBRVS	$628.24	$628.24	ZZZ		Y			Y			
33259		ABLATE ATRIA W/BYPASS ADD-ON	07/01/2014	RBRVS	$812.36	$812.36	ZZZ		Y			Y			
33265		ABLATE ATRIA LMTD ENDO	07/01/2014	RBRVS	$1,309.39	$1,309.39	090		Y	Y		Y	Y		
33266		ABLATE ATRIA X10SV ENDO	07/01/2014	RBRVS	$1,779.23	$1,779.23	090		Y	Y		Y	Y		
3328F		PRFRMNC DOC W/IN 2 WKS SURG	09/01/2011	RBRVS	$0.00	$0.00									
3330F		IMAGING STUDY ORDERED	04/01/2008	RBRVS	$0.00	$0.00									
3331F		IMAGING TEST NOT ORDERED	04/01/2008	RBRVS	$0.00	$0.00									
33361		REPLACE AORTIC VALVE PERQ	07/01/2014	RBRVS	$1,293.03	$1,293.03	000		Y	Y			Y	Y	
33362		REPLACE AORTIC VALVE OPEN	07/01/2014	RBRVS	$1,414.21	$1,414.21	000		Y	Y			Y	Y	
33363		REPLACE AORTIC VALVE OPEN	07/01/2014	RBRVS	$1,463.72	$1,463.72	000		Y	Y			Y	Y	
33364		REPLACE AORTIC VALVE OPEN	07/01/2014	RBRVS	$1,540.05	$1,540.05	000		Y	Y			Y	Y	
33365		REPLACE AORTIC VALVE OPEN	07/01/2014	RBRVS	$1,701.19	$1,701.19	000		Y	Y			Y	Y	
33366		TRCATH REPLACE AORTIC VALVE	07/01/2014	RBRVS	$1,841.06	$1,841.06	000		Y	Y			Y	Y	
33367		REPLACE AORTIC VALVE W/BYP	07/01/2014	RBRVS	$594.45	$594.45	ZZZ		Y					Y	
33368		REPLACE AORTIC VALVE W/BYP	07/01/2014	RBRVS	$720.51	$720.51	ZZZ		Y					Y	
33369		REPLACE AORTIC VALVE W/BYP	07/01/2014	RBRVS	$950.72	$950.72	ZZZ		Y					Y	
3340F		MAMMO ASSESS INC XRAY DOCD	04/01/2008	RBRVS	$0.00	$0.00									
33405		REPLACEMENT OF AORTIC VALVE	07/01/2014	RBRVS	$2,189.98	$2,189.98	090		Y	Y		Y	Y		
33406		REPLACEMENT OF AORTIC VALVE	07/01/2014	RBRVS	$2,776.37	$2,776.37	090		Y	Y		Y	Y		
3341F		MAMMO ASSESS NEGATIVE DOCD	04/01/2008	RBRVS	$0.00	$0.00									
33410		REPLACEMENT OF AORTIC VALVE	07/01/2014	RBRVS	$2,449.89	$2,449.89	090		Y	Y		Y	Y		
3342F		MAMMO ASSESS BENGN DOCD	04/01/2008	RBRVS	$0.00	$0.00									
33425		REPAIR OF MITRAL VALVE	07/01/2014	RBRVS	$2,636.55	$2,636.55	090		Y	Y		Y	Y		
33426		REPAIR OF MITRAL VALVE	07/01/2014	RBRVS	$2,298.65	$2,298.65	090		Y	Y		Y	Y		
33427		REPAIR OF MITRAL VALVE	07/01/2014	RBRVS	$2,360.23	$2,360.23	090		Y	Y		Y	Y		
3343F		MAMMO PROBABLY BENGN DOCD	04/01/2008	RBRVS	$0.00	$0.00									
33430		REPLACEMENT OF MITRAL VALVE	07/01/2014	RBRVS	$2,700.17	$2,700.17	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
3344F		MAMMO ASSESS SUSP DOCD	04/01/2008	RBRVS	$0.00	$0.00									
3345F		MAMMO ASSESS HGHLYMALIG DOC	04/01/2008	RBRVS	$0.00	$0.00									
3350F		MAMMO BX PROVEN MALIG DOCD	04/01/2008	RBRVS	$0.00	$0.00									
33507		REPAIR ART INTRAMURAL	07/01/2014	RBRVS	$1,645.97	$1,645.97	090		Y	Y		Y	Y		
33508		ENDOSCOPIC VEIN HARVEST	07/01/2014	RBRVS	$15.55	$15.55	ZZZ		Y			Y	Y		
3351F		NEG SCRN DEP SYMP BY DEPTOOL	07/01/2009	RBRVS	$0.00	$0.00									
33510		CABG VEIN SINGLE	07/01/2014	RBRVS	$1,865.98	$1,865.98	090		Y	Y		Y			
33511		CABG VEIN TWO	07/01/2014	RBRVS	$2,049.07	$2,049.07	090		Y	Y		Y			
33512		CABG VEIN THREE	07/01/2014	RBRVS	$2,330.28	$2,330.28	090		Y	Y		Y			
33513		CABG VEIN FOUR	07/01/2014	RBRVS	$2,397.98	$2,397.98	090		Y	Y		Y			
33514		CABG VEIN FIVE	07/01/2014	RBRVS	$2,529.70	$2,529.70	090		Y	Y		Y			
33516		CABG VEIN SIX OR MORE	07/01/2014	RBRVS	$2,633.94	$2,633.94	090		Y	Y		Y			
33517		CABG ARTERY-VEIN SINGLE	07/01/2014	RBRVS	$181.21	$181.21	ZZZ		Y			Y			
33518		CABG ARTERY-VEIN TWO	07/01/2014	RBRVS	$398.97	$398.97	ZZZ		Y			Y			
33519		CABG ARTERY-VEIN THREE	07/01/2014	RBRVS	$527.29	$527.29	ZZZ		Y			Y			
3352F		NO SIG DEP SYMP BY DEP TOOL	07/01/2009	RBRVS	$0.00	$0.00									
33521		CABG ARTERY-VEIN FOUR	07/01/2014	RBRVS	$633.60	$633.60	ZZZ		Y			Y			
33522		CABG ARTERY-VEIN FIVE	07/01/2014	RBRVS	$711.02	$711.02	ZZZ		Y			Y			
33523		CABG ART-VEIN SIX OR MORE	07/01/2014	RBRVS	$806.23	$806.23	ZZZ		Y			Y			
3353F		MILD-MOD DEP SYMP BY DEPTOOL	07/01/2009	RBRVS	$0.00	$0.00									
33530		CORONARY ARTERY BYPASS/REOP	07/01/2014	RBRVS	$508.67	$508.67	ZZZ		Y			Y			
33533		CABG ARTERIAL SINGLE	07/01/2014	RBRVS	$1,803.53	$1,803.53	090		Y	Y		Y			
33534		CABG ARTERIAL TWO	07/01/2014	RBRVS	$2,120.43	$2,120.43	090		Y	Y		Y			
33535		CABG ARTERIAL THREE	07/01/2014	RBRVS	$2,364.26	$2,364.26	090		Y	Y		Y			
33536		CABG ARTERIAL FOUR OR MORE	07/01/2014	RBRVS	$2,539.51	$2,539.51	090		Y	Y		Y			
3354F		CLIN SIG DEP SYM BY DEP TOOL	07/01/2009	RBRVS	$0.00	$0.00									
33542		REMOVAL OF HEART LESION	07/01/2014	RBRVS	$2,535.31	$2,535.31	090		Y	Y		Y	Y		
33548		RESTORE/REMODEL VENTRICLE	07/01/2014	RBRVS	$2,869.77	$2,869.77	090		Y	Y		Y	Y		
33620		APPLY R&L PULM ART BANDS	07/01/2014	RBRVS	$1,413.70	$1,413.70	090		Y	Y		Y	Y		
33621		TRANSTHOR CATH FOR STENT	07/01/2014	RBRVS	$842.80	$842.80	090		Y	Y		Y	Y		
33622		REDO COMPL CARDIAC ANOMALY	07/01/2014	RBRVS	$3,317.24	$3,317.24	090		Y	Y		Y	Y		
33675		CLOSE MULT VSD	07/01/2014	RBRVS	$1,904.39	$1,904.39	090		Y	Y		Y	Y		
33676		CLOSE MULT VSD W/RESECTION	07/01/2014	RBRVS	$2,065.11	$2,065.11	090		Y	Y		Y	Y		
33677		CL MULT VSD W/REM PUL BAND	07/01/2014	RBRVS	$2,145.83	$2,145.83	090		Y	Y		Y	Y		
33724		REPAIR VENOUS ANOMALY	07/01/2014	RBRVS	$1,476.46	$1,476.46	090		Y	Y		Y	Y		
33726		REPAIR PUL VENOUS STENOSIS	07/01/2014	RBRVS	$2,002.73	$2,002.73	090		Y	Y		Y	Y		
33768		CAVOPULMONARY SHUNTING	07/01/2014	RBRVS	$428.72	$428.72	ZZZ		Y			Y	Y		
33782		NIKAIDOH PROC	07/01/2014	RBRVS	$3,169.66	$3,169.66	090		Y	Y		Y	Y		
33783		NIKAIDOH PROC W/OSTIA IMPLT	07/01/2014	RBRVS	$3,532.19	$3,532.19	090		Y	Y		Y	Y		
33860		ASCENDING AORTIC GRAFT	07/01/2014	RBRVS	$3,100.85	$3,100.85	090		Y	Y		Y	Y		
33863		ASCENDING AORTIC GRAFT	07/01/2014	RBRVS	$3,041.20	$3,041.20	090		Y	Y		Y	Y		
33864		ASCENDING AORTIC GRAFT	07/01/2014	RBRVS	$3,101.49	$3,101.49	090		Y	Y		Y	Y		
33880		ENDOVASC TAA REPR INCL SUBCL	07/01/2014	RBRVS	$1,747.57	$1,747.57	090		Y	Y		Y	Y		
33881		ENDOVASC TAA REPR W/O SUBCL	07/01/2014	RBRVS	$1,503.03	$1,503.03	090		Y	Y		Y	Y		
33883		INSERT ENDOVASC PROSTH TAA	07/01/2014	RBRVS	$1,088.31	$1,088.31	090		Y	Y		Y	Y		
33884		ENDOVASC PROSTH TAA ADD-ON	07/01/2014	RBRVS	$399.87	$399.87	ZZZ		Y			Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
33886		ENDOVASC PROSTH DELAYED	07/01/2014	RBRVS	$947.50	$947.50	090		Y	Y		Y	Y		
33889		ARTERY TRANSPOSE/ENDOVAS TAA	07/01/2014	RBRVS	$778.64	$778.64	000		Y	Y	Y	Y	Y		
33891		CAR-CAR BP GRFT/ENDOVAS TAA	07/01/2014	RBRVS	$953.34	$953.34	000		Y	Y	Y	Y	Y		
33925		RPR PUL ART UNIFOCAL W/O CPB	07/01/2014	RBRVS	$1,640.64	$1,640.64	090		Y	Y		Y	Y		
33926		REPR PUL ART UNIFOCAL W/CPB	07/01/2014	RBRVS	$2,335.73	$2,335.73	090		Y	Y		Y	Y		
3394F		QUANT HER2 IHC EVAL BRST CX	07/01/2011	RBRVS	$0.00	$0.00									
3395F		QUANT NONHER2 IHC BRST CX	07/01/2011	RBRVS	$0.00	$0.00									
33981		REPLACE VAD PUMP EXT	07/01/2014	RBRVS	$812.14	$812.14			Y	Y		Y			
33982		REPLACE VAD INTRA W/O BP	07/01/2014	RBRVS	$1,895.16	$1,895.16			Y	Y		Y			
33983		REPLACE VAD INTRA W/BP	07/01/2014	RBRVS	$2,233.13	$2,233.13			Y	Y		Y			
33990		INSERT VAD ARTERY ACCESS	07/01/2014	RBRVS	$418.17	$418.17			Y	Y		Y			
33991		INSERT VAD ART&VEIN ACCESS	07/01/2014	RBRVS	$609.56	$609.56			Y	Y		Y			
33992		REMOVE VAD DIFFERENT SESSION	07/01/2014	RBRVS	$197.83	$197.83			Y	Y		Y			
33993		REPOSITION VAD DIFF SESSION	07/01/2014	RBRVS	$173.76	$173.76			Y	Y		Y			
34001		REMOVAL OF ARTERY CLOT	07/01/2014	RBRVS	$934.07	$934.07	090		Y	Y	Y	Y	Y		
34051		REMOVAL OF ARTERY CLOT	07/01/2014	RBRVS	$958.53	$958.53	090		Y	Y	Y	Y	Y		
34101		REMOVAL OF ARTERY CLOT	07/01/2014	RBRVS	$585.06	$585.06	090		Y	Y	Y	Y	Y		
34111		REMOVAL OF ARM ARTERY CLOT	07/01/2014	RBRVS	$584.61	$584.61	090		Y	Y	Y	Y	Y		
34151		REMOVAL OF ARTERY CLOT	07/01/2014	RBRVS	$1,367.51	$1,367.51	090		Y	Y	Y	Y	Y		
34201		REMOVAL OF ARTERY CLOT	07/01/2014	RBRVS	$1,007.78	$1,007.78	090		Y	Y	Y	Y	Y		
34203		REMOVAL OF LEG ARTERY CLOT	07/01/2014	RBRVS	$934.91	$934.91	090		Y	Y	Y	Y	Y		
3450F		DYSPNEA SCRND NO-MILD DYSP	07/01/2009	RBRVS	$0.00	$0.00									
34501		REPAIR VALVE FEMORAL VEIN	07/01/2014	RBRVS	$958.92	$958.92	090		Y	Y	Y	Y	Y		
3451F		DYSPNEA SCRND MOD-SEVEREDYSP	07/01/2009	RBRVS	$0.00	$0.00									
34510		TRANSPOSITION OF VEIN VALVE	07/01/2014	RBRVS	$1,124.36	$1,124.36	090		Y	Y	Y	Y	Y		
3452F		DYSPNEA NOT SCREENED	07/01/2009	RBRVS	$0.00	$0.00									
34530		LEG VEIN FUSION	07/01/2014	RBRVS	$1,043.80	$1,043.80	090		Y	Y	Y	Y	Y		
3455F		TB SCRNG DONE-INTERPD 6MON	01/01/2009	RBRVS	$0.00	$0.00									
3470F		RA DISEASE ACTIVITY LOW	01/01/2009	RBRVS	$0.00	$0.00									
3471F		RA DISEASE ACTIVITY MOD	01/01/2009	RBRVS	$0.00	$0.00									
3472F		RA DISEASE ACTIVITY HIGH	01/01/2009	RBRVS	$0.00	$0.00									
3475F		DISEASE PROGN RA POOR DOCD	01/01/2009	RBRVS	$0.00	$0.00									
3476F		DISEASE PROGN RA GOOD DOCD	01/01/2009	RBRVS	$0.00	$0.00									
34803		ENDOVAS AAA REPR W/3-P PART	07/01/2014	RBRVS	$1,252.33	$1,252.33	090		Y	Y		Y	Y		
34805		ENDOVAS AAA REPR W/LONG TUBE	07/01/2014	RBRVS	$1,162.02	$1,162.02	090		Y	Y		Y	Y		
34806		ANEURYSM PRESS SENSOR ADD-ON	07/01/2014	RBRVS	$96.85	$96.85	ZZZ		Y			Y	Y		
34833		XPOSE FOR ENDOPROSTH ILIAC	07/01/2014	RBRVS	$596.45	$596.45	000		Y	Y	Y	Y	Y		
34834		XPOSE ENDOPROSTH BRACHIAL	07/01/2014	RBRVS	$267.42	$267.42	000		Y	Y	Y	Y	Y		
34900		ENDOVASC ILIAC REPR W/GRAFT	07/01/2014	RBRVS	$865.71	$865.71	090		Y	Y	Y	Y	Y		
3491F		HIV UNSURE BABY OF HIV+MOMS	07/01/2009	RBRVS	$0.00	$0.00									
3498F		CD4+ CELL =15% (HIV)	07/01/2009	RBRVS	$0.00	$0.00									
35001		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,095.40	$1,095.40	090		Y	Y	Y	Y	Y		
35002		REPAIR ARTERY RUPTURE NECK	07/01/2014	RBRVS	$1,099.86	$1,099.86	090		Y	Y	Y	Y	Y		
35005		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,112.84	$1,112.84	090		Y	Y	Y	Y	Y		
35011		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$972.96	$972.96	090		Y	Y	Y	Y	Y		
35013		REPAIR ARTERY RUPTURE ARM	07/01/2014	RBRVS	$1,219.73	$1,219.73	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
35021		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,207.36	$1,207.36	090		Y	Y	Y	Y	Y		
35022		REPAIR ARTERY RUPTURE CHEST	07/01/2014	RBRVS	$1,390.68	$1,390.68	090		Y	Y	Y	Y	Y		
35045		REPAIR DEFECT OF ARM ARTERY	07/01/2014	RBRVS	$967.95	$967.95	090		Y	Y	Y	Y	Y		
35081		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,712.00	$1,712.00	090		Y	Y		Y	Y		
35082		REPAIR ARTERY RUPTURE AORTA	07/01/2014	RBRVS	$2,141.86	$2,141.86	090		Y	Y		Y	Y		
35091		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,758.67	$1,758.67	090		Y	Y	Y	Y	Y		
35092		REPAIR ARTERY RUPTURE AORTA	07/01/2014	RBRVS	$2,558.07	$2,558.07	090		Y	Y	Y	Y	Y		
35102		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,855.53	$1,855.53	090		Y	Y	Y	Y	Y		
35103		REPAIR ARTERY RUPTURE AORTA	07/01/2014	RBRVS	$2,201.92	$2,201.92	090		Y	Y	Y	Y	Y		
35111		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,452.78	$1,452.78	090		Y	Y	Y	Y	Y		
35112		REPAIR ARTERY RUPTURE SPLEEN	07/01/2014	RBRVS	$1,782.04	$1,782.04	090		Y	Y	Y	Y	Y		
35121		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,598.94	$1,598.94	090		Y	Y	Y	Y			
35122		REPAIR ARTERY RUPTURE BELLY	07/01/2014	RBRVS	$2,056.66	$2,056.66	090		Y	Y	Y	Y	Y		
3513F		HEP B SCRNG DOCD AS DONE	07/01/2009	RBRVS	$0.00	$0.00									
35131		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,356.21	$1,356.21	090		Y	Y	Y	Y	Y		
35132		REPAIR ARTERY RUPTURE GROIN	07/01/2014	RBRVS	$1,601.59	$1,601.59	090		Y	Y	Y	Y	Y		
3514F		HEP C SCRNG DOCD AS DONE	07/01/2009	RBRVS	$0.00	$0.00									
35141		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,081.56	$1,081.56	090		Y	Y	Y	Y	Y		
35142		REPAIR ARTERY RUPTURE THIGH	07/01/2014	RBRVS	$1,296.18	$1,296.18	090		Y	Y	Y	Y	Y		
3515F		PT HAS DOCD IMMUN TO HEP C	07/01/2009	RBRVS	$0.00	$0.00									
35151		REPAIR DEFECT OF ARTERY	07/01/2014	RBRVS	$1,216.82	$1,216.82	090		Y	Y	Y	Y	Y		
35152		REPAIR RUPTD POPLITEAL ART	07/01/2014	RBRVS	$1,377.97	$1,377.97	090		Y	Y	Y	Y	Y		
3520F		CDIFFICILE TESTING PERFORME	01/01/2012	RBRVS	$0.00	$0.00									
35201		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$916.71	$916.71	090		Y	Y	Y	Y	Y		
35206		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$750.14	$750.14	090		Y	Y	Y	Y	Y		
35211		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,336.21	$1,336.21	090		Y	Y	Y	Y	Y		
35216		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,982.69	$1,982.69	090		Y	Y	Y	Y	Y		
35221		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,394.91	$1,394.91	090		Y	Y	Y	Y	Y		
35226		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$812.52	$812.52	090		Y	Y	Y	Y	Y		
35231		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,167.25	$1,167.25	090		Y	Y	Y	Y	Y		
35236		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$952.40	$952.40	090		Y	Y	Y	Y	Y		
35241		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,385.29	$1,385.29	090		Y	Y	Y	Y	Y		
35246		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,508.10	$1,508.10	090		Y	Y	Y	Y	Y		
35251		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,629.32	$1,629.32	090		Y	Y	Y	Y	Y		
35256		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$995.91	$995.91	090		Y	Y	Y	Y	Y		
35261		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,032.21	$1,032.21	090		Y	Y	Y	Y	Y		
35266		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$845.93	$845.93	090		Y	Y	Y	Y	Y		
35271		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,335.78	$1,335.78	090		Y	Y	Y	Y	Y		
35276		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,398.24	$1,398.24	090		Y	Y	Y	Y	Y		
35281		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$1,578.87	$1,578.87	090		Y	Y	Y	Y	Y		
35286		REPAIR BLOOD VESSEL LESION	07/01/2014	RBRVS	$915.12	$915.12	090		Y	Y	Y	Y	Y		
35301		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,106.57	$1,106.57	090		Y	Y	Y	Y	Y		
35302		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,104.31	$1,104.31	090		Y	Y	Y	Y	Y		
35303		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,219.18	$1,219.18	090		Y	Y	Y	Y	Y		
35304		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,261.29	$1,261.29	090		Y	Y	Y	Y	Y		
35305		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,211.11	$1,211.11	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
35306		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$453.28	$453.28	ZZZ		Y			Y	Y		
35311		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,407.40	$1,407.40	090		Y	Y	Y	Y	Y		
35321		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$863.84	$863.84	090		Y	Y	Y	Y	Y		
35331		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,420.25	$1,420.25	090		Y	Y	Y	Y	Y		
35341		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,348.30	$1,348.30	090		Y	Y	Y	Y	Y		
35351		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,255.81	$1,255.81	090		Y	Y	Y	Y	Y		
35355		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,017.24	$1,017.24	090		Y	Y	Y	Y	Y		
35361		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,501.55	$1,501.55	090		Y	Y	Y	Y	Y		
35363		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$1,700.03	$1,700.03	090		Y	Y	Y	Y	Y		
35371		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$802.84	$802.84	090		Y	Y	Y	Y	Y		
35372		RECHANNELING OF ARTERY	07/01/2014	RBRVS	$960.21	$960.21	090		Y	Y	Y	Y	Y		
35390		REOPERATION CAROTID ADD-ON	07/01/2014	RBRVS	$155.75	$155.75	ZZZ		Y			Y	Y		
3550F		LOW RSK THROMBOEMBOLISM	07/01/2009	RBRVS	$0.00	$0.00									
3551F		INTRMED RSK THROMBOEMBOLISM	07/01/2009	RBRVS	$0.00	$0.00									
35510		ART BYP GRFT CAROTID-BRCHIAL	07/01/2014	RBRVS	$1,213.56	$1,213.56	090		Y	Y	Y	Y	Y		
35512		ART BYP GRFT SUBCLAV-BRCHIAL	07/01/2014	RBRVS	$1,190.45	$1,190.45	090		Y	Y	Y	Y	Y		
3552F		HGH RISK FOR THROMBOEMBOLISM	07/01/2009	RBRVS	$0.00	$0.00									
35522		ART BYP GRFT AXILL-BRACHIAL	07/01/2014	RBRVS	$1,189.78	$1,189.78	090		Y	Y	Y	Y	Y		
35523		ART BYP GRFT BRCHL-ULNR-RDL	07/01/2014	RBRVS	$1,255.29	$1,255.29	090		Y	Y	Y	Y	Y		
35525		ART BYP GRFT BRACHIAL-BRCHL	07/01/2014	RBRVS	$1,112.55	$1,112.55	090		Y	Y	Y	Y	Y		
35535		ART BYP GRFT HEPATORENAL	07/01/2014	RBRVS	$1,650.06	$1,650.06	090		Y	Y	Y	Y	Y		
35537		ART BYP GRFT AORTOILIAC	07/01/2014	RBRVS	$2,058.08	$2,058.08	090		Y	Y		Y	Y		
35538		ART BYP GRFT AORTOBI-ILIAC	07/01/2014	RBRVS	$2,304.39	$2,304.39	090		Y	Y		Y	Y		
35539		ART BYP GRFT AORTOFEMORAL	07/01/2014	RBRVS	$2,164.71	$2,164.71	090		Y	Y	Y	Y	Y		
35540		ART BYP GRFT AORTBIFEMORAL	07/01/2014	RBRVS	$2,399.89	$2,399.89	090		Y	Y	Y		Y		
3555F		PT INR MEASUREMENT PERFORMED	07/01/2009	RBRVS	$0.00	$0.00									
35556		ART BYP GRFT FEM-POPLITEAL	07/01/2014	RBRVS	$1,376.45	$1,376.45	090		Y	Y	Y	Y	Y		
35558		ART BYP GRFT FEM-FEMORAL	07/01/2014	RBRVS	$1,346.29	$1,346.29	090		Y	Y	Y	Y	Y		
35566		ART BYP FEM-ANT-POST TIB/PRL	07/01/2014	RBRVS	$1,643.81	$1,643.81	090		Y	Y	Y	Y	Y		
35570		ART BYP TIBIAL-TIB/PERONEAL	07/01/2014	RBRVS	$1,321.20	$1,321.20	090		Y	Y	Y	Y	Y		
35572		HARVEST FEMOROPOPLITEAL VEIN	07/01/2014	RBRVS	$337.61	$337.61	ZZZ		Y			Y			
35583		VEIN BYP GRFT FEM-POPLITEAL	07/01/2014	RBRVS	$1,420.15	$1,420.15	090		Y	Y	Y	Y	Y		
35585		VEIN BYP FEM-TIBIAL PERONEAL	07/01/2014	RBRVS	$1,647.19	$1,647.19	090		Y	Y	Y	Y	Y		
35587		VEIN BYP POP-TIBL PERONEAL	07/01/2014	RBRVS	$1,344.33	$1,344.33	090		Y	Y	Y	Y	Y		
35600		HARVEST ARTERY FOR CABG	07/01/2014	RBRVS	$249.48	$249.48	ZZZ		Y			Y	Y		
35601		ART BYP COMMON IPSI CAROTID	07/01/2014	RBRVS	$1,377.77	$1,377.77	090		Y	Y	Y	Y	Y		
35606		ART BYP CAROTID-SUBCLAVIAN	07/01/2014	RBRVS	$1,153.40	$1,153.40	090		Y	Y	Y	Y	Y		
35612		ART BYP SUBCLAV-SUBCLAVIAN	07/01/2014	RBRVS	$1,029.67	$1,029.67	090		Y	Y	Y	Y	Y		
35616		ART BYP SUBCLAV-AXILLARY	07/01/2014	RBRVS	$1,068.39	$1,068.39	090		Y	Y	Y	Y	Y		
35621		ART BYP AXILLARY-FEMORAL	07/01/2014	RBRVS	$1,079.20	$1,079.20	090		Y	Y	Y	Y	Y		
35623		ART BYP AXILLARY-POP-TIBIAL	07/01/2014	RBRVS	$1,294.47	$1,294.47	090		Y	Y	Y	Y	Y		
35626		ART BYP AORSUBCL/CAROT/INNOM	07/01/2014	RBRVS	$1,540.82	$1,540.82	090		Y	Y	Y	Y	Y		
35631		ART BYP AOR-CELIAC-MSN-RENAL	07/01/2014	RBRVS	$1,818.90	$1,818.90	090		Y	Y	Y	Y	Y		
35632		ART BYP ILIO-CELIAC	07/01/2014	RBRVS	$1,567.09	$1,567.09	090		Y	Y	Y	Y	Y		
35633		ART BYP ILIO-MESENTERIC	07/01/2014	RBRVS	$1,749.53	$1,749.53	090		Y	Y	Y	Y	Y		
35634		ART BYP ILIORENAL	07/01/2014	RBRVS	$1,533.14	$1,533.14	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
35636		ART BYP SPENORENAL	07/01/2014	RBRVS	$1,573.03	$1,573.03	090		Y	Y	Y	Y	Y		
35637		ART BYP AORTOILIAC	07/01/2014	RBRVS	$1,698.84	$1,698.84	090		Y	Y		Y	Y		
35638		ART BYP AORTOBI-ILIAC	07/01/2014	RBRVS	$1,732.66	$1,732.66	090		Y	Y		Y	Y		
35642		ART BYP CAROTID-VERTEBRAL	07/01/2014	RBRVS	$971.70	$971.70	090		Y	Y	Y	Y	Y		
35645		ART BYP SUBCLAV-VERTEBRL	07/01/2014	RBRVS	$1,017.85	$1,017.85	090		Y	Y	Y	Y	Y		
35646		ART BYP AORTOBIFEMORAL	07/01/2014	RBRVS	$1,685.61	$1,685.61	090		Y	Y		Y	Y		
35647		ART BYP AORTOFEMORAL	07/01/2014	RBRVS	$1,529.10	$1,529.10	090		Y	Y	Y	Y	Y		
35650		ART BYP AXILLARY-AXILLARY	07/01/2014	RBRVS	$1,053.62	$1,053.62	090		Y	Y	Y	Y	Y		
35654		ART BYP AXILL-FEM-FEMORAL	07/01/2014	RBRVS	$1,346.69	$1,346.69	090		Y	Y		Y	Y		
35656		ART BYP FEMORAL-POPLITEAL	07/01/2014	RBRVS	$1,064.16	$1,064.16	090		Y	Y	Y	Y	Y		
35661		ART BYP FEMORAL-FEMORAL	07/01/2014	RBRVS	$1,064.75	$1,064.75	090		Y	Y	Y	Y	Y		
35663		ART BYP ILIOILIAC	07/01/2014	RBRVS	$1,232.64	$1,232.64	090		Y	Y	Y	Y	Y		
35665		ART BYP ILIOFEMORAL	07/01/2014	RBRVS	$1,154.41	$1,154.41	090		Y	Y	Y	Y	Y		
35666		ART BYP FEM-ANT-POST TIB/PRL	07/01/2014	RBRVS	$1,246.68	$1,246.68	090		Y	Y	Y	Y	Y		
35671		ART BYP POP-TIBL-PRL-OTHER	07/01/2014	RBRVS	$1,100.67	$1,100.67	090		Y	Y	Y	Y	Y		
35685		BYPASS GRAFT PATENCY/PATCH	07/01/2014	RBRVS	$196.12	$196.12	ZZZ		Y			Y	Y		
35686		BYPASS GRAFT/AV FIST PATENCY	07/01/2014	RBRVS	$157.78	$157.78	ZZZ		Y			Y	Y		
35697		REIMPLANT ARTERY EACH	07/01/2014	RBRVS	$145.19	$145.19	ZZZ		Y			Y	Y		
3570F		RPRT BONE SCINT X-REFW/X-RAY	01/01/2009	RBRVS	$0.00	$0.00									
35700		REOPERATION BYPASS GRAFT	07/01/2014	RBRVS	$150.13	$150.13	ZZZ		Y			Y	Y		
3572F		PT CONSID POSS RISK FX	07/01/2009	RBRVS	$0.00	$0.00									
3573F		PT NOT CONSID POSS RISK FX	07/01/2009	RBRVS	$0.00	$0.00									
35800		EXPLORE NECK VESSELS	07/01/2014	RBRVS	$689.66	$689.66	090		Y	Y		Y	Y		
35883		REVISE GRAFT W/NONAUTO GRAFT	07/01/2014	RBRVS	$1,186.48	$1,186.48	090		Y	Y	Y	Y	Y		
35884		REVISE GRAFT W/VEIN	07/01/2014	RBRVS	$1,223.54	$1,223.54	090		Y	Y	Y	Y	Y		
36000		PLACE NEEDLE IN VEIN	07/01/2012	RBRVS	$0.00	$0.00			Y						
36002		PSEUDOANEURYSM INJECTION TRT	07/01/2014	RBRVS	$151.29	$102.24	000		Y	Y	Y				
36147		ACCESS AV DIAL GRFT FOR EVAL	07/01/2014	RBRVS	$770.99	$177.79			Y	Y		Y			
36148		ACCESS AV DIAL GRFT FOR PROC	07/01/2014	RBRVS	$239.73	$46.41	ZZZ		Y			Y			
36221		PLACE CATH THORACIC AORTA	07/01/2014	RBRVS	$1,024.38	$205.26	000		Y	Y					
36222		PLACE CATH CAROTID/INOM ART	07/01/2014	RBRVS	$1,295.64	$278.36	000		Y	Y	Y				
36223		PLACE CATH CAROTID/INOM ART	07/01/2014	RBRVS	$1,410.92	$300.37	000		Y	Y	Y				
36224		PLACE CATH CAROTD ART	07/01/2014	RBRVS	$1,550.53	$328.32	000		Y	Y	Y				
36225		PLACE CATH SUBCLAVIAN ART	07/01/2014	RBRVS	$1,396.98	$299.01	000		Y	Y	Y				
36226		PLACE CATH VERTEBRAL ART	07/01/2014	RBRVS	$1,581.52	$329.29	000		Y	Y	Y				
36227		PLACE CATH XTRNL CAROTID	07/01/2014	RBRVS	$229.23	$104.34	ZZZ		Y		Y				
36228		PLACE CATH INTRACRANIAL ART	07/01/2014	RBRVS	$1,075.23	$211.91	ZZZ		Y		Y				
36400		BL DRAW < 3 YRS FEM/JUGULAR	07/01/2014	RBRVS	$31.13	$21.44			Y	Y					
36405		BL DRAW < 3 YRS SCALP VEIN	07/01/2014	RBRVS	$27.54	$17.86			Y	Y					
36406		BL DRAW < 3 YRS OTHER VEIN	07/01/2014	RBRVS	$17.58	$8.87			Y	Y					
36410		NON-ROUTINE BL DRAW > 3 YRS	07/01/2014	RBRVS	$15.65	$9.19			Y	Y					
36415		ROUTINE VENIPUNCTURE	06/01/1998	FEE SCHED	$3.00	$0.00									
36416		CAPILLARY BLOOD DRAW	07/02/2004	RBRVS	$0.00	$0.00									
36420		VEIN ACCESS CUTDOWN < 1 YR	07/01/2014	RBRVS	$50.85	$50.85			Y	Y					
36425		VEIN ACCESS CUTDOWN > 1 YR	07/01/2014	RBRVS	$38.01	$38.01			Y	Y					
36430		BLOOD TRANSFUSION SERVICE	07/01/2014	RBRVS	$30.72	$30.72			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
36471		INJECTION THERAPY OF VEINS	07/01/2014	RBRVS	$162.10	$96.27	010		Y	Y	Y				
36475		ENDOVENOUS RF 1ST VEIN	07/01/2014	RBRVS	$1,537.98	$341.26	000		Y	Y	Y				
36476		ENDOVENOUS RF VEIN ADD-ON	07/01/2014	RBRVS	$352.24	$167.63	ZZZ		Y		Y				
36478		ENDOVENOUS LASER 1ST VEIN	07/01/2014	RBRVS	$1,226.99	$337.51	000		Y	Y	Y				
36479		ENDOVENOUS LASER VEIN ADDON	07/01/2014	RBRVS	$359.91	$166.27	ZZZ		Y		Y				
36481		INSERTION OF CATHETER VEIN	07/01/2014	RBRVS	$1,872.18	$337.55	000		Y	Y					
3650F		EEG ORDERED RVWD REQSTD	09/01/2011	RBRVS	$0.00	$0.00									
36500		INSERTION OF CATHETER VEIN	07/01/2014	RBRVS	$171.50	$171.50	000		Y	Y					
36511		APHERESIS WBC	07/01/2014	RBRVS	$89.82	$89.82	000		Y	Y					
36512		APHERESIS RBC	07/01/2014	RBRVS	$87.94	$87.94	000		Y	Y					
36513		APHERESIS PLATELETS	07/01/2014	RBRVS	$94.05	$94.05	000		Y	Y					
36514		APHERESIS PLASMA	07/01/2014	RBRVS	$474.84	$89.17	000		Y	Y					
36515		APHERESIS ADSORP/REINFUSE	07/01/2014	RBRVS	$1,881.82	$82.55	000		Y	Y					
36516		APHERESIS SELECTIVE	07/01/2014	RBRVS	$1,842.00	$67.58	000		Y	Y					
36556		INSERT NON-TUNNEL CV CATH	07/01/2014	RBRVS	$215.58	$114.89	000		Y						
36569		INSERT PICC CATH	07/01/2014	RBRVS	$253.82	$96.39	000		Y						
36591		DRAW BLOOD OFF VENOUS DEVICE	09/01/2011	RBRVS	$0.00	$0.00			Y						
36592		COLLECT BLOOD FROM PICC	09/01/2011	RBRVS	$0.00	$0.00			Y						
36593		DECLOT VASCULAR DEVICE	07/01/2014	RBRVS	$27.81	$27.81			Y						
36598		INJ W/FLUOR EVAL CV DEVICE	09/01/2011	RBRVS	$0.00	$0.00	000		Y	Y	Y				
36600		WITHDRAWAL OF ARTERIAL BLOOD	07/01/2014	RBRVS	$28.56	$14.68			Y	Y					
36620		INSERTION CATHETER ARTERY	07/01/2014	RBRVS	$47.98	$47.98	000		Y						
36625		INSERTION CATHETER ARTERY	07/01/2014	RBRVS	$101.21	$101.21	000		Y						
36640		INSERTION CATHETER ARTERY	07/01/2014	RBRVS	$123.15	$123.15	000		Y	Y					
36660		INSERTION CATHETER ARTERY	07/01/2014	RBRVS	$72.58	$72.58	000		Y	Y					
36818		AV FUSE UPPR ARM CEPHALIC	07/01/2014	RBRVS	$647.31	$647.31	090		Y	Y		Y	Y		
36821		AV FUSION DIRECT ANY SITE	07/01/2014	RBRVS	$668.94	$668.94	090		Y	Y		Y	Y		
36832		AV FISTULA REVISION OPEN	07/01/2014	RBRVS	$559.62	$559.62	090		Y	Y		Y	Y		
36833		AV FISTULA REVISION	07/01/2014	RBRVS	$634.63	$634.63	090		Y	Y		Y	Y		
3700F		PSYCH DISORDERS ASSESSED	01/01/2011	RBRVS	$0.00	$0.00									
37181		SPLICE SPLEEN/KIDNEY VEINS	07/01/2014	RBRVS	$2,170.90	$2,170.90	090		Y	Y		Y	Y		
37182		INSERT HEPATIC SHUNT (TIPS)	07/01/2014	RBRVS	$796.71	$796.71	000		Y	Y					
37183		REMOVE HEPATIC SHUNT (TIPS)	07/01/2014	RBRVS	$5,369.61	$374.57	000		Y	Y					
37184		PRIM ART MECH THROMBECTOMY	07/01/2014	RBRVS	$2,075.47	$434.02	000		Y	Y	Y		Y		
37185		PRIM ART M-THROMBECT ADD-ON	07/01/2014	RBRVS	$666.64	$159.94	ZZZ		Y				Y		
37186		SEC ART M-THROMBECT ADD-ON	07/01/2014	RBRVS	$1,277.40	$242.05	ZZZ		Y				Y		
37187		VENOUS MECH THROMBECTOMY	07/01/2014	RBRVS	$1,899.90	$386.25	000		Y	Y	Y		Y		
37188		VENOUS M-THROMBECTOMY ADD-ON	07/01/2014	RBRVS	$1,634.96	$276.55	000		Y	Y	Y		Y		
37197		REMOVE INTRVAS FOREIGN BODY	07/01/2014	RBRVS	$1,391.36	$288.24	000		Y	Y					
3720F		COGNIT IMPAIRMENT ASSESSED	01/01/2011	RBRVS	$0.00	$0.00									
37211		THROMBOLYTIC ART THERAPY	07/01/2014	RBRVS	$384.67	$384.67	000		Y	Y	Y				
37212		THROMBOLYTIC VENOUS THERAPY	07/01/2014	RBRVS	$339.68	$339.68	000		Y	Y	Y				
37213		THROMBLYTIC ART/VEN THERAPY	07/01/2014	RBRVS	$236.79	$236.79	000		Y	Y					
37214		CESSJ THERAPY CATH REMOVAL	07/01/2014	RBRVS	$139.61	$139.61	000		Y	Y					
37215		TRANSCATH STENT CCA W/EPS	07/01/2014	RBRVS	$1,037.02	$1,037.02	090		Y	Y	Y				
37216		TRANSCATH STENT CCA W/O EPS	07/01/2014	RBRVS	$952.40	$952.40	090		Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
37217		STENT PLACEMT RETRO CAROTID	07/01/2014	RBRVS	$1,071.00	$1,071.00	090		Y	Y	Y				
37218		STENT PLACEMT ANTE CAROTID	01/01/2015	RBRVS	$860.71	$921.67	090		Y	Y	Y				
3725F		SCREEN DEPRESSION PERFORMED	01/01/2012	RBRVS	$0.00	$0.00									
3750F		PTNOTRCVNGSTEROID>/=10MG/DAY	01/01/2012	RBRVS	$0.00	$0.00									
37500		ENDOSCOPY LIGATE PERF VEINS	07/01/2014	RBRVS	$727.97	$727.97	090		Y	Y	Y		Y		
37501		VASCULAR ENDOSCOPY PROCEDURE	07/01/2014	FEE SCHED	$681.29	$0.00			Y						
3751F		ELECTRODIAG POLYNEURO 6MON	01/01/2013	RBRVS	$0.00	$0.00									
3752F		NO ELECTRODIAG POLYNEURO6MON	01/01/2013	RBRVS	$0.00	$0.00									
3753F		PT HAS SYMP+SIGNS NEUROPATHY	01/01/2013	RBRVS	$0.00	$0.00									
3754F		SCREENING TESTS DM DONE	01/01/2013	RBRVS	$0.00	$0.00									
3755F		COG+BEHAV IMPRMNT SCRNG DONE	01/01/2013	RBRVS	$0.00	$0.00									
3756F		PT W/PSEUDOBULB AFFECT/ALS	01/01/2013	RBRVS	$0.00	$0.00									
3757F		PT W/NO PSEUDOBULBAFFECT/ALS	01/01/2013	RBRVS	$0.00	$0.00									
3758F		PT REF PULM FX TEST/PEAKFLOW	01/01/2013	RBRVS	$0.00	$0.00									
3759F		PT SCRN DYSPHAG/WT LOSS/NUTR	01/01/2013	RBRVS	$0.00	$0.00									
3760F		PT W/DYSPHAG/WT LOSS/NUTR	01/01/2013	RBRVS	$0.00	$0.00									
3761F		PT W/O DYSPHAG/WT LOSS/NUTR	01/01/2013	RBRVS	$0.00	$0.00									
37615		LIGATION OF NECK ARTERY	07/01/2014	RBRVS	$503.50	$503.50	090		Y	Y		Y	Y		
37616		LIGATION OF CHEST ARTERY	07/01/2014	RBRVS	$1,041.15	$1,041.15	090		Y	Y		Y	Y		
37617		LIGATION OF ABDOMEN ARTERY	07/01/2014	RBRVS	$1,273.92	$1,273.92	090		Y	Y		Y	Y		
37618		LIGATION OF EXTREMITY ARTERY	07/01/2014	RBRVS	$370.44	$370.44	090		Y	Y		Y	Y		
3762F		PATIENT IS DYSARTHRIC	01/01/2013	RBRVS	$0.00	$0.00									
3763F		PATIENT IS NOT DYSARTHRIC	01/01/2013	RBRVS	$0.00	$0.00									
37718		LIGATE/STRIP SHORT LEG VEIN	07/01/2014	RBRVS	$418.85	$418.85	090		Y	Y	Y		Y		
37722		LIGATE/STRIP LONG LEG VEIN	07/01/2014	RBRVS	$463.94	$463.94	090		Y	Y	Y		Y		
3775F		ADENOMA DETECTED SCREENING	01/01/2015	RBRVS	$0.00	$0.00									
3776F		ADENOMA NOT DETECT SCREENING	01/01/2015	RBRVS	$0.00	$0.00									
37761		LIGATE LEG VEINS OPEN	07/01/2014	RBRVS	$529.58	$529.58	090		Y	Y	Y	Y	Y		
38100		REMOVAL OF SPLEEN TOTAL	07/01/2014	RBRVS	$1,081.30	$1,081.30	090		Y	Y		Y	Y		
38101		REMOVAL OF SPLEEN PARTIAL	07/01/2014	RBRVS	$1,089.79	$1,089.79	090		Y	Y		Y	Y		
38115		REPAIR OF RUPTURED SPLEEN	07/01/2014	RBRVS	$1,189.52	$1,189.52	090		Y	Y		Y	Y		
38120		LAPAROSCOPY SPLENECTOMY	07/01/2014	RBRVS	$985.94	$985.94	090		Y	Y		Y	Y		
38129		LAPAROSCOPE PROC SPLEEN	07/01/2014	FEE SCHED	$1,087.84	$0.00			Y						
38200		INJECTION FOR SPLEEN X-RAY	07/01/2014	RBRVS	$126.16	$126.16	000		Y	Y					
38204		BL DONOR SEARCH MANAGEMENT	09/01/2011	RBRVS	$0.00	$0.00			Y						
38205		HARVEST ALLOGENEIC STEM CELL	07/01/2014	RBRVS	$75.29	$75.29	000	Y	Y	Y					
38206		HARVEST AUTO STEM CELLS	07/01/2014	RBRVS	$76.75	$76.75	000	Y	Y	Y					
38220		BONE MARROW ASPIRATION	07/01/2014	RBRVS	$146.45	$56.73			Y	Y	Y				
38221		BONE MARROW BIOPSY	07/01/2014	RBRVS	$151.46	$69.81			Y	Y	Y				
38242		LYMPHOCYTE INFUSE TRANSPLANT	07/01/2014	RBRVS	$109.02	$109.02	000	Y	Y	Y					
38243		TRANSPLJ HEMATOPOIETIC BOOST	07/01/2014	RBRVS	$109.98	$109.98	000		Y	Y					
38300		DRAINAGE LYMPH NODE LESION	07/01/2014	RBRVS	$252.83	$170.53	010		Y	Y					
38305		DRAINAGE LYMPH NODE LESION	07/01/2014	RBRVS	$445.05	$445.05	090		Y	Y					
38500		BIOPSY/REMOVAL LYMPH NODES	07/01/2014	RBRVS	$306.40	$237.02	010		Y	Y	Y				
38505		NEEDLE BIOPSY LYMPH NODES	07/01/2014	RBRVS	$116.44	$67.06	000		Y	Y	Y				
38542		EXPLORE DEEP NODE(S) NECK	07/01/2014	RBRVS	$488.95	$488.95	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
38562		REMOVAL PELVIC LYMPH NODES	07/01/2014	RBRVS	$654.16	$654.16	090		Y	Y		Y	Y		
38564		REMOVAL ABDOMEN LYMPH NODES	07/01/2014	RBRVS	$656.28	$656.28	090		Y	Y		Y	Y		
38570		LAPAROSCOPY LYMPH NODE BIOP	07/01/2014	RBRVS	$498.17	$498.17	010		Y	Y		Y	Y		
38724		REMOVAL OF LYMPH NODES NECK	07/01/2014	RBRVS	$1,372.54	$1,372.54	090		Y	Y	Y	Y	Y		
38760		REMOVE GROIN LYMPH NODES	07/01/2014	RBRVS	$789.12	$789.12	090		Y	Y	Y	Y	Y		
38765		REMOVE GROIN LYMPH NODES	07/01/2014	RBRVS	$1,208.27	$1,208.27	090		Y	Y	Y	Y	Y		
38900		IO MAP OF SENT LYMPH NODE	07/01/2014	RBRVS	$129.54	$129.54	ZZZ		Y		Y	Y	Y		
38999		BLOOD/LYMPH SYSTEM PROCEDURE	07/01/2014	FEE SCHED	$473.53	$0.00			Y						
39000		EXPLORATION OF CHEST	07/01/2014	RBRVS	$471.65	$471.65	090		Y	Y		Y	Y		
39010		EXPLORATION OF CHEST	07/01/2014	RBRVS	$753.04	$753.04	090		Y	Y		Y	Y		
39200		REMOVAL CHEST LESION	07/01/2014	RBRVS	$835.54	$835.54	090		Y	Y		Y	Y		
39220		REMOVAL CHEST LESION	07/01/2014	RBRVS	$1,091.21	$1,091.21	090		Y	Y		Y	Y		
39501		REPAIR DIAPHRAGM LACERATION	07/01/2014	RBRVS	$800.55	$800.55	090		Y	Y		Y	Y		
39503		REPAIR OF DIAPHRAGM HERNIA	07/01/2014	RBRVS	$5,766.91	$5,766.91	090		Y	Y		Y	Y		
39540		REPAIR OF DIAPHRAGM HERNIA	07/01/2014	RBRVS	$814.98	$814.98	090		Y	Y		Y	Y		
39541		REPAIR OF DIAPHRAGM HERNIA	07/01/2014	RBRVS	$887.73	$887.73	090		Y	Y		Y	Y		
39545		REVISION OF DIAPHRAGM	07/01/2014	RBRVS	$850.41	$850.41	090		Y	Y		Y	Y		
39560		RESECT DIAPHRAGM SIMPLE	07/01/2014	RBRVS	$752.33	$752.33	090		Y	Y		Y	Y		
39561		RESECT DIAPHRAGM COMPLEX	07/01/2014	RBRVS	$1,173.51	$1,173.51	090		Y	Y		Y	Y		
39599		DIAPHRAGM SURGERY PROCEDURE	07/01/2014	FEE SCHED	$1,542.20	$0.00			Y						
4000F		TOBACCO USE TXMNT COUNSELING	10/01/2007	RBRVS	$0.00	$0.00									
4001F		TOBACCO USE TXMNT PHARMACOL	10/01/2007	RBRVS	$0.00	$0.00									
4003F		PT ED WRITE/ORAL PTS W/ HF	01/01/2006	RBRVS	$0.00	$0.00									
4004F		PT TOBACCO USE DONE RCVD TLK	09/01/2011	RBRVS	$0.00	$0.00									
4005F		PHARM THX FOR OP RXD	07/01/2007	RBRVS	$0.00	$0.00									
4008F		BETA-BLOCKER THERAPY RXD/TKN	01/01/2012	RBRVS	$0.00	$0.00									
4010F		ACE/ARB THERAPY RXD/TAKEN	01/01/2012	RBRVS	$0.00	$0.00									
4011F		ORAL ANTIPLATELET THERAPY RX	10/01/2007	RBRVS	$0.00	$0.00									
4012F		WARFARIN THERAPY RX	01/01/2006	RBRVS	$0.00	$0.00									
4013F		STATIN THERAPY/CURRENTLY TKN	01/01/2012	RBRVS	$0.00	$0.00									
4014F		WRITTEN DISCHARGE INSTR PRVD	01/01/2006	RBRVS	$0.00	$0.00									
4015F		PERSIST ASTHMA MEDICINE CTRL	01/01/2006	RBRVS	$0.00	$0.00									
4016F		ANTI-INFLM/ANLGSC AGENT RX	01/01/2006	RBRVS	$0.00	$0.00									
4017F		GI PROPHYLAXIS FOR NSAID RX	01/01/2006	RBRVS	$0.00	$0.00									
4018F		THERAPY EXERCISE JOINT RX	01/01/2006	RBRVS	$0.00	$0.00									
4019F		DOC RECPT COUNSL VIT D/CALC+	07/01/2007	RBRVS	$0.00	$0.00									
4025F		INHALED BRONCHODILATOR RX	07/01/2006	RBRVS	$0.00	$0.00									
4030F		OXYGEN THERAPY RX	07/01/2006	RBRVS	$0.00	$0.00									
4033F		PULMONARY REHAB REC	07/01/2006	RBRVS	$0.00	$0.00									
4035F		INFLUENZA IMM REC	07/01/2006	RBRVS	$0.00	$0.00									
4037F		INFLUENZA IMM ORDER/ADMIN	07/01/2006	RBRVS	$0.00	$0.00									
4040F		PNEUMOC VAC/ADMIN/RCVD	07/01/2006	RBRVS	$0.00	$0.00									
4045F		EMPIRIC ANTIBIOTIC RX	07/01/2006	RBRVS	$0.00	$0.00									
4050F		HT CARE PLAN DOC	07/01/2006	RBRVS	$0.00	$0.00									
4051F		REFERRED FOR AN AV FISTULA	10/01/2006	RBRVS	$0.00	$0.00									
4052F		HEMODIALYSIS VIA AV FISTULA	10/01/2006	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
4053F		HEMODIALYSIS VIA AV GRAFT	10/01/2006	RBRVS	$0.00	$0.00									
4054F		HEMODIALYSIS VIA CATHETER	10/01/2006	RBRVS	$0.00	$0.00									
4055F		PT RCVNG PERITON DIALYSIS	10/01/2006	RBRVS	$0.00	$0.00									
4056F		APPROP ORAL REHYD RECOMMD	10/01/2006	RBRVS	$0.00	$0.00									
4058F		PED GASTRO ED GIVEN, CAREGVR	10/01/2006	RBRVS	$0.00	$0.00									
4060F		PSYCH SVCS PROVIDED	10/01/2006	RBRVS	$0.00	$0.00									
4062F		PT REFERRAL PSYCH DOCD	10/01/2006	RBRVS	$0.00	$0.00									
4063F		ANTIDEPRES RXTHXPY NOT RXD	09/01/2011	RBRVS	$0.00	$0.00									
4064F		ANTIDEPRESSANT PRESCRIBED	10/01/2006	RBRVS	$0.00	$0.00									
4065F		ANTIPSYCHOTIC RX PRESCRIBED	10/01/2006	RBRVS	$0.00	$0.00									
4066F		ECT PROVIDED	10/01/2006	RBRVS	$0.00	$0.00									
4067F		PT REFERRAL FOR ECT DOCD	10/01/2006	RBRVS	$0.00	$0.00									
4069F		VTE PROPHYLAXIS RCVD	01/01/2012	RBRVS	$0.00	$0.00									
40799		LIP SURGERY PROCEDURE	07/01/2014	FEE SCHED	$110.00	$0.00			Y						
40800		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$199.38	$124.51	010		Y	Y					
40801		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$296.20	$209.71	010		Y	Y					
40804		REMOVAL FOREIGN BODY MOUTH	07/01/2014	RBRVS	$205.42	$126.02	010		Y	Y					
40805		REMOVAL FOREIGN BODY MOUTH	07/01/2014	RBRVS	$362.88	$222.49	010		Y	Y					
40808		BIOPSY OF MOUTH LESION	07/01/2014	RBRVS	$174.53	$101.60	010		Y	Y					
40830		REPAIR MOUTH LACERATION	07/01/2014	RBRVS	$250.76	$158.13	010		Y	Y					
40831		REPAIR MOUTH LACERATION	07/01/2014	RBRVS	$319.05	$214.17	010		Y	Y					
40840		RECONSTRUCTION OF MOUTH	07/01/2014	RBRVS	$756.36	$589.19	090		Y	Y		Y			
40843		RECONSTRUCTION OF MOUTH	07/01/2014	RBRVS	$1,046.58	$838.08	090		Y	Y		Y			
40844		RECONSTRUCTION OF MOUTH	07/01/2014	RBRVS	$1,255.55	$1,033.50	090		Y	Y		Y			
4086F		ASPIRIN/CLOPIDOGREL RXD	01/01/2012	RBRVS	$0.00	$0.00									
41000		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$152.91	$106.11	010		Y	Y					
41005		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$214.46	$118.61	010		Y	Y					
41006		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$336.49	$238.37	090		Y	Y					
41007		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$330.93	$231.53	090		Y	Y					
41008		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$354.33	$255.25	090		Y	Y					
41009		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$376.83	$276.13	090		Y	Y					
41015		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$420.62	$327.68	090		Y	Y					
41016		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$412.58	$331.26	090		Y	Y					
41017		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$416.46	$332.87	090		Y	Y					
41018		DRAINAGE OF MOUTH LESION	07/01/2014	RBRVS	$472.04	$387.80	090		Y	Y					
41019		PLACE NEEDLES H&N FOR RT	07/01/2014	RBRVS	$435.50	$435.50	000		Y	Y			Y	Y	
41100		BIOPSY OF TONGUE	07/01/2014	RBRVS	$158.17	$102.66	010		Y	Y					
41120		PARTIAL REMOVAL OF TONGUE	07/01/2014	RBRVS	$982.87	$982.87	090		Y	Y		Y	Y		
41130		PARTIAL REMOVAL OF TONGUE	07/01/2014	RBRVS	$1,219.57	$1,219.57	090		Y	Y		Y	Y		
41135		TONGUE AND NECK SURGERY	07/01/2014	RBRVS	$2,028.64	$2,028.64	090		Y	Y		Y	Y		
41140		REMOVAL OF TONGUE	07/01/2014	RBRVS	$2,044.04	$2,044.04	090		Y	Y		Y	Y		
41145		TONGUE REMOVAL NECK SURGERY	07/01/2014	RBRVS	$2,585.76	$2,585.76	090		Y	Y		Y	Y		
41150		TONGUE MOUTH JAW SURGERY	07/01/2014	RBRVS	$2,055.36	$2,055.36	090		Y	Y		Y	Y		
41153		TONGUE MOUTH NECK SURGERY	07/01/2014	RBRVS	$2,235.16	$2,235.16	090		Y	Y		Y	Y		
41155		TONGUE JAW & NECK SURGERY	07/01/2014	RBRVS	$2,820.55	$2,820.55	090		Y	Y		Y	Y		
41250		REPAIR TONGUE LACERATION	07/01/2014	RBRVS	$250.54	$146.94	010		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
41251		REPAIR TONGUE LACERATION	07/01/2014	RBRVS	$270.07	$170.34	010		Y	Y					
41252		REPAIR TONGUE LACERATION	07/01/2014	RBRVS	$297.11	$200.61	010		Y	Y					
4140F		INHALED CORTICOSTEROIDS RXD	01/01/2012	RBRVS	$0.00	$0.00									
4142F		CORTICOSTER SPARNG TXMNT RXD	01/01/2012	RBRVS	$0.00	$0.00									
4144F		ALT LONG-TERM CNTRL MED RXD	01/01/2012	RBRVS	$0.00	$0.00									
4148F		HEP A VACCINE ADMIN/RECVD	01/01/2009	RBRVS	$0.00	$0.00									
41512		TONGUE SUSPENSION	07/01/2014	RBRVS	$583.12	$583.12	090		Y	Y					
41530		TONGUE BASE VOL REDUCTION	07/01/2014	RBRVS	$2,998.89	$379.53	010		Y	Y					
41800		DRAINAGE OF GUM LESION	07/01/2014	RBRVS	$252.22	$139.26	010		Y	Y					
41805		REMOVAL FOREIGN BODY GUM	07/01/2014	RBRVS	$243.60	$165.17	010		Y	Y					
41806		REMOVAL FOREIGN BODY JAWBONE	07/01/2014	RBRVS	$339.71	$253.22	010		Y	Y					
4192F		PT NOT RCVNG GLUCOCO THXPY	01/01/2009	RBRVS	$0.00	$0.00									
4193F		PT RCVNG<10MG DAILY PREDNISO	01/01/2009	RBRVS	$0.00	$0.00									
4194F		PT RCVNG10MG DAILY PREDNISO	01/01/2009	RBRVS	$0.00	$0.00									
4195F		PT RCVNG ANTI-RHEUM THXPY RA	01/01/2009	RBRVS	$0.00	$0.00									
4196F		PTNOT RCVNG ANTI-RHM THXPYRA	01/01/2009	RBRVS	$0.00	$0.00									
42000		DRAINAGE MOUTH ROOF LESION	07/01/2014	RBRVS	$147.97	$97.63	010		Y	Y					
42180		REPAIR PALATE	07/01/2014	RBRVS	$230.53	$174.37	010		Y	Y					
42182		REPAIR PALATE	07/01/2014	RBRVS	$302.34	$242.31	010		Y	Y					
42260		REPAIR NOSE TO LIP FISTULA	07/01/2014	RBRVS	$765.09	$624.05	090		Y	Y		Y			
42300		DRAINAGE OF SALIVARY GLAND	07/01/2014	RBRVS	$197.61	$144.68	010		Y	Y					
42305		DRAINAGE OF SALIVARY GLAND	07/01/2014	RBRVS	$407.13	$407.13	090		Y	Y					
42310		DRAINAGE OF SALIVARY GLAND	07/01/2014	RBRVS	$152.49	$117.96	010		Y	Y					
42320		DRAINAGE OF SALIVARY GLAND	07/01/2014	RBRVS	$235.92	$166.53	010		Y	Y					
4240F		INSTR EXERCISE BK PN >12 WKS	04/01/2008	RBRVS	$0.00	$0.00									
42410		EXCISE PAROTID GLAND/LESION	07/01/2014	RBRVS	$589.25	$589.25	090		Y	Y	Y	Y	Y		
42415		EXCISE PAROTID GLAND/LESION	07/01/2014	RBRVS	$998.91	$998.91	090		Y	Y	Y	Y	Y		
4242F		SPRVSD XRCZ BACK PN >12 WKS	04/01/2008	RBRVS	$0.00	$0.00									
42420		EXCISE PAROTID GLAND/LESION	07/01/2014	RBRVS	$1,121.71	$1,121.71	090		Y	Y	Y	Y	Y		
42425		EXCISE PAROTID GLAND/LESION	07/01/2014	RBRVS	$791.36	$791.36	090		Y	Y	Y	Y	Y		
42426		EXCISE PAROTID GLAND/LESION	07/01/2014	RBRVS	$1,278.44	$1,278.44	090		Y	Y	Y	Y	Y		
42440		EXCISE SUBMAXILLARY GLAND	07/01/2014	RBRVS	$389.51	$389.51	090		Y	Y	Y	Y	Y		
4245F		PT INSTR NORMAL LIFESTYLE	04/01/2008	RBRVS	$0.00	$0.00									
4248F		PT INSTR NO BD REST 4 DAYS/>	04/01/2008	RBRVS	$0.00	$0.00									
4250F		WARMNG SURG NORMOTHERMIA	04/01/2008	RBRVS	$0.00	$0.00									
42507		PAROTID DUCT DIVERSION	07/01/2014	RBRVS	$484.98	$484.98	090		Y	Y		Y			
42510		PAROTID DUCT DIVERSION	07/01/2014	RBRVS	$593.83	$593.83	090		Y	Y		Y	Y		
4255F		ANESTH 60 MIN/> AS DOCD	01/01/2010	RBRVS	$0.00	$0.00									
4256F		ANESTH < 60 MIN AS DOCD	01/01/2010	RBRVS	$0.00	$0.00									
4260F		WOUND SRFC CULTURETECH USED	07/01/2009	RBRVS	$0.00	$0.00									
4261F		TECH OTHER THAN SURFC CULTR	07/01/2009	RBRVS	$0.00	$0.00									
4265F		WET-DRY DRESSINGS RX RECMD	07/01/2009	RBRVS	$0.00	$0.00									
4266F		NO WET-DRY DRSSINGS RX RECMD	07/01/2009	RBRVS	$0.00	$0.00									
4267F		COMPRSSION THXPY PRESCRIBED	01/01/2009	RBRVS	$0.00	$0.00									
4268F		PT ED RE COMP THXPY RCVD	07/01/2009	RBRVS	$0.00	$0.00									
4269F		APPROPOS MTHD OFFLOADING RXD	07/01/2009	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
42699		SALIVARY SURGERY PROCEDURE	07/01/2014	FEE SCHED	$841.90	$0.00			Y						
42700		DRAINAGE OF TONSIL ABSCESS	07/01/2014	RBRVS	$178.99	$128.97	010		Y	Y					
42720		DRAINAGE OF THROAT ABSCESS	07/01/2014	RBRVS	$428.27	$371.15	010		Y	Y					
42725		DRAINAGE OF THROAT ABSCESS	07/01/2014	RBRVS	$767.18	$767.18	090		Y	Y		Y	Y		
4279F		PCP PROPHYLAXIS RXD	09/01/2011	RBRVS	$0.00	$0.00									
42809		REMOVE PHARYNX FOREIGN BODY	07/01/2014	RBRVS	$162.43	$125.64	010		Y	Y					
42810		EXCISION OF NECK CYST	07/01/2014	RBRVS	$365.53	$273.55	090		Y	Y	Y	Y			
42815		EXCISION OF NECK CYST	07/01/2014	RBRVS	$528.00	$528.00	090		Y	Y	Y	Y	Y		
42844		EXTENSIVE SURGERY OF THROAT	07/01/2014	RBRVS	$1,284.75	$1,284.75	090		Y	Y		Y	Y		
42845		EXTENSIVE SURGERY OF THROAT	07/01/2014	RBRVS	$2,088.12	$2,088.12	090		Y	Y		Y	Y		
42890		PARTIAL REMOVAL OF PHARYNX	07/01/2014	RBRVS	$1,331.88	$1,331.88	090		Y	Y		Y	Y		
42892		REVISION OF PHARYNGEAL WALLS	07/01/2014	RBRVS	$1,769.58	$1,769.58	090		Y	Y		Y	Y		
42894		REVISION OF PHARYNGEAL WALLS	07/01/2014	RBRVS	$2,225.54	$2,225.54	090		Y	Y		Y	Y		
4293F		PT SCRND HGH-RISK SEX BEHAV	07/01/2009	RBRVS	$0.00	$0.00									
42950		RECONSTRUCTION OF THROAT	07/01/2014	RBRVS	$745.53	$745.53	090		Y	Y		Y	Y		
42953		REPAIR THROAT ESOPHAGUS	07/01/2014	RBRVS	$891.27	$891.27	090		Y	Y		Y			
42955		SURGICAL OPENING OF THROAT	07/01/2014	RBRVS	$706.57	$706.57	090		Y	Y		Y			
42961		CONTROL THROAT BLEEDING	07/01/2014	RBRVS	$398.45	$398.45	090		Y	Y		Y			
42962		CONTROL THROAT BLEEDING	07/01/2014	RBRVS	$489.27	$489.27	090		Y	Y					
42971		CONTROL NOSE/THROAT BLEEDING	07/01/2014	RBRVS	$432.21	$432.21	090		Y	Y		Y			
42972		CONTROL NOSE/THROAT BLEEDING	07/01/2014	RBRVS	$484.27	$484.27	090		Y	Y		Y			
4300F		PT RCVNG WARF THXPY	07/01/2009	RBRVS	$0.00	$0.00									
4301F		PT NOT RCVNG WARF THXPY	07/01/2009	RBRVS	$0.00	$0.00									
43020		INCISION OF ESOPHAGUS	07/01/2014	RBRVS	$466.91	$466.91	090		Y	Y		Y	Y		
43030		THROAT MUSCLE SURGERY	07/01/2014	RBRVS	$491.04	$491.04	090		Y	Y		Y	Y		
43045		INCISION OF ESOPHAGUS	07/01/2014	RBRVS	$1,241.22	$1,241.22	090		Y	Y		Y	Y		
4305F		PT ED RE FT CARE INSPCT RCVD	07/01/2009	RBRVS	$0.00	$0.00									
4306F		PT TLK PSYCH & RX OPD ADDIC	07/01/2009	RBRVS	$0.00	$0.00									
43100		EXCISION OF ESOPHAGUS LESION	07/01/2014	RBRVS	$592.74	$592.74	090		Y	Y		Y	Y		
43101		EXCISION OF ESOPHAGUS LESION	07/01/2014	RBRVS	$960.54	$960.54	090		Y	Y		Y	Y		
43130		REMOVAL OF ESOPHAGUS POUCH	07/01/2014	RBRVS	$747.27	$747.27	090		Y	Y		Y	Y		
43135		REMOVAL OF ESOPHAGUS POUCH	07/01/2014	RBRVS	$1,423.98	$1,423.98	090		Y	Y		Y	Y		
4320F		PT TALK PSYCHSOC&RX OH DPND	07/01/2009	RBRVS	$0.00	$0.00									
43201		ESOPH SCOPE W/SUBMUCOUS INJ	07/01/2014	RBRVS	$253.71	$103.95	000		Y	Y					
43206		ESOPH OPTICAL ENDOMICROSCOPY	07/01/2014	RBRVS	$305.44	$135.68	090		Y	Y					
4322F		CRGVR PROV W/ ED ADDL RSRCS	01/01/2012	RBRVS	$0.00	$0.00									
43229		ESOPHAGOSCOPY LESION ABLATE	07/01/2014	RBRVS	$668.35	$196.51	000		Y	Y					
43233		EGD BALLOON DIL ESOPH30 MM/>	07/01/2014	RBRVS	$220.56	$220.56	000		Y	Y					
43236		UPPR GI SCOPE W/SUBMUC INJ	07/01/2014	RBRVS	$358.75	$139.61	000		Y	Y					
43237		ENDOSCOPIC US EXAM ESOPH	07/01/2014	RBRVS	$196.74	$196.74	000		Y	Y					
43238		UPPR GI ENDOSCOPY W/US FN BX	07/01/2014	RBRVS	$224.49	$224.49	000		Y	Y					
4324F		PT QUERIED PRKNS COMPLIC	01/01/2011	RBRVS	$0.00	$0.00									
4325F		MED TXMNT OPTIONS RVWD W/PT	01/01/2011	RBRVS	$0.00	$0.00									
43252		UPPR GI OPTICL ENDOMICRSCOPY	07/01/2014	RBRVS	$341.10	$169.73	090		Y	Y					
43253		EGD US TRANSMURAL INJXN/MARK	07/01/2014	RBRVS	$255.89	$255.89	000		Y	Y					
43254		EGD ENDO MUCOSAL RESECTION	07/01/2014	RBRVS	$265.84	$265.84	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
4326F		PT ASKED RE SYMP AUTO DYSFXN	01/01/2011	RBRVS	$0.00	$0.00									
43266		EGD ENDOSCOPIC STENT PLACE	07/01/2014	RBRVS	$220.07	$220.07	000		Y	Y					
43270		EGD LESION ABLATION	07/01/2014	RBRVS	$666.74	$231.04	000		Y	Y					
43273		ENDOSCOPIC PANCREATOSCOPY	07/01/2014	RBRVS	$117.57	$117.57	ZZZ		Y						
43274		ERCP DUCT STENT PLACEMENT	07/01/2014	RBRVS	$455.31	$455.31	000		Y	Y					
43275		ERCP REMOVE FORGN BODY DUCT	07/01/2014	RBRVS	$375.44	$375.44	000		Y	Y					
43276		ERCP STENT EXCHANGE W/DILATE	07/01/2014	RBRVS	$473.62	$473.62	000		Y	Y					
43277		ERCP EA DUCT/AMPULLA DILATE	07/01/2014	RBRVS	$377.70	$377.70	000		Y	Y					
43278		ERCP LESION ABLATE W/DILATE	07/01/2014	RBRVS	$429.43	$429.43	000		Y	Y					
43279		LAP MYOTOMY HELLER	07/01/2014	RBRVS	$1,212.63	$1,212.63	090		Y	Y		Y	Y		
4328F		PT ASKED RE SLEEP DISTURB	01/01/2011	RBRVS	$0.00	$0.00									
43280		LAPAROSCOPY FUNDOPLASTY	07/01/2014	RBRVS	$1,014.92	$1,014.92	090		Y	Y		Y	Y		
43281		LAP PARAESOPHAG HERN REPAIR	07/01/2014	RBRVS	$1,449.84	$1,449.84	090		Y	Y		Y	Y		
43282		LAP PARAESOPH HER RPR W/MESH	07/01/2014	RBRVS	$1,630.38	$1,630.38	090		Y	Y		Y	Y		
43283		LAP ESOPH LENGTHENING	07/01/2014	RBRVS	$147.94	$147.94	ZZZ		Y			Y	Y		
4330F		CNSLNG EPI SPEC SFTY ISSUES	09/01/2011	RBRVS	$0.00	$0.00									
43300		REPAIR OF ESOPHAGUS	07/01/2014	RBRVS	$581.90	$581.90	090		Y	Y		Y	Y		
43305		REPAIR ESOPHAGUS AND FISTULA	07/01/2014	RBRVS	$1,031.95	$1,031.95	090		Y	Y		Y	Y		
43310		REPAIR OF ESOPHAGUS	07/01/2014	RBRVS	$1,418.40	$1,418.40	090		Y	Y		Y	Y		
43312		REPAIR ESOPHAGUS AND FISTULA	07/01/2014	RBRVS	$1,530.17	$1,530.17	090		Y	Y		Y	Y		
43313		ESOPHAGOPLASTY CONGENITAL	07/01/2014	RBRVS	$2,741.67	$2,741.67	090		Y	Y		Y	Y		
43314		TRACHEO-ESOPHAGOPLASTY CONG	07/01/2014	RBRVS	$2,747.29	$2,747.29	090		Y	Y		Y	Y		
43320		FUSE ESOPHAGUS & STOMACH	07/01/2014	RBRVS	$1,306.93	$1,306.93	090		Y	Y		Y	Y		
43325		REVISE ESOPHAGUS & STOMACH	07/01/2014	RBRVS	$1,261.33	$1,261.33	090		Y	Y		Y	Y		
43327		ESOPH FUNDOPLASTY LAP	07/01/2014	RBRVS	$769.70	$769.70	090		Y	Y		Y	Y		
43328		ESOPH FUNDOPLASTY THOR	07/01/2014	RBRVS	$1,100.06	$1,100.06	090		Y	Y		Y	Y		
43330		ESOPHAGOMYOTOMY ABDOMINAL	07/01/2014	RBRVS	$1,250.74	$1,250.74	090		Y	Y		Y	Y		
43331		ESOPHAGOMYOTOMY THORACIC	07/01/2014	RBRVS	$1,280.66	$1,280.66	090		Y	Y		Y	Y		
43332		TRANSAB ESOPH HIAT HERN RPR	07/01/2014	RBRVS	$1,091.18	$1,091.18	090		Y	Y		Y	Y		
43333		TRANSAB ESOPH HIAT HERN RPR	07/01/2014	RBRVS	$1,187.29	$1,187.29	090		Y	Y		Y	Y		
43334		TRANSTHOR DIAPHRAG HERN RPR	07/01/2014	RBRVS	$1,179.06	$1,179.06	090		Y	Y		Y	Y		
43335		TRANSTHOR DIAPHRAG HERN RPR	07/01/2014	RBRVS	$1,263.59	$1,263.59	090		Y	Y		Y	Y		
43336		THORABD DIAPHR HERN REPAIR	07/01/2014	RBRVS	$1,432.71	$1,432.71	090		Y	Y		Y	Y		
43337		THORABD DIAPHR HERN REPAIR	07/01/2014	RBRVS	$1,546.56	$1,546.56	090		Y	Y		Y	Y		
43338		ESOPH LENGTHENING	07/01/2014	RBRVS	$110.98	$110.98	ZZZ		Y			Y	Y		
43340		FUSE ESOPHAGUS & INTESTINE	07/01/2014	RBRVS	$1,290.44	$1,290.44	090		Y	Y		Y	Y		
43341		FUSE ESOPHAGUS & INTESTINE	07/01/2014	RBRVS	$1,332.46	$1,332.46	090		Y	Y		Y	Y		
43351		SURGICAL OPENING ESOPHAGUS	07/01/2014	RBRVS	$1,255.55	$1,255.55	090		Y	Y		Y	Y		
43352		SURGICAL OPENING ESOPHAGUS	07/01/2014	RBRVS	$1,017.50	$1,017.50	090		Y	Y		Y	Y		
4340F		CNSLNG CHLDBRNG+ WOMEN EPI	09/01/2011	RBRVS	$0.00	$0.00									
43400		LIGATE ESOPHAGUS VEINS	07/01/2014	RBRVS	$1,440.26	$1,440.26	090		Y	Y		Y	Y		
43401		ESOPHAGUS SURGERY FOR VEINS	07/01/2014	RBRVS	$1,466.24	$1,466.24	090		Y	Y		Y	Y		
43410		REPAIR ESOPHAGUS WOUND	07/01/2014	RBRVS	$996.81	$996.81	090		Y	Y		Y	Y		
43415		REPAIR ESOPHAGUS WOUND	07/01/2014	RBRVS	$2,453.69	$2,453.69	090		Y	Y		Y	Y		
43425		REPAIR ESOPHAGUS OPENING	07/01/2014	RBRVS	$1,361.79	$1,361.79	090		Y	Y		Y	Y		
43496		FREE JEJUNUM FLAP MICROVASC	07/01/2014	FEE SCHED	$911.34	$0.00			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
43499		ESOPHAGUS SURGERY PROCEDURE	07/01/2014	FEE SCHED	$1,591.16	$0.00			Y						
4350F		CNSLNG PROVIDED SYMP MNGMNT	01/01/2012	RBRVS	$0.00	$0.00									
43500		SURGICAL OPENING OF STOMACH	07/01/2014	RBRVS	$738.00	$738.00	090		Y	Y		Y	Y		
43501		SURGICAL REPAIR OF STOMACH	07/01/2014	RBRVS	$1,263.01	$1,263.01	090		Y	Y		Y	Y		
43510		SURGICAL OPENING OF STOMACH	07/01/2014	RBRVS	$846.87	$846.87	090		Y	Y		Y	Y		
43520		INCISION OF PYLORIC MUSCLE	07/01/2014	RBRVS	$645.60	$645.60	090		Y	Y		Y	Y		
43605		BIOPSY OF STOMACH	07/01/2014	RBRVS	$778.83	$778.83	090		Y	Y		Y	Y		
43610		EXCISION OF STOMACH LESION	07/01/2014	RBRVS	$919.68	$919.68	090		Y	Y		Y	Y		
43620		REMOVAL OF STOMACH	07/01/2014	RBRVS	$1,843.26	$1,843.26	090		Y	Y		Y	Y		
43647		LAP IMPL ELECTRODE ANTRUM	07/01/2014	FEE SCHED	$1,129.03	$0.00			Y						
43648		LAP REVISE/REMV ELTRD ANTRUM	07/01/2014	FEE SCHED	$1,029.03	$0.00			Y						
43753		TX GASTRO INTUB W/ASP	07/01/2014	RBRVS	$19.53	$19.53	000		Y			Y			
43754		DX GASTR INTUB W/ASP SPEC	07/01/2014	RBRVS	$82.84	$30.88	000		Y			Y			
43755		DX GASTR INTUB W/ASP SPECS	07/01/2014	RBRVS	$126.28	$53.99	000		Y			Y			
43756		DX DUOD INTUB W/ASP SPEC	07/01/2014	RBRVS	$193.25	$47.37	000		Y			Y			
43757		DX DUOD INTUB W/ASP SPECS	07/01/2014	RBRVS	$271.19	$71.74	000		Y			Y			
43760		CHANGE GASTROSTOMY TUBE	07/01/2014	RBRVS	$444.77	$44.89	000		Y	Y					
43761		REPOSITION GASTROSTOMY TUBE	07/01/2014	RBRVS	$109.98	$98.04	000		Y	Y					
43800		RECONSTRUCTION OF PYLORUS	07/01/2014	RBRVS	$872.78	$872.78	090		Y	Y		Y	Y		
43810		FUSION OF STOMACH AND BOWEL	07/01/2014	RBRVS	$951.95	$951.95	090		Y	Y		Y	Y		
43820		FUSION OF STOMACH AND BOWEL	07/01/2014	RBRVS	$1,257.10	$1,257.10	090		Y	Y		Y	Y		
43825		FUSION OF STOMACH AND BOWEL	07/01/2014	RBRVS	$1,225.21	$1,225.21	090		Y	Y		Y	Y		
43830		PLACE GASTROSTOMY TUBE	07/01/2014	RBRVS	$653.25	$653.25	090		Y	Y		Y	Y		
43831		PLACE GASTROSTOMY TUBE	07/01/2014	RBRVS	$554.31	$554.31	090		Y	Y		Y	Y		
43832		PLACE GASTROSTOMY TUBE	07/01/2014	RBRVS	$976.74	$976.74	090		Y	Y		Y	Y		
43840		REPAIR OF STOMACH LESION	07/01/2014	RBRVS	$1,273.56	$1,273.56	090		Y	Y		Y	Y		
43850		REVISE STOMACH-BOWEL FUSION	07/01/2014	RBRVS	$1,524.85	$1,524.85	090		Y	Y		Y	Y		
43855		REVISE STOMACH-BOWEL FUSION	07/01/2014	RBRVS	$1,581.87	$1,581.87	090		Y	Y		Y	Y		
43860		REVISE STOMACH-BOWEL FUSION	07/01/2014	RBRVS	$1,534.53	$1,534.53	090		Y	Y		Y	Y		
43865		REVISE STOMACH-BOWEL FUSION	07/01/2014	RBRVS	$1,600.69	$1,600.69	090		Y	Y		Y	Y		
43870		REPAIR STOMACH OPENING	07/01/2014	RBRVS	$665.52	$665.52	090		Y	Y		Y	Y		
43880		REPAIR STOMACH-BOWEL FISTULA	07/01/2014	RBRVS	$1,499.09	$1,499.09	090		Y	Y		Y	Y		
43881		IMPL/REDO ELECTRD ANTRUM	07/01/2014	FEE SCHED	$1,129.03	$0.00			Y						
43882		REVISE/REMOVE ELECTRD ANTRUM	07/01/2014	FEE SCHED	$1,029.03	$0.00			Y						
4400F		REHAB THXPY OPTIONS W/PT	01/01/2011	RBRVS	$0.00	$0.00									
44005		FREEING OF BOWEL ADHESION	07/01/2014	RBRVS	$1,025.21	$1,025.21	090		Y	Y		Y	Y		
44010		INCISION OF SMALL BOWEL	07/01/2014	RBRVS	$817.65	$817.65	090		Y	Y		Y	Y		
44015		INSERT NEEDLE CATH BOWEL	07/01/2014	RBRVS	$134.55	$134.55	ZZZ		Y			Y	Y		
44020		EXPLORE SMALL INTESTINE	07/01/2014	RBRVS	$910.64	$910.64	090		Y	Y		Y	Y		
44021		DECOMPRESS SMALL BOWEL	07/01/2014	RBRVS	$920.23	$920.23	090		Y	Y		Y	Y		
44025		INCISION OF LARGE BOWEL	07/01/2014	RBRVS	$928.23	$928.23	090		Y	Y		Y	Y		
44050		REDUCE BOWEL OBSTRUCTION	07/01/2014	RBRVS	$876.62	$876.62	090		Y	Y		Y	Y		
44055		CORRECT MALROTATION OF BOWEL	07/01/2014	RBRVS	$1,403.75	$1,403.75	090		Y	Y		Y	Y		
44110		EXCISE INTESTINE LESION(S)	07/01/2014	RBRVS	$799.01	$799.01	090		Y	Y		Y	Y		
44111		EXCISION OF BOWEL LESION(S)	07/01/2014	RBRVS	$925.07	$925.07	090		Y	Y		Y	Y		
44120		REMOVAL OF SMALL INTESTINE	07/01/2014	RBRVS	$1,147.76	$1,147.76	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
44125		REMOVAL OF SMALL INTESTINE	07/01/2014	RBRVS	$1,109.32	$1,109.32	090		Y	Y		Y	Y		
44126		ENTERECTOMY W/O TAPER CONG	07/01/2014	RBRVS	$2,310.84	$2,310.84	090		Y	Y		Y	Y		
44127		ENTERECTOMY W/TAPER CONG	07/01/2014	RBRVS	$2,672.54	$2,672.54	090		Y	Y		Y	Y		
44128		ENTERECTOMY CONG ADD-ON	07/01/2014	RBRVS	$228.72	$228.72	ZZZ		Y			Y	Y		
44130		BOWEL TO BOWEL FUSION	07/01/2014	RBRVS	$1,232.83	$1,232.83	090		Y	Y		Y	Y		
44140		PARTIAL REMOVAL OF COLON	07/01/2014	RBRVS	$1,258.46	$1,258.46	090		Y	Y		Y	Y		
44141		PARTIAL REMOVAL OF COLON	07/01/2014	RBRVS	$1,713.91	$1,713.91	090		Y	Y		Y	Y		
44143		PARTIAL REMOVAL OF COLON	07/01/2014	RBRVS	$1,562.90	$1,562.90	090		Y	Y		Y	Y		
44144		PARTIAL REMOVAL OF COLON	07/01/2014	RBRVS	$1,663.88	$1,663.88	090		Y	Y		Y	Y		
44145		PARTIAL REMOVAL OF COLON	07/01/2014	RBRVS	$1,560.87	$1,560.87	090		Y	Y		Y	Y		
44146		PARTIAL REMOVAL OF COLON	07/01/2014	RBRVS	$1,991.75	$1,991.75	090		Y	Y		Y	Y		
44147		PARTIAL REMOVAL OF COLON	07/01/2014	RBRVS	$1,829.58	$1,829.58	090		Y	Y		Y	Y		
44150		REMOVAL OF COLON	07/01/2014	RBRVS	$1,758.44	$1,758.44	090		Y	Y		Y	Y		
44151		REMOVAL OF COLON/ILEOSTOMY	07/01/2014	RBRVS	$2,017.28	$2,017.28	090		Y	Y		Y	Y		
44155		REMOVAL OF COLON/ILEOSTOMY	07/01/2014	RBRVS	$1,960.32	$1,960.32	090		Y	Y		Y	Y		
44156		REMOVAL OF COLON/ILEOSTOMY	07/01/2014	RBRVS	$2,165.61	$2,165.61	090		Y	Y		Y	Y		
44157		COLECTOMY W/ILEOANAL ANAST	07/01/2014	RBRVS	$2,049.49	$2,049.49	090		Y	Y		Y	Y		
44158		COLECTOMY W/NEO-RECTUM POUCH	07/01/2014	RBRVS	$2,112.52	$2,112.52	090		Y	Y		Y	Y		
44160		REMOVAL OF COLON	07/01/2014	RBRVS	$1,165.79	$1,165.79	090		Y	Y		Y	Y		
44180		LAP ENTEROLYSIS	07/01/2014	RBRVS	$861.71	$861.71	090		Y	Y		Y	Y		
44186		LAP JEJUNOSTOMY	07/01/2014	RBRVS	$610.62	$610.62	090		Y	Y		Y	Y		
44187		LAP ILEO/JEJUNO-STOMY	07/01/2014	RBRVS	$1,042.22	$1,042.22	090		Y	Y		Y	Y		
44188		LAP COLOSTOMY	07/01/2014	RBRVS	$1,152.70	$1,152.70	090		Y	Y		Y	Y		
44202		LAP ENTERECTOMY	07/01/2014	RBRVS	$1,302.45	$1,302.45	090		Y	Y		Y	Y		
44203		LAP RESECT S/INTESTINE ADDL	07/01/2014	RBRVS	$228.07	$228.07	ZZZ		Y			Y	Y		
44204		LAPARO PARTIAL COLECTOMY	07/01/2014	RBRVS	$1,449.58	$1,449.58	090		Y	Y		Y	Y		
44205		LAP COLECTOMY PART W/ILEUM	07/01/2014	RBRVS	$1,261.26	$1,261.26	090		Y	Y		Y	Y		
44206		LAP PART COLECTOMY W/STOMA	07/01/2014	RBRVS	$1,653.94	$1,653.94	090		Y	Y		Y	Y		
44207		L COLECTOMY/COLOPROCTOSTOMY	07/01/2014	RBRVS	$1,723.91	$1,723.91	090		Y	Y		Y	Y		
44208		L COLECTOMY/COLOPROCTOSTOMY	07/01/2014	RBRVS	$1,874.79	$1,874.79	090		Y	Y		Y	Y		
44210		LAPARO TOTAL PROCTOCOLECTOMY	07/01/2014	RBRVS	$1,696.54	$1,696.54	090		Y	Y		Y	Y		
44211		LAPARO TOTAL PROCTOCOLECTOMY	07/01/2014	RBRVS	$2,116.17	$2,116.17	090		Y	Y		Y	Y		
44212		LAPARO TOTAL PROCTOCOLECTOMY	07/01/2014	RBRVS	$1,951.44	$1,951.44	090		Y	Y		Y	Y		
44213		LAP MOBIL SPLENIC FL ADD-ON	07/01/2014	RBRVS	$178.34	$178.34	ZZZ		Y			Y	Y		
44227		LAP CLOSE ENTEROSTOMY	07/01/2014	RBRVS	$1,570.48	$1,570.48	090		Y	Y		Y	Y		
44238		LAPAROSCOPE PROC INTESTINE	07/01/2014	FEE SCHED	$1,717.10	$0.00			Y						
44300		OPEN BOWEL TO SKIN	07/01/2014	RBRVS	$789.71	$789.71	090		Y	Y		Y	Y		
44310		ILEOSTOMY/JEJUNOSTOMY	07/01/2014	RBRVS	$981.97	$981.97	090		Y	Y		Y	Y		
44314		REVISION OF ILEOSTOMY	07/01/2014	RBRVS	$946.85	$946.85	090		Y	Y		Y	Y		
44316		DEVISE BOWEL POUCH	07/01/2014	RBRVS	$1,324.04	$1,324.04	090		Y	Y		Y	Y		
44320		COLOSTOMY	07/01/2014	RBRVS	$1,129.97	$1,129.97	090		Y	Y		Y	Y		
44322		COLOSTOMY WITH BIOPSIES	07/01/2014	RBRVS	$932.68	$932.68	090		Y	Y		Y	Y		
44340		REVISION OF COLOSTOMY	07/01/2014	RBRVS	$585.02	$585.02	090		Y	Y			Y		
44345		REVISION OF COLOSTOMY	07/01/2014	RBRVS	$989.62	$989.62	090		Y	Y		Y	Y		
44346		REVISION OF COLOSTOMY	07/01/2014	RBRVS	$1,112.22	$1,112.22	090		Y	Y		Y	Y		
4450F		SELF-CARE ED PROVIDED TO PT	01/01/2012	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
44620		REPAIR BOWEL OPENING	07/01/2014	RBRVS	$816.11	$816.11	090		Y	Y		Y	Y		
44625		REPAIR BOWEL OPENING	07/01/2014	RBRVS	$960.47	$960.47	090		Y	Y		Y	Y		
44626		REPAIR BOWEL OPENING	07/01/2014	RBRVS	$1,510.06	$1,510.06	090		Y	Y		Y	Y		
44640		REPAIR BOWEL-SKIN FISTULA	07/01/2014	RBRVS	$1,319.75	$1,319.75	090		Y	Y		Y	Y		
44650		REPAIR BOWEL FISTULA	07/01/2014	RBRVS	$1,364.50	$1,364.50	090		Y	Y		Y	Y		
44660		REPAIR BOWEL-BLADDER FISTULA	07/01/2014	RBRVS	$1,249.55	$1,249.55	090		Y	Y		Y	Y		
44661		REPAIR BOWEL-BLADDER FISTULA	07/01/2014	RBRVS	$1,460.24	$1,460.24	090		Y	Y		Y	Y		
44680		SURGICAL REVISION INTESTINE	07/01/2014	RBRVS	$1,004.56	$1,004.56	090		Y	Y		Y	Y		
4470F		ICD COUNSELING PROVIDED	01/01/2012	RBRVS	$0.00	$0.00									
44700		SUSPEND BOWEL W/PROSTHESIS	07/01/2014	RBRVS	$959.83	$959.83	090		Y	Y		Y	Y		
44701		INTRAOP COLON LAVAGE ADD-ON	07/01/2014	RBRVS	$157.56	$157.56	ZZZ		Y			Y	Y		
44705		PREPARE FECAL MICROBIOTA	07/01/2013	RBRVS	$0.00	$0.00			Y						
44799		UNLISTED PROCEDURE INTESTINE	07/01/2014	FEE SCHED	$958.16	$0.00			Y						
4480F		PT RCVNG ACE/ARB B-BLOCKERTX	01/01/2012	RBRVS	$0.00	$0.00									
44800		EXCISION OF BOWEL POUCH	07/01/2014	RBRVS	$714.03	$714.03	090		Y	Y		Y	Y		
4481F		PT RCVNG ACE/ARB BLKER >3MOS	01/01/2012	RBRVS	$0.00	$0.00									
44820		EXCISION OF MESENTERY LESION	07/01/2014	RBRVS	$788.67	$788.67	090		Y	Y		Y	Y		
44850		REPAIR OF MESENTERY	07/01/2014	RBRVS	$702.86	$702.86	090		Y	Y		Y	Y		
44899		BOWEL SURGERY PROCEDURE	07/01/2014	FEE SCHED	$661.32	$0.00			Y						
44900		DRAIN APP ABSCESS OPEN	07/01/2014	RBRVS	$725.39	$725.39	090		Y	Y		Y	Y		
44950		APPENDECTOMY	07/01/2014	RBRVS	$600.97	$600.97	090		Y	Y		Y	Y		
44955		APPENDECTOMY ADD-ON	07/01/2014	RBRVS	$79.07	$79.07	ZZZ		Y			Y	Y		
44960		APPENDECTOMY	07/01/2014	RBRVS	$819.01	$819.01	090		Y	Y		Y	Y		
44970		LAPAROSCOPY APPENDECTOMY	07/01/2014	RBRVS	$560.60	$560.60	090		Y	Y		Y	Y		
44979		LAPAROSCOPE PROC APP	07/01/2014	FEE SCHED	$1,335.84	$0.00			Y						
4500F		REF TO OUTPT CARD REHAB PROG	01/01/2012	RBRVS	$0.00	$0.00									
4510F		PREV CARDREHAB QUALCARDEVENT	01/01/2012	RBRVS	$0.00	$0.00									
45108		REMOVAL OF ANORECTAL LESION	07/01/2014	RBRVS	$343.45	$343.45	090		Y	Y			Y		
45110		REMOVAL OF RECTUM	07/01/2014	RBRVS	$1,745.40	$1,745.40	090		Y	Y		Y	Y		
45111		PARTIAL REMOVAL OF RECTUM	07/01/2014	RBRVS	$1,025.63	$1,025.63	090		Y	Y		Y	Y		
45112		REMOVAL OF RECTUM	07/01/2014	RBRVS	$1,779.87	$1,779.87	090		Y	Y		Y	Y		
45114		PARTIAL REMOVAL OF RECTUM	07/01/2014	RBRVS	$1,701.99	$1,701.99	090		Y	Y		Y	Y		
45116		PARTIAL REMOVAL OF RECTUM	07/01/2014	RBRVS	$1,473.14	$1,473.14	090		Y	Y		Y	Y		
45119		REMOVE RECTUM W/RESERVOIR	07/01/2014	RBRVS	$1,842.71	$1,842.71	090		Y	Y		Y	Y		
45120		REMOVAL OF RECTUM	07/01/2014	RBRVS	$1,495.83	$1,495.83	090		Y	Y		Y	Y		
45126		PELVIC EXENTERATION	07/01/2014	RBRVS	$2,710.75	$2,710.75	090		Y	Y		Y	Y		
45130		EXCISION OF RECTAL PROLAPSE	07/01/2014	RBRVS	$1,030.93	$1,030.93	090		Y	Y		Y	Y		
45135		EXCISION OF RECTAL PROLAPSE	07/01/2014	RBRVS	$1,287.44	$1,287.44	090		Y	Y		Y	Y		
45136		EXCISE ILEOANAL RESERVIOR	07/01/2014	RBRVS	$1,717.81	$1,717.81	090		Y	Y		Y	Y		
45160		EXCISION OF RECTAL LESION	07/01/2014	RBRVS	$955.60	$955.60	090		Y	Y		Y	Y		
45171		EXC RECT TUM TRANSANAL PART	07/01/2014	RBRVS	$561.82	$561.82	090		Y	Y		Y	Y		
45172		EXC RECT TUM TRANSANAL FULL	07/01/2014	RBRVS	$763.63	$763.63	090		Y	Y		Y	Y		
4525F		NEUROPSYCHIA INTERVEN ORDER	01/01/2012	RBRVS	$0.00	$0.00									
4526F		NEUROPSYCHIA INTERVEN RCVD	01/01/2012	RBRVS	$0.00	$0.00									
45335		SIGMOIDOSCOPY W/SUBMUC INJ	07/01/2014	RBRVS	$251.92	$86.36	000		Y	Y					
45340		SIG W/TNDSC BALLOON DILATION	07/01/2014	RBRVS	$446.60	$108.70	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
45381		COLONOSCOPY SUBMUCOUS NJX	07/01/2014	RBRVS	$428.56	$229.43	000		Y	Y					
45386		COLONOSCOPY W/BALLOON DILAT	07/01/2014	RBRVS	$612.69	$248.95	000		Y	Y					
45395		LAP REMOVAL OF RECTUM	07/01/2014	RBRVS	$1,873.02	$1,873.02	090		Y	Y		Y	Y		
45397		LAP REMOVE RECTUM W/POUCH	07/01/2014	RBRVS	$2,030.03	$2,030.03	090		Y	Y		Y	Y		
4540F		DISEASE MODIF PHARMACOTHXPY	01/01/2013	RBRVS	$0.00	$0.00									
45400		LAPAROSCOPIC PROCTOPEXY	07/01/2014	RBRVS	$1,088.05	$1,088.05	090		Y	Y		Y	Y		
45402		LAP PROCTOPEXY W/SIG RESECT	07/01/2014	RBRVS	$1,447.20	$1,447.20	090		Y	Y		Y	Y		
4541F		PT OFFERED TX FOR PSEUDOBULB	01/01/2013	RBRVS	$0.00	$0.00									
45499		LAPAROSCOPE PROC RECTUM	07/01/2014	FEE SCHED	$1,385.23	$0.00			Y						
4550F		NONINVAS RESP SUPPORT TALK	01/01/2013	RBRVS	$0.00	$0.00									
4551F		NUTRITIONAL SUPPORT OFFERED	01/01/2013	RBRVS	$0.00	$0.00									
4552F		PT REF FOR SPEECH LANG PATH	01/01/2013	RBRVS	$0.00	$0.00									
4553F		PT ASST RE END LIFE ISSUES	01/01/2013	RBRVS	$0.00	$0.00									
4554F		PT RECVD INHAL ANESTHETIC	01/01/2013	RBRVS	$0.00	$0.00									
45541		CORRECT RECTAL PROLAPSE	07/01/2014	RBRVS	$871.36	$871.36	090		Y	Y		Y	Y		
4555F		PT RECVD NO INHAL ANESTHIC	01/01/2013	RBRVS	$0.00	$0.00									
45550		REPAIR RECTUM/REMOVE SIGMOID	07/01/2014	RBRVS	$1,383.45	$1,383.45	090		Y	Y		Y	Y		
4556F		PTW/ 3+ POST-OP NAUSEA+VOM	01/01/2013	RBRVS	$0.00	$0.00									
45560		REPAIR OF RECTOCELE	07/01/2014	RBRVS	$655.61	$655.61	090		Y	Y		Y	Y		
4557F		PT W/O 3+ POST-OPNAUSEA+VOM	01/01/2013	RBRVS	$0.00	$0.00									
4558F		PT RECVD 2 RX ANTI-EMETAGNTS	01/01/2013	RBRVS	$0.00	$0.00									
4559F		1 BODYTEMP >=35.5CW/IN 30MIN	01/01/2013	RBRVS	$0.00	$0.00									
4560F		ANESTH W/O GEN/NEURAX ANESTH	01/01/2013	RBRVS	$0.00	$0.00									
4561F		PT W/CORONARY ARTERY STENT	01/01/2013	RBRVS	$0.00	$0.00									
4562F		PT W/O CORONARY ARTERY STENT	01/01/2013	RBRVS	$0.00	$0.00									
4563F		PT RECVD ASPIRIN W/IN 24 HRS	01/01/2013	RBRVS	$0.00	$0.00									
45800		REPAIR RECT/BLADDER FISTULA	07/01/2014	RBRVS	$1,125.55	$1,125.55	090		Y	Y		Y	Y		
45805		REPAIR FISTULA W/COLOSTOMY	07/01/2014	RBRVS	$1,365.35	$1,365.35	090		Y	Y		Y	Y		
45820		REPAIR RECTOURETHRAL FISTULA	07/01/2014	RBRVS	$1,097.28	$1,097.28	090		Y	Y		Y	Y		
45825		REPAIR FISTULA W/COLOSTOMY	07/01/2014	RBRVS	$1,294.70	$1,294.70	090		Y	Y		Y	Y		
45990		SURG DX EXAM ANORECTAL	07/01/2014	RBRVS	$101.01	$101.01	000		Y	Y			Y	Y	
46020		PLACEMENT OF SETON	07/01/2014	RBRVS	$256.12	$219.01	010		Y	Y					
46030		REMOVAL OF RECTAL MARKER	07/01/2014	RBRVS	$128.64	$85.07	010		Y	Y					
46040		INCISION OF RECTAL ABSCESS	07/01/2014	RBRVS	$490.40	$384.21	090		Y	Y					
46045		INCISION OF RECTAL ABSCESS	07/01/2014	RBRVS	$403.26	$403.26	090		Y	Y					
46050		INCISION OF ANAL ABSCESS	07/01/2014	RBRVS	$185.18	$91.59	010		Y	Y					
46060		INCISION OF RECTAL ABSCESS	07/01/2014	RBRVS	$443.31	$443.31	090		Y	Y					
46070		INCISION OF ANAL SEPTUM	07/01/2014	RBRVS	$246.39	$246.39	090		Y	Y					
46083		INCISE EXTERNAL HEMORRHOID	07/01/2014	RBRVS	$161.63	$99.34	010		Y	Y					
46220		REMOVAL OF ANAL TAG	07/01/2014	RBRVS	$190.35	$111.60	010		Y	Y					
46285		REMOVE ANAL FIST 2 STAGE	07/01/2014	RBRVS	$493.92	$385.47	090		Y	Y					
46320		REMOVAL OF HEMORRHOID CLOT	07/01/2014	RBRVS	$169.69	$104.49	010		Y	Y					
46500		INJECTION INTO HEMORRHOID(S)	07/01/2014	RBRVS	$219.65	$121.54	010		Y	Y					
46505		CHEMODENERVATION ANAL MUSC	07/01/2014	RBRVS	$266.65	$225.01	010		Y	Y	Y				
46600		DIAGNOSTIC ANOSCOPY	07/01/2014	RBRVS	$81.10	$38.17	000		Y	Y					
46705		REPAIR OF ANAL STRICTURE	07/01/2014	RBRVS	$498.56	$498.56	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
46706		REPR OF ANAL FISTULA W/GLUE	07/01/2014	RBRVS	$158.98	$158.98	010		Y	Y					
46707		REPAIR ANORECTAL FIST W/PLUG	07/01/2014	RBRVS	$430.28	$430.28	090		Y	Y					
46710		REPR PER/VAG POUCH SNGL PROC	07/01/2014	RBRVS	$1,032.09	$1,032.09	090		Y	Y		Y	Y		
46712		REPR PER/VAG POUCH DBL PROC	07/01/2014	RBRVS	$1,905.10	$1,905.10	090		Y	Y		Y	Y		
46715		REP PERF ANOPER FISTU	07/01/2014	RBRVS	$461.97	$461.97	090		Y	Y		Y			
46716		REP PERF ANOPER/VESTIB FISTU	07/01/2014	RBRVS	$996.16	$996.16	090		Y	Y		Y	Y		
46900		DESTRUCTION ANAL LESION(S)	07/01/2014	RBRVS	$246.65	$143.37	010		Y	Y					
46930		DESTROY INTERNAL HEMORRHOIDS	07/01/2014	RBRVS	$188.19	$136.87	090		Y	Y					
46947		HEMORRHOIDOPEXY BY STAPLING	07/01/2014	RBRVS	$357.33	$357.33	090		Y	Y					
47010		OPEN DRAINAGE LIVER LESION	07/01/2014	RBRVS	$1,126.19	$1,126.19	090		Y	Y		Y	Y		
47350		REPAIR LIVER WOUND	07/01/2014	RBRVS	$1,282.92	$1,282.92	090		Y	Y		Y	Y		
47370		LAPARO ABLATE LIVER TUMOR RF	07/01/2014	RBRVS	$1,288.70	$1,288.70	090		Y	Y		Y	Y		
47379		LAPAROSCOPE PROCEDURE LIVER	07/01/2014	FEE SCHED	$1,174.74	$0.00			Y						
47400		INCISION OF LIVER DUCT	07/01/2014	RBRVS	$2,016.51	$2,016.51	090		Y	Y		Y	Y		
47420		INCISION OF BILE DUCT	07/01/2014	RBRVS	$1,256.68	$1,256.68	090		Y	Y		Y	Y		
47425		INCISION OF BILE DUCT	07/01/2014	RBRVS	$1,278.40	$1,278.40	090		Y	Y		Y	Y		
47460		INCISE BILE DUCT SPHINCTER	07/01/2014	RBRVS	$1,185.75	$1,185.75	090		Y	Y		Y	Y		
47480		INCISION OF GALLBLADDER	07/01/2014	RBRVS	$816.98	$816.98	090		Y	Y		Y	Y		
47550		BILE DUCT ENDOSCOPY ADD-ON	07/01/2014	RBRVS	$155.20	$155.20	ZZZ		Y			Y	Y		
47560		LAPAROSCOPY W/CHOLANGIO	07/01/2014	RBRVS	$251.57	$251.57	000		Y	Y					
47561		LAPARO W/CHOLANGIO/BIOPSY	07/01/2014	RBRVS	$275.71	$275.71	000		Y	Y					
47562		LAPAROSCOPIC CHOLECYSTECTOMY	07/01/2014	RBRVS	$614.43	$614.43	090		Y	Y		Y	Y		
47563		LAPARO CHOLECYSTECTOMY/GRAPH	07/01/2014	RBRVS	$667.84	$667.84	090		Y	Y		Y	Y		
47564		LAPARO CHOLECYSTECTOMY/EXPLR	07/01/2014	RBRVS	$1,041.67	$1,041.67	090		Y	Y		Y	Y		
47570		LAPARO CHOLECYSTOENTEROSTOMY	07/01/2014	RBRVS	$724.25	$724.25	090		Y	Y		Y	Y		
47579		LAPAROSCOPE PROC BILIARY	07/01/2014	FEE SCHED	$730.69	$0.00			Y						
47600		REMOVAL OF GALLBLADDER	07/01/2014	RBRVS	$999.98	$999.98	090		Y	Y		Y	Y		
47605		REMOVAL OF GALLBLADDER	07/01/2014	RBRVS	$1,052.45	$1,052.45	090		Y	Y		Y	Y		
47610		REMOVAL OF GALLBLADDER	07/01/2014	RBRVS	$1,174.22	$1,174.22	090		Y	Y		Y	Y		
47612		REMOVAL OF GALLBLADDER	07/01/2014	RBRVS	$1,188.64	$1,188.64	090		Y	Y		Y	Y		
47620		REMOVAL OF GALLBLADDER	07/01/2014	RBRVS	$1,290.92	$1,290.92	090		Y	Y		Y	Y		
47630		REMOVE BILE DUCT STONE	07/01/2014	RBRVS	$511.25	$511.25	090		Y	Y			Y		
47700		EXPLORATION OF BILE DUCTS	07/01/2014	RBRVS	$982.93	$982.93	090		Y	Y		Y	Y		
47720		FUSE GALLBLADDER & BOWEL	07/01/2014	RBRVS	$1,077.04	$1,077.04	090		Y	Y		Y	Y		
47721		FUSE UPPER GI STRUCTURES	07/01/2014	RBRVS	$1,266.78	$1,266.78	090		Y	Y		Y	Y		
47740		FUSE GALLBLADDER & BOWEL	07/01/2014	RBRVS	$1,227.15	$1,227.15	090		Y	Y		Y	Y		
47760		FUSE BILE DUCTS AND BOWEL	07/01/2014	RBRVS	$2,113.29	$2,113.29	090		Y	Y		Y	Y		
47765		FUSE LIVER DUCTS & BOWEL	07/01/2014	RBRVS	$2,847.08	$2,847.08	090		Y	Y		Y	Y		
47780		FUSE BILE DUCTS AND BOWEL	07/01/2014	RBRVS	$2,318.78	$2,318.78	090		Y	Y		Y	Y		
47800		RECONSTRUCTION OF BILE DUCTS	07/01/2014	RBRVS	$1,481.14	$1,481.14	090		Y	Y		Y	Y		
47801		PLACEMENT BILE DUCT SUPPORT	07/01/2014	RBRVS	$946.40	$946.40	090		Y	Y		Y	Y		
47999		BILE TRACT SURGERY PROCEDURE	07/01/2014	FEE SCHED	$631.97	$0.00			Y						
48020		REMOVAL OF PANCREATIC STONE	07/01/2014	RBRVS	$1,100.99	$1,100.99	090		Y	Y		Y	Y		
48100		BIOPSY OF PANCREAS OPEN	07/01/2014	RBRVS	$830.15	$830.15	090		Y	Y		Y	Y		
48105		RESECT/DEBRIDE PANCREAS	07/01/2014	RBRVS	$2,669.86	$2,669.86	090		Y	Y		Y	Y		
48120		REMOVAL OF PANCREAS LESION	07/01/2014	RBRVS	$1,038.15	$1,038.15	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
48140		PARTIAL REMOVAL OF PANCREAS	07/01/2014	RBRVS	$1,463.98	$1,463.98	090		Y	Y		Y	Y		
48145		PARTIAL REMOVAL OF PANCREAS	07/01/2014	RBRVS	$1,528.53	$1,528.53	090		Y	Y		Y	Y		
48148		REMOVAL OF PANCREATIC DUCT	07/01/2014	RBRVS	$1,167.51	$1,167.51	090		Y	Y		Y	Y		
48150		PARTIAL REMOVAL OF PANCREAS	07/01/2014	RBRVS	$2,912.47	$2,912.47	090		Y	Y		Y	Y		
48520		FUSE PANCREAS CYST AND BOWEL	07/01/2014	RBRVS	$1,022.31	$1,022.31	090		Y	Y		Y	Y		
48548		FUSE PANCREAS AND BOWEL	07/01/2014	RBRVS	$1,559.22	$1,559.22	090		Y	Y		Y	Y		
49000		EXPLORATION OF ABDOMEN	07/01/2014	RBRVS	$722.16	$722.16	090		Y	Y		Y	Y		
49002		REOPENING OF ABDOMEN	07/01/2014	RBRVS	$981.71	$981.71	090		Y	Y		Y	Y		
49010		EXPLORATION BEHIND ABDOMEN	07/01/2014	RBRVS	$877.68	$877.68	090		Y	Y		Y	Y		
49020		DRAIN ABDOMINAL ABSCESS	07/01/2014	RBRVS	$1,489.93	$1,489.93	090		Y	Y		Y			
49040		DRAIN OPEN ABDOM ABSCESS	07/01/2014	RBRVS	$936.75	$936.75	090		Y	Y		Y	Y		
49060		DRAIN OPEN RETROP ABSCESS	07/01/2014	RBRVS	$1,032.18	$1,032.18	090		Y	Y			Y		
49062		DRAIN TO PERITONEAL CAVITY	07/01/2014	RBRVS	$687.69	$687.69	090		Y	Y		Y	Y		
49203		EXC ABD TUM 5 CM OR LESS	07/01/2014	RBRVS	$1,121.84	$1,121.84	090		Y	Y		Y	Y		
49204		EXC ABD TUM OVER 5 CM	07/01/2014	RBRVS	$1,433.34	$1,433.34	090		Y	Y		Y	Y		
49205		EXC ABD TUM OVER 10 CM	07/01/2014	RBRVS	$1,648.29	$1,648.29	090		Y	Y		Y	Y		
49250		EXCISION OF UMBILICUS	07/01/2014	RBRVS	$545.11	$545.11	090		Y	Y			Y		
49255		REMOVAL OF OMENTUM	07/01/2014	RBRVS	$742.40	$742.40	090		Y	Y		Y	Y		
49320		DIAG LAPARO SEPARATE PROC	07/01/2014	RBRVS	$307.02	$307.02	010		Y	Y		Y			
49321		LAPAROSCOPY BIOPSY	07/01/2014	RBRVS	$325.26	$325.26	010		Y	Y		Y	Y		
49322		LAPAROSCOPY ASPIRATION	07/01/2014	RBRVS	$347.68	$347.68	010		Y	Y		Y	Y		
49323		LAPARO DRAIN LYMPHOCELE	07/01/2014	RBRVS	$605.07	$605.07	090		Y	Y		Y	Y		
49324		LAP INSERT TUNNEL IP CATH	07/01/2014	RBRVS	$366.95	$366.95	010		Y	Y		Y	Y		
49325		LAP REVISION PERM IP CATH	07/01/2014	RBRVS	$393.51	$393.51	010		Y	Y		Y	Y		
49326		LAP W/OMENTOPEXY ADD-ON	07/01/2014	RBRVS	$178.02	$178.02	ZZZ		Y			Y	Y		
49329		LAPARO PROC ABDM/PER/OMENT	07/01/2014	FEE SCHED	$705.59	$0.00			Y						
49402		REMOVE FOREIGN BODY ADBOMEN	07/01/2014	RBRVS	$800.29	$800.29	090		Y	Y			Y		
49405		IMAGE CATH FLUID COLXN VISC	07/01/2014	RBRVS	$800.42	$200.45	000		Y	Y					
49406		IMAGE CATH FLUID PERI/RETRO	07/01/2014	RBRVS	$800.10	$200.78	000		Y	Y					
49407		IMAGE CATH FLUID TRNS/VGNL	07/01/2014	RBRVS	$676.65	$213.84	000		Y	Y					
49411		INS MARK ABD/PEL FOR RT PERQ	07/01/2014	RBRVS	$485.20	$186.03	000		Y	Y					
49419		INSERT TUN IP CATH W/PORT	07/01/2014	RBRVS	$414.81	$414.81	090		Y	Y					
49425		INSERT ABDOMEN-VENOUS DRAIN	07/01/2014	RBRVS	$704.89	$704.89	090		Y	Y		Y	Y		
49435		INSERT SUBQ EXTEN TO IP CATH	07/01/2014	RBRVS	$112.67	$112.67	ZZZ		Y			Y	Y		
49436		EMBEDDED IP CATH EXIT-SITE	07/01/2014	RBRVS	$174.34	$174.34	010		Y	Y		Y	Y		
49440		PLACE GASTROSTOMY TUBE PERC	07/01/2014	RBRVS	$960.02	$212.55	010		Y	Y					
49441		PLACE DUOD/JEJ TUBE PERC	07/01/2014	RBRVS	$1,082.34	$241.28	010		Y	Y					
49442		PLACE CECOSTOMY TUBE PERC	07/01/2014	RBRVS	$876.50	$208.10	010		Y	Y					
49446		CHANGE G-TUBE TO G-J PERC	07/01/2014	RBRVS	$917.22	$154.59	000		Y	Y					
49450		REPLACE G/C TUBE PERC	07/01/2014	RBRVS	$610.88	$63.18	000		Y	Y					
49451		REPLACE DUOD/JEJ TUBE PERC	07/01/2014	RBRVS	$670.04	$86.85	000		Y	Y					
49452		REPLACE G-J TUBE PERC	07/01/2014	RBRVS	$826.63	$133.38	000		Y	Y					
49460		FIX G/COLON TUBE W/DEVICE	07/01/2014	RBRVS	$675.07	$45.72	000		Y	Y					
49465		FLUORO EXAM OF G/COLON TUBE	07/01/2014	RBRVS	$153.55	$28.98	000		Y	Y					
49491		RPR HERN PREEMIE REDUC	07/01/2014	RBRVS	$740.39	$740.39	090		Y	Y	Y	Y	Y		
49495		RPR ING HERNIA BABY REDUC	07/01/2014	RBRVS	$372.37	$372.37	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
49500		RPR ING HERNIA INIT REDUCE	07/01/2014	RBRVS	$354.88	$354.88	090		Y	Y	Y	Y	Y		
49505		PRP I/HERN INIT REDUC >5 YR	07/01/2014	RBRVS	$485.14	$485.14	090		Y	Y	Y	Y	Y		
49525		REPAIR ING HERNIA SLIDING	07/01/2014	RBRVS	$534.26	$534.26	090		Y	Y	Y	Y	Y		
49540		REPAIR LUMBAR HERNIA	07/01/2014	RBRVS	$628.24	$628.24	090		Y	Y	Y	Y	Y		
49550		RPR REM HERNIA INIT REDUCE	07/01/2014	RBRVS	$536.36	$536.36	090		Y	Y	Y	Y	Y		
49560		RPR VENTRAL HERN INIT REDUC	07/01/2014	RBRVS	$688.76	$688.76	090		Y	Y	Y	Y	Y		
49566		REREPAIR VENTRL HERN BLOCK	07/01/2014	RBRVS	$879.78	$879.78	090		Y	Y	Y	Y	Y		
49568		HERNIA REPAIR W/MESH	07/01/2014	RBRVS	$251.51	$251.51	ZZZ		Y			Y	Y		
49580		RPR UMBIL HERN REDUC < 5 YR	07/01/2014	RBRVS	$343.54	$343.54	090		Y	Y		Y	Y		
49590		REPAIR SPIGELIAN HERNIA	07/01/2014	RBRVS	$535.32	$535.32	090		Y	Y	Y	Y	Y		
49600		REPAIR UMBILICAL LESION	07/01/2014	RBRVS	$681.17	$681.17	090		Y	Y		Y	Y		
49605		REPAIR UMBILICAL LESION	07/01/2014	RBRVS	$4,627.18	$4,627.18	090		Y	Y		Y	Y		
49606		REPAIR UMBILICAL LESION	07/01/2014	RBRVS	$1,059.23	$1,059.23	090		Y	Y		Y	Y		
49610		REPAIR UMBILICAL LESION	07/01/2014	RBRVS	$641.12	$641.12	090		Y	Y		Y	Y		
49611		REPAIR UMBILICAL LESION	07/01/2014	RBRVS	$516.12	$516.12	090		Y	Y		Y	Y		
49652		LAP VENT/ABD HERNIA REPAIR	07/01/2014	RBRVS	$634.83	$634.83	090		Y	Y	Y	Y	Y		
49653		LAP VENT/ABD HERN PROC COMP	07/01/2014	RBRVS	$793.23	$793.23	090		Y	Y	Y	Y	Y		
49654		LAP INC HERNIA REPAIR	07/01/2014	RBRVS	$721.42	$721.42	090		Y	Y	Y	Y	Y		
49655		LAP INC HERN REPAIR COMP	07/01/2014	RBRVS	$881.01	$881.01	090		Y	Y	Y	Y	Y		
49656		LAP INC HERNIA REPAIR RECUR	07/01/2014	RBRVS	$783.61	$783.61	090		Y	Y	Y	Y	Y		
49657		LAP INC HERN RECUR COMP	07/01/2014	RBRVS	$1,125.00	$1,125.00	090		Y	Y	Y	Y	Y		
49900		REPAIR OF ABDOMINAL WALL	07/01/2014	RBRVS	$761.76	$761.76	090		Y	Y		Y	Y		
49904		OMENTAL FLAP EXTRA-ABDOM	07/01/2014	RBRVS	$1,357.09	$1,357.09	090		Y	Y			Y	Y	
49905		OMENTAL FLAP INTRA-ABDOM	07/01/2014	RBRVS	$331.97	$331.97	ZZZ		Y			Y	Y		
49906		FREE OMENTAL FLAP MICROVASC	07/01/2014	FEE SCHED	$359.26	$0.00			Y						
49999		ABDOMEN SURGERY PROCEDURE	07/01/2014	FEE SCHED	$297.59	$0.00			Y						
50010		EXPLORATION OF KIDNEY	07/01/2014	RBRVS	$689.49	$689.49	090		Y	Y	Y	Y	Y		
50040		DRAINAGE OF KIDNEY	07/01/2014	RBRVS	$856.78	$856.78	090		Y	Y	Y		Y		
50045		EXPLORATION OF KIDNEY	07/01/2014	RBRVS	$860.94	$860.94	090		Y	Y	Y	Y	Y		
5005F		PT COUNSLD ON EXAM FOR MOLES	01/01/2007	RBRVS	$0.00	$0.00									
50060		REMOVAL OF KIDNEY STONE	07/01/2014	RBRVS	$1,053.00	$1,053.00	090		Y	Y	Y	Y	Y		
50065		INCISION OF KIDNEY	07/01/2014	RBRVS	$1,118.03	$1,118.03	090		Y	Y	Y	Y			
50070		INCISION OF KIDNEY	07/01/2014	RBRVS	$1,096.18	$1,096.18	090		Y	Y	Y	Y	Y		
50075		REMOVAL OF KIDNEY STONE	07/01/2014	RBRVS	$1,348.60	$1,348.60	090		Y	Y	Y	Y	Y		
50081		REMOVAL OF KIDNEY STONE	07/01/2014	RBRVS	$1,181.07	$1,181.07	090		Y	Y	Y	Y	Y		
5010F		MACUL RESULT TO PHY MNG DM	01/01/2007	RBRVS	$0.00	$0.00									
50100		REVISE KIDNEY BLOOD VESSELS	07/01/2014	RBRVS	$1,007.88	$1,007.88	090		Y	Y	Y	Y	Y		
50120		EXPLORATION OF KIDNEY	07/01/2014	RBRVS	$876.95	$876.95	090		Y	Y	Y	Y	Y		
50125		EXPLORE AND DRAIN KIDNEY	07/01/2014	RBRVS	$907.57	$907.57	090		Y	Y	Y	Y	Y		
50130		REMOVAL OF KIDNEY STONE	07/01/2014	RBRVS	$954.24	$954.24	090		Y	Y	Y	Y	Y		
50135		EXPLORATION OF KIDNEY	07/01/2014	RBRVS	$1,036.77	$1,036.77	090		Y	Y	Y	Y	Y		
5015F		DOC FX & TEST/TXMNT FOR OP	01/01/2007	RBRVS	$0.00	$0.00									
50205		RENAL BIOPSY OPEN	07/01/2014	RBRVS	$704.22	$704.22	090		Y	Y	Y	Y	Y		
50220		REMOVE KIDNEY OPEN	07/01/2014	RBRVS	$968.70	$968.70	090		Y	Y	Y	Y	Y		
50225		REMOVAL KIDNEY OPEN COMPLEX	07/01/2014	RBRVS	$1,110.42	$1,110.42	090		Y	Y	Y	Y	Y		
50230		REMOVAL KIDNEY OPEN RADICAL	07/01/2014	RBRVS	$1,185.93	$1,185.93	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
50234		REMOVAL OF KIDNEY & URETER	07/01/2014	RBRVS	$1,203.62	$1,203.62	090		Y	Y	Y	Y	Y		
50236		REMOVAL OF KIDNEY & URETER	07/01/2014	RBRVS	$1,355.38	$1,355.38	090		Y	Y	Y	Y	Y		
50240		PARTIAL REMOVAL OF KIDNEY	07/01/2014	RBRVS	$1,224.50	$1,224.50	090		Y	Y	Y	Y	Y		
50250		CRYOABLATE RENAL MASS OPEN	07/01/2014	RBRVS	$1,124.84	$1,124.84	090		Y	Y		Y	Y		
50280		REMOVAL OF KIDNEY LESION	07/01/2014	RBRVS	$883.79	$883.79	090		Y	Y	Y	Y	Y		
50290		REMOVAL OF KIDNEY LESION	07/01/2014	RBRVS	$830.02	$830.02	090		Y	Y		Y	Y		
50382		CHANGE URETER STENT PERCUT	07/01/2014	RBRVS	$1,087.73	$256.35	000		Y	Y	Y				
50384		REMOVE URETER STENT PERCUT	07/01/2014	RBRVS	$869.01	$234.50	000		Y	Y	Y				
50385		CHANGE STENT VIA TRANSURETH	07/01/2014	RBRVS	$1,038.77	$216.10	000		Y	Y	Y				
50386		REMOVE STENT VIA TRANSURETH	07/01/2014	RBRVS	$672.26	$163.95	000		Y	Y	Y				
50387		CHANGE EXT/INT URETER STENT	07/01/2014	RBRVS	$502.85	$93.30	000		Y	Y	Y				
50389		REMOVE RENAL TUBE W/FLUORO	07/01/2014	RBRVS	$275.20	$51.54	000		Y	Y	Y				
50391		INSTLL RX AGNT INTO RNAL TUB	07/01/2014	RBRVS	$112.67	$91.69	000		Y	Y	Y				
50400		REVISION OF KIDNEY/URETER	07/01/2014	RBRVS	$1,070.27	$1,070.27	090		Y	Y	Y	Y	Y		
50405		REVISION OF KIDNEY/URETER	07/01/2014	RBRVS	$1,290.44	$1,290.44	090		Y	Y	Y	Y	Y		
50500		REPAIR OF KIDNEY WOUND	07/01/2014	RBRVS	$1,201.66	$1,201.66	090		Y	Y		Y	Y		
50520		CLOSE KIDNEY-SKIN FISTULA	07/01/2014	RBRVS	$1,002.75	$1,002.75	090		Y	Y		Y	Y		
50525		REPAIR RENAL-ABDOMEN FISTULA	07/01/2014	RBRVS	$1,379.39	$1,379.39	090		Y	Y		Y	Y		
50526		REPAIR RENAL-ABDOMEN FISTULA	07/01/2014	RBRVS	$1,330.13	$1,330.13	090		Y	Y		Y			
50540		REVISION OF HORSESHOE KIDNEY	07/01/2014	RBRVS	$1,060.20	$1,060.20	090		Y	Y		Y	Y		
50542		LAPARO ABLATE RENAL MASS	07/01/2014	RBRVS	$1,078.65	$1,078.65	090		Y	Y	Y	Y	Y		
50543		LAPARO PARTIAL NEPHRECTOMY	07/01/2014	RBRVS	$1,377.42	$1,377.42	090		Y	Y	Y	Y	Y		
50562		RENAL SCOPE W/TUMOR RESECT	07/01/2014	RBRVS	$538.56	$538.56	090		Y	Y		Y	Y		
50592		PERC RF ABLATE RENAL TUMOR	07/01/2014	RBRVS	$2,846.60	$341.48	010		Y	Y	Y				
50593		PERC CRYO ABLATE RENAL TUM	07/01/2014	RBRVS	$4,176.41	$451.99	010		Y	Y	Y	Y			
5060F		FNDNGS MAMMO TO PT W/IN3DAYS	04/01/2008	RBRVS	$0.00	$0.00									
50600		EXPLORATION OF URETER	07/01/2014	RBRVS	$867.91	$867.91	090		Y	Y	Y	Y	Y		
50605		INSERT URETERAL SUPPORT	07/01/2014	RBRVS	$908.09	$908.09	090		Y	Y	Y	Y	Y		
50610		REMOVAL OF URETER STONE	07/01/2014	RBRVS	$873.72	$873.72	090		Y	Y	Y	Y	Y		
5062F		DOC F2FMAMMO FNDNG IN 3 DAYS	04/01/2008	RBRVS	$0.00	$0.00									
50620		REMOVAL OF URETER STONE	07/01/2014	RBRVS	$835.60	$835.60	090		Y	Y	Y	Y	Y		
50630		REMOVAL OF URETER STONE	07/01/2014	RBRVS	$825.18	$825.18	090		Y	Y	Y	Y	Y		
50650		REMOVAL OF URETER	07/01/2014	RBRVS	$957.53	$957.53	090		Y	Y	Y	Y	Y		
50660		REMOVAL OF URETER	07/01/2014	RBRVS	$1,056.97	$1,056.97	090		Y	Y		Y	Y		
50700		REVISION OF URETER	07/01/2014	RBRVS	$858.35	$858.35	090		Y	Y	Y	Y	Y		
50715		RELEASE OF URETER	07/01/2014	RBRVS	$1,121.04	$1,121.04	090		Y	Y	Y	Y	Y		
50722		RELEASE OF URETER	07/01/2014	RBRVS	$989.91	$989.91	090		Y	Y		Y	Y		
50725		RELEASE/REVISE URETER	07/01/2014	RBRVS	$1,018.46	$1,018.46	090		Y	Y		Y	Y		
50727		REVISE URETER	07/01/2014	RBRVS	$466.42	$466.42	090		Y	Y		Y	Y		
50728		REVISE URETER	07/01/2014	RBRVS	$644.70	$644.70	090		Y	Y		Y	Y		
50740		FUSION OF URETER & KIDNEY	07/01/2014	RBRVS	$1,143.04	$1,143.04	090		Y	Y	Y	Y	Y		
50750		FUSION OF URETER & KIDNEY	07/01/2014	RBRVS	$1,066.07	$1,066.07	090		Y	Y	Y	Y			
50760		FUSION OF URETERS	07/01/2014	RBRVS	$1,048.94	$1,048.94	090		Y	Y	Y	Y	Y		
50770		SPLICING OF URETERS	07/01/2014	RBRVS	$1,066.07	$1,066.07	090		Y	Y		Y	Y		
50780		REIMPLANT URETER IN BLADDER	07/01/2014	RBRVS	$1,026.80	$1,026.80	090		Y	Y	Y	Y	Y		
50782		REIMPLANT URETER IN BLADDER	07/01/2014	RBRVS	$982.80	$982.80	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
50783		REIMPLANT URETER IN BLADDER	07/01/2014	RBRVS	$1,041.96	$1,041.96	090		Y	Y	Y	Y	Y		
50785		REIMPLANT URETER IN BLADDER	07/01/2014	RBRVS	$1,119.74	$1,119.74	090		Y	Y	Y	Y	Y		
50800		IMPLANT URETER IN BOWEL	07/01/2014	RBRVS	$856.35	$856.35	090		Y	Y	Y	Y	Y		
50810		FUSION OF URETER & BOWEL	07/01/2014	RBRVS	$1,248.75	$1,248.75	090		Y	Y		Y	Y		
50815		URINE SHUNT TO INTESTINE	07/01/2014	RBRVS	$1,130.30	$1,130.30	090		Y	Y	Y	Y	Y		
50820		CONSTRUCT BOWEL BLADDER	07/01/2014	RBRVS	$1,221.14	$1,221.14	090		Y	Y	Y	Y	Y		
50830		REVISE URINE FLOW	07/01/2014	RBRVS	$1,668.24	$1,668.24	090		Y	Y		Y	Y		
50900		REPAIR OF URETER	07/01/2014	RBRVS	$785.97	$785.97	090		Y	Y	Y	Y	Y		
50920		CLOSURE URETER/SKIN FISTULA	07/01/2014	RBRVS	$814.37	$814.37	090		Y	Y		Y	Y		
50930		CLOSURE URETER/BOWEL FISTULA	07/01/2014	RBRVS	$1,148.57	$1,148.57	090		Y	Y		Y	Y		
50940		RELEASE OF URETER	07/01/2014	RBRVS	$819.89	$819.89	090		Y	Y	Y	Y	Y		
50945		LAPAROSCOPY URETEROLITHOTOMY	07/01/2014	RBRVS	$899.92	$899.92	090		Y	Y	Y	Y	Y		
5100F		RSK FX REF W/N 24 HRS XRAY	07/01/2009	RBRVS	$0.00	$0.00									
51020		INCISE & TREAT BLADDER	07/01/2014	RBRVS	$433.56	$433.56	090		Y	Y		Y	Y		
51040		INCISE & DRAIN BLADDER	07/01/2014	RBRVS	$265.90	$265.90	090		Y	Y		Y	Y		
51045		INCISE BLADDER/DRAIN URETER	07/01/2014	RBRVS	$454.96	$454.96	090		Y	Y		Y			
51050		REMOVAL OF BLADDER STONE	07/01/2014	RBRVS	$435.82	$435.82	090		Y	Y		Y	Y		
51060		REMOVAL OF URETER STONE	07/01/2014	RBRVS	$536.55	$536.55	090		Y	Y		Y	Y		
51080		DRAINAGE OF BLADDER ABSCESS	07/01/2014	RBRVS	$376.38	$376.38	090		Y	Y		Y	Y		
51100		DRAIN BLADDER BY NEEDLE	07/01/2014	RBRVS	$55.93	$36.56	000		Y	Y					
51101		DRAIN BLADDER BY TROCAR/CATH	07/01/2014	RBRVS	$112.89	$48.99	000		Y	Y					
51102		DRAIN BL W/CATH INSERTION	07/01/2014	RBRVS	$208.35	$135.74	000		Y	Y					
51500		REMOVAL OF BLADDER CYST	07/01/2014	RBRVS	$587.38	$587.38	090		Y	Y		Y	Y		
51520		REMOVAL OF BLADDER LESION	07/01/2014	RBRVS	$547.92	$547.92	090		Y	Y		Y	Y		
51525		REMOVAL OF BLADDER LESION	07/01/2014	RBRVS	$795.49	$795.49	090		Y	Y		Y	Y		
51530		REMOVAL OF BLADDER LESION	07/01/2014	RBRVS	$734.58	$734.58	090		Y	Y		Y	Y		
51535		REPAIR OF URETER LESION	07/01/2014	RBRVS	$719.06	$719.06	090		Y	Y	Y	Y	Y		
51550		PARTIAL REMOVAL OF BLADDER	07/01/2014	RBRVS	$897.47	$897.47	090		Y	Y		Y	Y		
51555		PARTIAL REMOVAL OF BLADDER	07/01/2014	RBRVS	$1,176.74	$1,176.74	090		Y	Y		Y	Y		
51565		REVISE BLADDER & URETER(S)	07/01/2014	RBRVS	$1,196.74	$1,196.74	090		Y	Y		Y	Y		
51570		REMOVAL OF BLADDER	07/01/2014	RBRVS	$1,369.12	$1,369.12	090		Y	Y		Y	Y		
51575		REMOVAL OF BLADDER & NODES	07/01/2014	RBRVS	$1,684.31	$1,684.31	090		Y	Y		Y	Y		
51700		IRRIGATION OF BLADDER	07/01/2014	RBRVS	$75.29	$41.40	000		Y	Y					
51701		INSERT BLADDER CATHETER	07/01/2014	RBRVS	$49.63	$25.75	000		Y	Y					
51702		INSERT TEMP BLADDER CATH	07/01/2014	RBRVS	$63.83	$28.01	000		Y	Y					
51703		INSERT BLADDER CATH COMPLEX	07/01/2014	RBRVS	$117.51	$75.23	000		Y	Y					
51705		CHANGE OF BLADDER TUBE	07/01/2014	RBRVS	$82.78	$48.24	000		Y	Y					
51725		SIMPLE CYSTOMETROGRAM	07/01/2014	RBRVS	$169.11	$169.11	000		Y	Y					
51725	TC	SIMPLE CYSTOMETROGRAM	07/01/2014	RBRVS	$109.44	$109.44	000		Y	Y					
51725	26	SIMPLE CYSTOMETROGRAM	07/01/2014	RBRVS	$78.46	$78.46	000			Y					
51726		COMPLEX CYSTOMETROGRAM	07/01/2014	RBRVS	$238.05	$238.05	000		Y	Y					
51726	TC	COMPLEX CYSTOMETROGRAM	07/01/2014	RBRVS	$176.25	$176.25	000		Y	Y					
51726	26	COMPLEX CYSTOMETROGRAM	07/01/2014	RBRVS	$88.25	$88.25	000			Y					
51727		CYSTOMETROGRAM W/UP	07/01/2014	RBRVS	$283.87	$283.87	000		Y	Y					
51727	TC	CYSTOMETROGRAM W/UP	07/01/2014	RBRVS	$203.04	$203.04	000		Y	Y					
51727	26	CYSTOMETROGRAM W/UP	07/01/2014	RBRVS	$112.42	$112.42	000			Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
51728		CYSTOMETROGRAM W/VP	07/01/2014	RBRVS	$284.33	$284.33	000		Y	Y					
51728	TC	CYSTOMETROGRAM W/VP	07/01/2014	RBRVS	$206.98	$206.98	000		Y	Y					
51728	26	CYSTOMETROGRAM W/VP	07/01/2014	RBRVS	$108.94	$108.94	000			Y					
51729		CYSTOMETROGRAM W/VP&UP	07/01/2014	RBRVS	$308.86	$308.86	000		Y	Y					
51729	TC	CYSTOMETROGRAM W/VP&UP	07/01/2014	RBRVS	$210.93	$210.93	000		Y	Y					
51729	26	CYSTOMETROGRAM W/VP&UP	07/01/2014	RBRVS	$132.25	$132.25	000			Y					
51736		URINE FLOW MEASUREMENT	07/01/2014	RBRVS	$13.97	$13.97			Y	Y					
51736	TC	URINE FLOW MEASUREMENT	07/01/2014	RBRVS	$6.89	$6.89			Y	Y					
51736	26	URINE FLOW MEASUREMENT	07/01/2014	RBRVS	$8.68	$8.68				Y					
51741		ELECTRO-UROFLOWMETRY FIRST	07/01/2014	RBRVS	$14.30	$14.30			Y	Y					
51741	TC	ELECTRO-UROFLOWMETRY FIRST	07/01/2014	RBRVS	$7.24	$7.24			Y	Y					
51741	26	ELECTRO-UROFLOWMETRY FIRST	07/01/2014	RBRVS	$8.68	$8.68				Y					
51784		ANAL/URINARY MUSCLE STUDY	07/01/2014	RBRVS	$173.63	$173.63	000		Y	Y					
51784	TC	ANAL/URINARY MUSCLE STUDY	07/01/2014	RBRVS	$113.75	$113.75	000		Y	Y					
51784	26	ANAL/URINARY MUSCLE STUDY	07/01/2014	RBRVS	$79.18	$79.18	000			Y					
51785		ANAL/URINARY MUSCLE STUDY	07/01/2014	RBRVS	$232.04	$232.04	000		Y	Y					
51785	TC	ANAL/URINARY MUSCLE STUDY	07/01/2014	RBRVS	$175.79	$175.79	000		Y	Y					
51785	26	ANAL/URINARY MUSCLE STUDY	07/01/2014	RBRVS	$82.05	$82.05	000			Y					
51792		URINARY REFLEX STUDY	07/01/2014	RBRVS	$190.35	$190.35	000		Y	Y					
51792	TC	URINARY REFLEX STUDY	07/01/2014	RBRVS	$153.91	$153.91	000		Y	Y					
51792	26	URINARY REFLEX STUDY	07/01/2014	RBRVS	$57.63	$57.63	000			Y					
51797		INTRAABDOMINAL PRESSURE TEST	07/01/2014	RBRVS	$100.69	$100.69	ZZZ		Y						
51797	TC	INTRAABDOMINAL PRESSURE TEST	07/01/2014	RBRVS	$71.07	$71.07	ZZZ		Y						
51797	26	INTRAABDOMINAL PRESSURE TEST	07/01/2014	RBRVS	$40.81	$40.81	ZZZ								
51798		US URINE CAPACITY MEASURE	07/01/2014	RBRVS	$17.17	$17.17			Y						
51800		REVISION OF BLADDER/URETHRA	07/01/2014	RBRVS	$965.22	$965.22	090		Y	Y		Y	Y		
51820		REVISION OF URINARY TRACT	07/01/2014	RBRVS	$1,000.45	$1,000.45	090		Y	Y		Y	Y		
51840		ATTACH BLADDER/URETHRA	07/01/2014	RBRVS	$617.92	$617.92	090		Y	Y		Y	Y		
51841		ATTACH BLADDER/URETHRA	07/01/2014	RBRVS	$734.23	$734.23	090		Y	Y		Y	Y		
51845		REPAIR BLADDER NECK	07/01/2014	RBRVS	$549.30	$549.30	090		Y	Y		Y	Y		
51860		REPAIR OF BLADDER WOUND	07/01/2014	RBRVS	$697.82	$697.82	090		Y	Y		Y	Y		
51865		REPAIR OF BLADDER WOUND	07/01/2014	RBRVS	$832.14	$832.14	090		Y	Y		Y	Y		
51880		REPAIR OF BLADDER OPENING	07/01/2014	RBRVS	$436.89	$436.89	090		Y	Y		Y	Y		
51900		REPAIR BLADDER/VAGINA LESION	07/01/2014	RBRVS	$767.28	$767.28	090		Y	Y		Y	Y		
51920		CLOSE BLADDER-UTERUS FISTULA	07/01/2014	RBRVS	$745.94	$745.94	090		Y	Y		Y	Y		
51925		HYSTERECTOMY/BLADDER REPAIR	07/01/2014	RBRVS	$983.03	$983.03	090		Y	Y		Y	Y		
51940		CORRECTION OF BLADDER DEFECT	07/01/2014	RBRVS	$1,507.84	$1,507.84	090		Y	Y		Y	Y		
51960		REVISION OF BLADDER & BOWEL	07/01/2014	RBRVS	$1,289.57	$1,289.57	090		Y	Y		Y	Y		
51980		CONSTRUCT BLADDER OPENING	07/01/2014	RBRVS	$658.48	$658.48	090		Y	Y		Y	Y		
51990		LAPARO URETHRAL SUSPENSION	07/01/2014	RBRVS	$709.99	$709.99	090		Y	Y		Y	Y		
51992		LAPARO SLING OPERATION	07/01/2014	RBRVS	$802.36	$802.36	090		Y	Y		Y	Y		
51999		LAPAROSCOPE PROC BLA	07/01/2014	FEE SCHED	$822.86	$0.00			Y						
5200F		EVAL APPROS SURG THXPY EPI	09/01/2011	RBRVS	$0.00	$0.00									
52000		CYSTOSCOPY	07/01/2014	RBRVS	$184.15	$117.02	000		Y	Y					
52287		CYSTOSCOPY CHEMODENERVATION	07/01/2014	RBRVS	$281.52	$157.27	000		Y	Y					
52356		CYSTO/URETERO W/LITHOTRIPSY	07/01/2014	RBRVS	$385.74	$385.74	000		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
52402		CYSTOURETHRO CUT EJACUL DUCT	07/01/2014	RBRVS	$247.18	$247.18	000		Y	Y					
5250F		ASTHMA DISCHARGE PLAN PRESNT	01/01/2012	RBRVS	$0.00	$0.00									
52649		2 PROSTATE LASER ENUCLEATION	07/01/2014	RBRVS	$759.50	$759.50	090		Y	Y					
53060		DRAINAGE OF URETHRA ABSCESS	07/01/2014	RBRVS	$174.24	$158.11	010		Y	Y					
53080		DRAINAGE OF URINARY LEAKAGE	07/01/2014	RBRVS	$387.16	$387.16	090		Y	Y					
53200		BIOPSY OF URETHRA	07/01/2014	RBRVS	$143.71	$131.77	000		Y	Y					
53210		REMOVAL OF URETHRA	07/01/2014	RBRVS	$710.61	$710.61	090		Y	Y		Y	Y		
53215		REMOVAL OF URETHRA	07/01/2014	RBRVS	$857.74	$857.74	090		Y	Y		Y	Y		
53230		REMOVAL OF URETHRA LESION	07/01/2014	RBRVS	$563.66	$563.66	090		Y	Y		Y	Y		
53235		REMOVAL OF URETHRA LESION	07/01/2014	RBRVS	$583.41	$583.41	090		Y	Y		Y	Y		
53240		SURGERY FOR URETHRA POUCH	07/01/2014	RBRVS	$391.38	$391.38	090		Y	Y					
53250		REMOVAL OF URETHRA GLAND	07/01/2014	RBRVS	$392.90	$392.90	090		Y	Y					
53400		REVISE URETHRA STAGE 1	07/01/2014	RBRVS	$740.81	$740.81	090		Y	Y		Y	Y		
53405		REVISE URETHRA STAGE 2	07/01/2014	RBRVS	$806.81	$806.81	090		Y	Y		Y	Y		
53410		RECONSTRUCTION OF URETHRA	07/01/2014	RBRVS	$905.31	$905.31	090		Y	Y		Y	Y		
53415		RECONSTRUCTION OF URETHRA	07/01/2014	RBRVS	$1,045.42	$1,045.42	090		Y	Y		Y	Y		
53425		RECONSTRUCT URETHRA STAGE 2	07/01/2014	RBRVS	$865.62	$865.62	090		Y	Y		Y	Y		
53430		RECONSTRUCTION OF URETHRA	07/01/2014	RBRVS	$900.44	$900.44	090		Y	Y		Y	Y		
53431		RECONSTRUCT URETHRA/BLADDER	07/01/2014	RBRVS	$1,066.40	$1,066.40	090		Y	Y		Y	Y		
53440		MALE SLING PROCEDURE	07/01/2014	RBRVS	$695.37	$695.37	090		Y	Y		Y	Y		
53442		REMOVE/REVISE MALE SLING	07/01/2014	RBRVS	$721.83	$721.83	090		Y	Y		Y			
53444		INSERT TANDEM CUFF	07/01/2014	RBRVS	$732.16	$732.16	090		Y	Y		Y	Y		
53445		INSERT URO/VES NCK SPHINCTER	07/01/2014	RBRVS	$695.21	$695.21	090		Y	Y		Y	Y		
53446		REMOVE URO SPHINCTER	07/01/2014	RBRVS	$592.61	$592.61	090		Y	Y		Y	Y		
53447		REMOVE/REPLACE UR SPHINCTER	07/01/2014	RBRVS	$746.85	$746.85	090		Y	Y		Y	Y		
53448		REMOV/REPLC UR SPHINCTR COMP	07/01/2014	RBRVS	$1,183.03	$1,183.03	090		Y	Y		Y	Y		
53449		REPAIR URO SPHINCTER	07/01/2014	RBRVS	$627.37	$627.37	090		Y	Y		Y	Y		
53502		REPAIR OF URETHRA INJURY	07/01/2014	RBRVS	$449.15	$449.15	090		Y	Y					
53505		REPAIR OF URETHRA INJURY	07/01/2014	RBRVS	$448.51	$448.51	090		Y	Y		Y			
53510		REPAIR OF URETHRA INJURY	07/01/2014	RBRVS	$582.12	$582.12	090		Y	Y		Y	Y		
53515		REPAIR OF URETHRA INJURY	07/01/2014	RBRVS	$734.42	$734.42	090		Y	Y		Y	Y		
53520		REPAIR OF URETHRA DEFECT	07/01/2014	RBRVS	$512.96	$512.96	090		Y	Y					
53855		INSERT PROST URETHRAL STENT	07/01/2014	RBRVS	$694.37	$76.65	000		Y	Y					
54015		DRAIN PENIS LESION	07/01/2014	RBRVS	$285.91	$285.91	010		Y	Y					
54050		DESTRUCTION PENIS LESION(S)	07/01/2014	RBRVS	$118.92	$96.01	010		Y	Y					
54055		DESTRUCTION PENIS LESION(S)	07/01/2014	RBRVS	$106.53	$84.26	010		Y	Y					
54056		CRYOSURGERY PENIS LESION(S)	07/01/2014	RBRVS	$128.70	$102.24	010		Y	Y					
54057		LASER SURG PENIS LESION(S)	07/01/2014	RBRVS	$122.25	$86.42	010		Y	Y					
54060		EXCISION OF PENIS LESION(S)	07/01/2014	RBRVS	$162.81	$120.22	010		Y	Y					
54065		DESTRUCTION PENIS LESION(S)	07/01/2014	RBRVS	$200.42	$160.39	010		Y	Y					
54110		TREATMENT OF PENIS LESION	07/01/2014	RBRVS	$575.99	$575.99	090		Y	Y		Y			
54111		TREAT PENIS LESION GRAFT	07/01/2014	RBRVS	$739.75	$739.75	090		Y	Y		Y	Y		
54112		TREAT PENIS LESION GRAFT	07/01/2014	RBRVS	$866.13	$866.13	090		Y	Y		Y	Y		
54115		TREATMENT OF PENIS LESION	07/01/2014	RBRVS	$414.59	$390.70	090		Y	Y		Y			
54150		CIRCUMCISION	07/01/2014	RBRVS	$157.64	$102.06	000	Y	Y	Y					
54160		CIRCUMCISION NEONATE	07/01/2014	RBRVS	$221.54	$147.67	010	Y	Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
54161		CIRCUMCISION	07/01/2014	RBRVS	$202.04	$202.04	010	Y	Y	Y					
54205		TREATMENT OF PENIS LESION	07/01/2014	RBRVS	$490.40	$490.40	090		Y	Y		Y			
54235		PENILE INJECTION	07/01/2014	RBRVS	$91.73	$75.59	000		Y	Y					
54300		REVISION OF PENIS	07/01/2014	RBRVS	$591.65	$591.65	090		Y	Y		Y	Y		
54304		REVISION OF PENIS	07/01/2014	RBRVS	$691.98	$691.98	090		Y	Y		Y			
54308		RECONSTRUCTION OF URETHRA	07/01/2014	RBRVS	$660.42	$660.42	090		Y	Y		Y	Y		
54312		RECONSTRUCTION OF URETHRA	07/01/2014	RBRVS	$755.56	$755.56	090		Y	Y		Y	Y		
54316		RECONSTRUCTION OF URETHRA	07/01/2014	RBRVS	$921.87	$921.87	090		Y	Y		Y	Y		
54318		RECONSTRUCTION OF URETHRA	07/01/2014	RBRVS	$644.09	$644.09	090		Y	Y		Y	Y		
54322		RECONSTRUCTION OF URETHRA	07/01/2014	RBRVS	$721.48	$721.48	090		Y	Y		Y			
54324		RECONSTRUCTION OF URETHRA	07/01/2014	RBRVS	$895.18	$895.18	090		Y	Y		Y	Y		
54326		RECONSTRUCTION OF URETHRA	07/01/2014	RBRVS	$874.00	$874.00	090		Y	Y		Y	Y		
54328		REVISE PENIS/URETHRA	07/01/2014	RBRVS	$868.07	$868.07	090		Y	Y		Y	Y		
54332		REVISE PENIS/URETHRA	07/01/2014	RBRVS	$936.94	$936.94	090		Y	Y		Y	Y		
54336		REVISE PENIS/URETHRA	07/01/2014	RBRVS	$1,099.63	$1,099.63	090		Y	Y		Y	Y		
54340		SECONDARY URETHRAL SURGERY	07/01/2014	RBRVS	$525.32	$525.32	090		Y	Y		Y	Y		
54344		SECONDARY URETHRAL SURGERY	07/01/2014	RBRVS	$920.80	$920.80	090		Y	Y		Y	Y		
54348		SECONDARY URETHRAL SURGERY	07/01/2014	RBRVS	$919.26	$919.26	090		Y	Y		Y	Y		
54380		REPAIR PENIS	07/01/2014	RBRVS	$737.97	$737.97	090		Y	Y		Y	Y		
54385		REPAIR PENIS	07/01/2014	RBRVS	$917.90	$917.90	090		Y	Y		Y	Y		
54390		REPAIR PENIS AND BLADDER	07/01/2014	RBRVS	$1,187.58	$1,187.58	090		Y	Y		Y	Y		
54420		REVISION OF PENIS	07/01/2014	RBRVS	$650.99	$650.99	090		Y	Y		Y			
54430		REVISION OF PENIS	07/01/2014	RBRVS	$590.94	$590.94	090		Y	Y		Y			
54435		REVISION OF PENIS	07/01/2014	RBRVS	$383.80	$383.80	090		Y	Y					
54440		REPAIR OF PENIS	07/01/2014	FEE SCHED	$941.16	$0.00			Y						
54530		REMOVAL OF TESTIS	07/01/2014	RBRVS	$467.23	$467.23	090		Y	Y	Y	Y	Y		
54535		EXTENSIVE TESTIS SURGERY	07/01/2014	RBRVS	$687.15	$687.15	090		Y	Y	Y	Y			
54550		EXPLORATION FOR TESTIS	07/01/2014	RBRVS	$454.05	$454.05	090		Y	Y	Y	Y			
54560		EXPLORATION FOR TESTIS	07/01/2014	RBRVS	$634.37	$634.37	090		Y	Y	Y	Y	Y		
54600		REDUCE TESTIS TORSION	07/01/2014	RBRVS	$417.81	$417.81	090		Y	Y	Y				
54620		SUSPENSION OF TESTIS	07/01/2014	RBRVS	$276.55	$276.55	010		Y	Y	Y				
54865		EXPLORE EPIDIDYMIS	07/01/2014	RBRVS	$330.77	$330.77	090		Y	Y					
54900		FUSION OF SPERMATIC DUCTS	07/01/2014	RBRVS	$726.55	$726.55	090		Y	Y					
54901		FUSION OF SPERMATIC DUCTS	07/01/2014	RBRVS	$993.55	$993.55	090		Y	Y					
55150		REMOVAL OF SCROTUM	07/01/2014	RBRVS	$454.90	$454.90	090		Y	Y		Y	Y		
55520		REMOVAL OF SPERM CORD LESION	07/01/2014	RBRVS	$422.63	$422.63	090		Y	Y	Y	Y	Y		
55530		REVISE SPERMATIC CORD VEINS	07/01/2014	RBRVS	$326.25	$326.25	090		Y	Y	Y		Y		
55535		REVISE SPERMATIC CORD VEINS	07/01/2014	RBRVS	$396.61	$396.61	090		Y	Y	Y	Y	Y		
55540		REVISE HERNIA & SPERM VEINS	07/01/2014	RBRVS	$505.11	$505.11	090		Y	Y	Y		Y		
55650		REMOVE SPERM DUCT POUCH	07/01/2014	RBRVS	$736.31	$736.31	090		Y	Y	Y	Y	Y		
55706		PROSTATE SATURATION SAMPLING	07/01/2014	RBRVS	$338.20	$338.20	010		Y	Y		Y	Y		
55720		DRAINAGE OF PROSTATE ABSCESS	07/01/2014	RBRVS	$416.52	$416.52	090		Y	Y		Y	Y		
55725		DRAINAGE OF PROSTATE ABSCESS	07/01/2014	RBRVS	$547.52	$547.52	090		Y	Y		Y	Y		
55801		REMOVAL OF PROSTATE	07/01/2014	RBRVS	$1,010.62	$1,010.62	090		Y	Y		Y	Y		
55810		EXTENSIVE PROSTATE SURGERY	07/01/2014	RBRVS	$1,219.34	$1,219.34	090		Y	Y		Y	Y		
55812		EXTENSIVE PROSTATE SURGERY	07/01/2014	RBRVS	$1,488.44	$1,488.44	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
55815		EXTENSIVE PROSTATE SURGERY	07/01/2014	RBRVS	$1,631.28	$1,631.28	090		Y	Y		Y	Y		
55821		REMOVAL OF PROSTATE	07/01/2014	RBRVS	$807.94	$807.94	090		Y	Y		Y	Y		
55831		REMOVAL OF PROSTATE	07/01/2014	RBRVS	$873.72	$873.72	090		Y	Y		Y	Y		
55840		EXTENSIVE PROSTATE SURGERY	07/01/2014	RBRVS	$1,237.05	$1,237.05	090		Y	Y		Y	Y		
55842		EXTENSIVE PROSTATE SURGERY	07/01/2014	RBRVS	$1,325.20	$1,325.20	090		Y	Y		Y	Y		
55845		EXTENSIVE PROSTATE SURGERY	07/01/2014	RBRVS	$1,513.64	$1,513.64	090		Y	Y		Y	Y		
55862		EXTENSIVE PROSTATE SURGERY	07/01/2014	RBRVS	$1,013.56	$1,013.56	090		Y	Y		Y	Y		
55865		EXTENSIVE PROSTATE SURGERY	07/01/2014	RBRVS	$1,233.70	$1,233.70	090		Y	Y		Y	Y		
55866		LAPARO RADICAL PROSTATECTOMY	07/01/2014	RBRVS	$1,606.66	$1,606.66	090		Y	Y		Y	Y		
55875		TRANSPERI NEEDLE PLACE PROS	07/01/2014	RBRVS	$704.63	$704.63	090		Y	Y					
55876		PLACE RT DEVICE/MARKER PROS	07/01/2014	RBRVS	$123.12	$92.79	000		Y	Y			Y	Y	
55899		GENITAL SURGERY PROCEDURE	07/01/2014	FEE SCHED	$231.03	$0.00			Y						
55920		PLACE NEEDLES PELVIC FOR RT	07/01/2014	RBRVS	$415.26	$415.26	000		Y	Y					
56405		I & D OF VULVA/PERINEUM	07/01/2014	RBRVS	$102.98	$102.33	010		Y	Y			Y		
56420		DRAINAGE OF GLAND ABSCESS	07/01/2014	RBRVS	$113.22	$86.42	010		Y	Y					
56440		SURGERY FOR VULVA LESION	07/01/2014	RBRVS	$172.92	$172.92	010		Y	Y					
56442		HYMENOTOMY	07/01/2014	RBRVS	$45.44	$45.44	000		Y	Y					
56501		DESTROY VULVA LESIONS SIM	07/01/2014	RBRVS	$122.09	$108.21	010		Y	Y					
56515		DESTROY VULVA LESION/S COMPL	07/01/2014	RBRVS	$210.39	$188.45	010		Y	Y					
56605		BIOPSY OF VULVA/PERINEUM	07/01/2014	RBRVS	$77.06	$57.38	000		Y	Y			Y		
56606		BIOPSY OF VULVA/PERINEUM	07/01/2014	RBRVS	$34.95	$27.85	ZZZ		Y				Y		
56620		PARTIAL REMOVAL OF VULVA	07/01/2014	RBRVS	$480.87	$480.87	090		Y	Y		Y	Y		
56625		COMPLETE REMOVAL OF VULVA	07/01/2014	RBRVS	$578.22	$578.22	090		Y	Y		Y	Y		
56630		EXTENSIVE VULVA SURGERY	07/01/2014	RBRVS	$854.10	$854.10	090		Y	Y		Y	Y		
56631		EXTENSIVE VULVA SURGERY	07/01/2014	RBRVS	$1,086.24	$1,086.24	090		Y	Y		Y	Y		
56633		EXTENSIVE VULVA SURGERY	07/01/2014	RBRVS	$1,113.22	$1,113.22	090		Y	Y		Y	Y		
56634		EXTENSIVE VULVA SURGERY	07/01/2014	RBRVS	$1,182.94	$1,182.94	090		Y	Y		Y	Y		
56637		EXTENSIVE VULVA SURGERY	07/01/2014	RBRVS	$1,381.32	$1,381.32	090		Y	Y		Y	Y		
56640		EXTENSIVE VULVA SURGERY	07/01/2014	RBRVS	$1,383.58	$1,383.58	090		Y	Y	Y	Y	Y		
56700		PARTIAL REMOVAL OF HYMEN	07/01/2014	RBRVS	$177.05	$177.05	010		Y	Y		Y	Y		
56800		REPAIR OF VAGINA	07/01/2014	RBRVS	$226.91	$226.91	010		Y	Y		Y	Y		
56810		REPAIR OF PERINEUM	07/01/2014	RBRVS	$245.57	$245.57	010		Y	Y		Y	Y		
56820		EXAM OF VULVA W/SCOPE	07/01/2014	RBRVS	$104.59	$81.68	000		Y	Y					
56821		EXAM/BIOPSY OF VULVA W/SCOPE	07/01/2014	RBRVS	$137.94	$109.53	000		Y	Y					
57061		DESTROY VAG LESIONS SIMPLE	07/01/2014	RBRVS	$105.69	$92.46	010		Y	Y					
57065		DESTROY VAG LESIONS COMPLEX	07/01/2014	RBRVS	$180.70	$162.63	010		Y	Y					
57100		BIOPSY OF VAGINA	07/01/2014	RBRVS	$82.65	$62.96	000		Y	Y					
57106		REMOVE VAGINA WALL PARTIAL	07/01/2014	RBRVS	$458.00	$458.00	090		Y	Y		Y	Y		
57107		REMOVE VAGINA TISSUE PART	07/01/2014	RBRVS	$1,349.54	$1,349.54	090		Y	Y		Y	Y		
57109		VAGINECTOMY PARTIAL W/NODES	07/01/2014	RBRVS	$1,582.62	$1,582.62	090		Y	Y		Y	Y		
57110		REMOVE VAGINA WALL COMPLETE	07/01/2014	RBRVS	$852.96	$852.96	090		Y	Y		Y	Y		
57111		REMOVE VAGINA TISSUE COMPL	07/01/2014	RBRVS	$1,530.01	$1,530.01	090		Y	Y		Y	Y		
57112		VAGINECTOMY W/NODES COMPL	07/01/2014	RBRVS	$1,595.65	$1,595.65	090		Y	Y		Y	Y		
57120		CLOSURE OF VAGINA	07/01/2014	RBRVS	$483.30	$483.30	090		Y	Y		Y	Y		
57130		REMOVE VAGINA LESION	07/01/2014	RBRVS	$166.33	$150.20	010		Y	Y		Y	Y		
57150		TREAT VAGINA INFECTION	07/01/2014	RBRVS	$42.05	$27.85	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
57155		INSERT UTERI TANDEM/OVOIDS	07/01/2014	RBRVS	$390.38	$267.42	000		Y	Y			Y		
57160		INSERT PESSARY/OTHER DEVICE	07/01/2014	RBRVS	$71.03	$44.89	000		Y	Y					
57170		FITTING OF DIAPHRAGM/CAP	07/01/2014	RBRVS	$66.31	$53.51	000			Y					F
57200		REPAIR OF VAGINA	07/01/2014	RBRVS	$281.81	$281.81	090		Y	Y		Y	Y		
57210		REPAIR VAGINA/PERINEUM	07/01/2014	RBRVS	$345.78	$345.78	090		Y	Y		Y	Y		
57220		REVISION OF URETHRA	07/01/2014	RBRVS	$301.66	$301.66	090		Y	Y		Y	Y		
57230		REPAIR OF URETHRAL LESION	07/01/2014	RBRVS	$374.60	$374.60	090		Y	Y		Y	Y		
57240		REPAIR BLADDER & VAGINA	07/01/2014	RBRVS	$629.89	$629.89	090		Y	Y		Y	Y		
57250		REPAIR RECTUM & VAGINA	07/01/2014	RBRVS	$641.73	$641.73	090		Y	Y		Y	Y		
57260		REPAIR OF VAGINA	07/01/2014	RBRVS	$791.36	$791.36	090		Y	Y		Y	Y		
57265		EXTENSIVE REPAIR OF VAGINA	07/01/2014	RBRVS	$866.75	$866.75	090		Y	Y		Y	Y		
57267		INSERT MESH/PELVIC FLR ADDON	07/01/2014	RBRVS	$243.15	$243.15	ZZZ		Y			Y	Y		
57268		REPAIR OF BOWEL BULGE	07/01/2014	RBRVS	$455.80	$455.80	090		Y	Y		Y	Y		
57270		REPAIR OF BOWEL POUCH	07/01/2014	RBRVS	$759.24	$759.24	090		Y	Y		Y	Y		
57280		SUSPENSION OF VAGINA	07/01/2014	RBRVS	$903.70	$903.70	090		Y	Y		Y	Y		
57282		COLPOPEXY EXTRAPERITONEAL	07/01/2014	RBRVS	$472.04	$472.04	090		Y	Y		Y	Y		
57283		COLPOPEXY INTRAPERITONEAL	07/01/2014	RBRVS	$654.64	$654.64	090		Y	Y		Y	Y		
57284		REPAIR PARAVAG DEFECT OPEN	07/01/2014	RBRVS	$772.05	$772.05	090		Y	Y		Y	Y		
57285		REPAIR PARAVAG DEFECT VAG	07/01/2014	RBRVS	$636.89	$636.89	090		Y	Y		Y	Y		
57288		REPAIR BLADDER DEFECT	07/01/2014	RBRVS	$667.78	$667.78	090		Y	Y		Y	Y		
57289		REPAIR BLADDER & VAGINA	07/01/2014	RBRVS	$672.78	$672.78	090		Y	Y		Y	Y		
57295		CHANGE VAGINAL GRAFT	07/01/2014	RBRVS	$450.86	$450.86	090		Y	Y		Y	Y		
57296		REVISE VAG GRAFT OPEN ABD	07/01/2014	RBRVS	$904.34	$904.34	090		Y	Y		Y	Y		
57300		REPAIR RECTUM-VAGINA FISTULA	07/01/2014	RBRVS	$527.32	$527.32	090		Y	Y		Y	Y		
57305		REPAIR RECTUM-VAGINA FISTULA	07/01/2014	RBRVS	$879.11	$879.11	090		Y	Y		Y	Y		
57307		FISTULA REPAIR & COLOSTOMY	07/01/2014	RBRVS	$1,000.14	$1,000.14	090		Y	Y		Y	Y		
57308		FISTULA REPAIR TRANSPERINE	07/01/2014	RBRVS	$629.79	$629.79	090		Y	Y		Y	Y		
57310		REPAIR URETHROVAGINAL LESION	07/01/2014	RBRVS	$423.95	$423.95	090		Y	Y		Y	Y		
57311		REPAIR URETHROVAGINAL LESION	07/01/2014	RBRVS	$482.97	$482.97	090		Y	Y		Y	Y		
57320		REPAIR BLADDER-VAGINA LESION	07/01/2014	RBRVS	$494.59	$494.59	090		Y	Y		Y	Y		
57330		REPAIR BLADDER-VAGINA LESION	07/01/2014	RBRVS	$682.30	$682.30	090		Y	Y		Y	Y		
57400		DILATION OF VAGINA	07/01/2014	RBRVS	$127.12	$127.12	000		Y	Y					
57410		PELVIC EXAMINATION	07/01/2014	RBRVS	$101.85	$101.85	000		Y	Y					
57415		REMOVE VAGINAL FOREIGN BODY	07/01/2014	RBRVS	$150.01	$150.01	010		Y	Y					
57420		EXAM OF VAGINA W/SCOPE	07/01/2014	RBRVS	$109.11	$86.20	000		Y	Y					
57421		EXAM/BIOPSY OF VAG W/SCOPE	07/01/2014	RBRVS	$146.45	$117.41	000		Y	Y					
57423		REPAIR PARAVAG DEFECT LAP	07/01/2014	RBRVS	$872.98	$872.98	090		Y	Y		Y	Y		
57426		REVISE PROSTH VAG GRAFT LAP	07/01/2014	RBRVS	$804.59	$804.59	090		Y	Y		Y	Y		
57452		EXAM OF CERVIX W/SCOPE	07/01/2014	RBRVS	$101.92	$87.07	000		Y	Y					
57454		BX/CURETT OF CERVIX W/SCOPE	07/01/2014	RBRVS	$144.23	$129.38	000		Y	Y					
57455		BIOPSY OF CERVIX W/SCOPE	07/01/2014	RBRVS	$134.03	$105.95	000		Y	Y					
57456		ENDOCERV CURETTAGE W/SCOPE	07/01/2014	RBRVS	$126.83	$98.75	000		Y	Y					
57461		CONZ OF CERVIX W/SCOPE LEEP	07/01/2014	RBRVS	$297.63	$179.82	000		Y	Y					
57505		ENDOCERVICAL CURETTAGE	07/01/2014	RBRVS	$94.91	$86.20	010		Y	Y					
57511		CRYOCAUTERY OF CERVIX	07/01/2014	RBRVS	$136.29	$125.31	010		Y	Y					
57520		CONIZATION OF CERVIX	07/01/2014	RBRVS	$285.84	$257.76	090		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
57522		CONIZATION OF CERVIX	07/01/2014	RBRVS	$247.50	$230.08	090		Y	Y					
57530		REMOVAL OF CERVIX	07/01/2014	RBRVS	$325.54	$325.54	090		Y	Y		Y	Y		
57531		REMOVAL OF CERVIX RADICAL	07/01/2014	RBRVS	$1,671.11	$1,671.11	090		Y	Y		Y	Y		
57540		REMOVAL OF RESIDUAL CERVIX	07/01/2014	RBRVS	$740.71	$740.71	090		Y	Y		Y	Y		
57545		REMOVE CERVIX/REPAIR PELVIS	07/01/2014	RBRVS	$781.71	$781.71	090		Y	Y		Y	Y		
57550		REMOVAL OF RESIDUAL CERVIX	07/01/2014	RBRVS	$386.31	$386.31	090		Y	Y		Y	Y		
57555		REMOVE CERVIX/REPAIR VAGINA	07/01/2014	RBRVS	$570.34	$570.34	090		Y	Y		Y	Y		
57556		REMOVE CERVIX REPAIR BOWEL	07/01/2014	RBRVS	$536.10	$536.10	090		Y	Y		Y	Y		
57558		D&C OF CERVICAL STUMP	07/01/2014	RBRVS	$117.67	$107.66	010		Y	Y					
57720		REVISION OF CERVIX	07/01/2014	RBRVS	$290.14	$290.14	090		Y	Y		Y			
58100		BIOPSY OF UTERUS LINING	07/01/2014	RBRVS	$102.66	$83.94	000		Y	Y					
58110		BX DONE W/COLPOSCOPY ADD-ON	07/01/2014	RBRVS	$45.11	$38.98	ZZZ		Y						
58120		DILATION AND CURETTAGE	07/01/2014	RBRVS	$268.81	$230.08	010		Y	Y					
58140		MYOMECTOMY ABDOM METHOD	07/01/2014	RBRVS	$875.65	$875.65	090		Y	Y		Y	Y		
58145		MYOMECTOMY VAG METHOD	07/01/2014	RBRVS	$516.58	$516.58	090		Y	Y		Y	Y		
58146		MYOMECTOMY ABDOM COMPLEX	07/01/2014	RBRVS	$1,099.67	$1,099.67	090		Y	Y		Y	Y		
58150		TOTAL HYSTERECTOMY	07/01/2014	RBRVS	$953.18	$953.18	090		Y	Y		Y	Y		
58152		TOTAL HYSTERECTOMY	07/01/2014	RBRVS	$1,186.74	$1,186.74	090		Y	Y		Y	Y		
58180		PARTIAL HYSTERECTOMY	07/01/2014	RBRVS	$912.77	$912.77	090		Y	Y		Y	Y		
58200		EXTENSIVE HYSTERECTOMY	07/01/2014	RBRVS	$1,264.30	$1,264.30	090		Y	Y		Y	Y		
58210		EXTENSIVE HYSTERECTOMY	07/01/2014	RBRVS	$1,697.03	$1,697.03	090		Y	Y		Y	Y		
58240		REMOVAL OF PELVIS CONTENTS	07/01/2014	RBRVS	$2,695.68	$2,695.68	090		Y	Y		Y	Y		
58260		VAGINAL HYSTERECTOMY	07/01/2014	RBRVS	$786.70	$786.70	090		Y	Y		Y	Y		
58262		VAG HYST INCLUDING T/O	07/01/2014	RBRVS	$877.98	$877.98	090		Y	Y		Y	Y		
58263		VAG HYST W/T/O & VAG REPAIR	07/01/2014	RBRVS	$943.01	$943.01	090		Y	Y		Y	Y		
58267		VAG HYST W/URINARY REPAIR	07/01/2014	RBRVS	$1,004.75	$1,004.75	090		Y	Y		Y	Y		
58270		VAG HYST W/ENTEROCELE REPAIR	07/01/2014	RBRVS	$839.32	$839.32	090		Y	Y		Y	Y		
58275		HYSTERECTOMY/REVISE VAGINA	07/01/2014	RBRVS	$936.81	$936.81	090		Y	Y		Y	Y		
58280		HYSTERECTOMY/REVISE VAGINA	07/01/2014	RBRVS	$1,001.36	$1,001.36	090		Y	Y		Y	Y		
58285		EXTENSIVE HYSTERECTOMY	07/01/2014	RBRVS	$1,249.65	$1,249.65	090		Y	Y		Y	Y		
58290		VAG HYST COMPLEX	07/01/2014	RBRVS	$1,096.70	$1,096.70	090		Y	Y		Y	Y		
58291		VAG HYST INCL T/O COMPLEX	07/01/2014	RBRVS	$1,187.64	$1,187.64	090		Y	Y		Y	Y		
58292		VAG HYST T/O & REPAIR COMPL	07/01/2014	RBRVS	$1,252.88	$1,252.88	090		Y	Y		Y	Y		
58293		VAG HYST W/URO REPAIR COMPL	07/01/2014	RBRVS	$1,303.47	$1,303.47	090		Y	Y		Y	Y		
58294		VAG HYST W/ENTEROCELE COMPL	07/01/2014	RBRVS	$1,161.80	$1,161.80	090		Y	Y		Y	Y		
58300		INSERT INTRAUTERINE DEVICE	07/01/2014	RBRVS	$75.00	$55.80				Y					F
58301		REMOVE INTRAUTERINE DEVICE	07/01/2014	RBRVS	$99.51	$72.26	000			Y					
58340		CATHETER FOR HYSTEROGRAPHY	07/01/2014	RBRVS	$107.73	$54.15	000		Y	Y					
58346		INSERT HEYMAN UTERI CAPSULE	07/01/2014	RBRVS	$409.85	$409.85	090		Y	Y					
58350		REOPEN FALLOPIAN TUBE	07/01/2014	RBRVS	$99.62	$82.05	010		Y	Y	Y				
58356		ENDOMETRIAL CRYOABLATION	07/01/2014	RBRVS	$1,707.61	$330.48	010		Y	Y		Y	Y		
58400		SUSPENSION OF UTERUS	07/01/2014	RBRVS	$414.07	$414.07	090		Y	Y		Y	Y		
58410		SUSPENSION OF UTERUS	07/01/2014	RBRVS	$764.73	$764.73	090		Y	Y		Y	Y		
58520		REPAIR OF RUPTURED UTERUS	07/01/2014	RBRVS	$785.77	$785.77	090		Y	Y		Y	Y		
58540		REVISION OF UTERUS	07/01/2014	RBRVS	$864.84	$864.84	090		Y	Y		Y			
58541		LSH UTERUS 250 G OR LESS	07/01/2014	RBRVS	$820.98	$820.98	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
58542		LSH W/T/O UT 250 G OR LESS	07/01/2014	RBRVS	$918.26	$918.26	090		Y	Y		Y	Y		
58543		LSH UTERUS ABOVE 250 G	07/01/2014	RBRVS	$932.46	$932.46	090		Y	Y		Y	Y		
58544		LSH W/T/O UTERUS ABOVE 250 G	07/01/2014	RBRVS	$1,013.14	$1,013.14	090		Y	Y		Y	Y		
58545		LAPAROSCOPIC MYOMECTOMY	07/01/2014	RBRVS	$853.35	$853.35	090		Y	Y		Y	Y		
58546		LAPARO-MYOMECTOMY COMPLEX	07/01/2014	RBRVS	$1,073.59	$1,073.59	090		Y	Y		Y	Y		
58548		LAP RADICAL HYST	07/01/2014	RBRVS	$1,745.05	$1,745.05	090		Y	Y		Y	Y		
58550		LAPARO-ASST VAG HYSTERECTOMY	07/01/2014	RBRVS	$840.22	$840.22	090		Y	Y		Y	Y		
58552		LAPARO-VAG HYST INCL T/O	07/01/2014	RBRVS	$934.07	$934.07	090		Y	Y		Y	Y		
58553		LAPARO-VAG HYST COMPLEX	07/01/2014	RBRVS	$1,082.01	$1,082.01	090		Y	Y		Y	Y		
58554		LAPARO-VAG HYST W/T/O COMPL	07/01/2014	RBRVS	$1,256.10	$1,256.10	090		Y	Y		Y	Y		
58555		HYSTEROSCOPY DX SEP PROC	07/01/2014	RBRVS	$281.39	$181.35	000		Y	Y			Y		
58558		HYSTEROSCOPY BIOPSY	07/01/2014	RBRVS	$369.11	$254.22	000		Y	Y			Y		
58559		HYSTEROSCOPY LYSIS	07/01/2014	RBRVS	$326.44	$326.44	000		Y	Y			Y		
58560		HYSTEROSCOPY RESECT SEPTUM	07/01/2014	RBRVS	$369.08	$369.08	000		Y	Y		Y	Y		
58561		HYSTEROSCOPY REMOVE MYOMA	07/01/2014	RBRVS	$522.32	$522.32	000		Y	Y			Y		
58562		HYSTEROSCOPY REMOVE FB	07/01/2014	RBRVS	$382.67	$276.16	000		Y	Y			Y		
58563		HYSTEROSCOPY ABLATION	07/01/2014	RBRVS	$1,506.39	$326.77	000		Y	Y			Y		
58565		HYSTEROSCOPY STERILIZATION	07/01/2014	RBRVS	$1,695.03	$411.81	090		Y	Y			Y		
58570		TLH UTERUS 250 G OR LESS	07/01/2014	RBRVS	$884.11	$884.11	090		Y	Y		Y	Y		
58571		TLH W/T/O 250 G OR LESS	07/01/2014	RBRVS	$990.00	$990.00	090		Y	Y		Y	Y		
58572		TLH UTERUS OVER 250 G	07/01/2014	RBRVS	$1,102.34	$1,102.34	090		Y	Y		Y	Y		
58573		TLH W/T/O UTERUS OVER 250 G	07/01/2014	RBRVS	$1,269.79	$1,269.79	090		Y	Y		Y	Y		
58578		LAPARO PROC UTERUS	07/01/2014	FEE SCHED	$521.62	$0.00			Y						
58579		HYSTEROSCOPE PROCEDURE	07/01/2014	FEE SCHED	$521.62	$0.00			Y						
58600		DIVISION OF FALLOPIAN TUBE	07/01/2014	RBRVS	$404.02	$404.02	090		Y	Y		Y	Y		F
58605		DIVISION OF FALLOPIAN TUBE	07/01/2014	RBRVS	$364.07	$364.07	090		Y	Y		Y			F
58611		LIGATE OVIDUCT(S) ADD-ON	07/01/2014	RBRVS	$86.53	$86.53	ZZZ		Y			Y			F
58660		LAPAROSCOPY LYSIS	07/01/2014	RBRVS	$639.73	$639.73	090		Y	Y		Y	Y		
58661		LAPAROSCOPY REMOVE ADNEXA	07/01/2014	RBRVS	$613.69	$613.69	010		Y	Y	Y	Y	Y		
58662		LAPAROSCOPY EXCISE LESIONS	07/01/2014	RBRVS	$671.20	$671.20	090		Y	Y		Y	Y		
58670		LAPAROSCOPY TUBAL CAUTERY	07/01/2014	RBRVS	$385.14	$385.14	090			Y			Y		
58671		LAPAROSCOPY TUBAL BLOCK	07/01/2014	RBRVS	$385.50	$385.50	090		Y	Y			Y		
58672		LAPAROSCOPY FIMBRIOPLASTY	07/01/2014	RBRVS	$700.44	$700.44	090		Y	Y	Y	Y			
58673		LAPAROSCOPY SALPINGOSTOMY	07/01/2014	RBRVS	$761.37	$761.37	090		Y	Y	Y	Y			
58679		LAPARO PROC OVIDUCT-OVARY	07/01/2014	FEE SCHED	$511.21	$0.00			Y						
58700		REMOVAL OF FALLOPIAN TUBE	07/01/2014	RBRVS	$736.81	$736.81	090		Y	Y		Y	Y		
58720		REMOVAL OF OVARY/TUBE(S)	07/01/2014	RBRVS	$690.02	$690.02	090		Y	Y		Y	Y		
58740		ADHESIOLYSIS TUBE OVARY	07/01/2014	RBRVS	$832.22	$832.22	090		Y	Y		Y	Y		
58800		DRAINAGE OF OVARIAN CYST(S)	07/01/2014	RBRVS	$299.17	$281.75	090		Y	Y					
58805		DRAINAGE OF OVARIAN CYST(S)	07/01/2014	RBRVS	$383.48	$383.48	090		Y	Y		Y	Y		
58820		DRAIN OVARY ABSCESS OPEN	07/01/2014	RBRVS	$295.11	$295.11	090		Y	Y	Y	Y			
58822		DRAIN OVARY ABSCESS PERCUT	07/01/2014	RBRVS	$702.21	$702.21	090		Y	Y	Y	Y	Y		
58900		BIOPSY OF OVARY(S)	07/01/2014	RBRVS	$422.82	$422.82	090		Y	Y		Y	Y		
58920		PARTIAL REMOVAL OF OVARY(S)	07/01/2014	RBRVS	$755.03	$755.03	090		Y	Y		Y	Y		
58925		REMOVAL OF OVARIAN CYST(S)	07/01/2014	RBRVS	$703.92	$703.92	090		Y	Y		Y	Y		
58940		REMOVAL OF OVARY(S)	07/01/2014	RBRVS	$492.92	$492.92	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
58950		RESECT OVARIAN MALIGNANCY	07/01/2014	RBRVS	$1,042.86	$1,042.86	090		Y	Y		Y	Y		
58951		RESECT OVARIAN MALIGNANCY	07/01/2014	RBRVS	$1,339.04	$1,339.04	090		Y	Y		Y	Y		
58952		RESECT OVARIAN MALIGNANCY	07/01/2014	RBRVS	$1,511.93	$1,511.93	090		Y	Y		Y	Y		
58953		TAH RAD DISSECT FOR DEBULK	07/01/2014	RBRVS	$1,870.18	$1,870.18	090		Y	Y		Y	Y		
58954		TAH RAD DEBULK/LYMPH REMOVE	07/01/2014	RBRVS	$2,028.19	$2,028.19	090		Y	Y		Y	Y		
58956		BSO OMENTECTOMY W/TAH	07/01/2014	RBRVS	$1,277.08	$1,277.08	090		Y	Y		Y	Y		
58957		RESECT RECURRENT GYN MAL	07/01/2014	RBRVS	$1,466.43	$1,466.43	090		Y	Y		Y	Y		
58958		RESECT RECUR GYN MAL W/LYM	07/01/2014	RBRVS	$1,607.21	$1,607.21	090		Y	Y		Y	Y		
58999		GENITAL SURGERY PROCEDURE	07/01/2014	FEE SCHED	$251.79	$0.00			Y						
59020		FETAL CONTRACT STRESS TEST	07/01/2014	RBRVS	$73.59	$73.59	000								M
59020	TC	FETAL CONTRACT STRESS TEST	07/01/2014	RBRVS	$37.83	$37.83	000								M
59020	26	FETAL CONTRACT STRESS TEST	07/01/2014	RBRVS	$43.98	$43.98	000								M
59025		FETAL NON-STRESS TEST	07/01/2014	RBRVS	$49.88	$49.88	000								M
59025	TC	FETAL NON-STRESS TEST	07/01/2014	RBRVS	$20.56	$20.56	000								M
59025	26	FETAL NON-STRESS TEST	07/01/2014	RBRVS	$34.87	$34.87	000								M
59070		TRANSABDOM AMNIOINFUS W/US	07/01/2014	RBRVS	$437.30	$337.53	000			Y		Y			M
59072		UMBILICAL CORD OCCLUD W/US	07/01/2014	RBRVS	$568.91	$568.91	000			Y					M
59074		FETAL FLUID DRAINAGE W/US	07/01/2014	RBRVS	$416.34	$337.90	000			Y		Y			M
59076		FETAL SHUNT PLACEMENT W/US	07/01/2014	RBRVS	$571.08	$571.08	000			Y		Y			M
59100		REMOVE UTERUS LESION	07/01/2014	RBRVS	$902.07	$902.07	090			Y		Y	Y		M
59120		TREAT ECTOPIC PREGNANCY	07/01/2014	RBRVS	$859.50	$859.50	090			Y		Y	Y		M
59121		TREAT ECTOPIC PREGNANCY	07/01/2014	RBRVS	$859.89	$859.89	090			Y		Y	Y		M
59135		TREAT ECTOPIC PREGNANCY	07/01/2014	RBRVS	$866.34	$866.34	090			Y					M
59140		TREAT ECTOPIC PREGNANCY	07/01/2014	RBRVS	$393.78	$393.78	090			Y		Y			M
59200		INSERT CERVICAL DILATOR	07/01/2014	RBRVS	$76.49	$49.37	000			Y					M
59300		EPISIOTOMY OR VAGINAL REPAIR	07/01/2014	RBRVS	$204.84	$160.74	000			Y					M
59350		REPAIR OF UTERUS	07/01/2014	RBRVS	$304.85	$304.85	000			Y		Y			M
59400		OBSTETRICAL CARE	07/01/2014	RBRVS	$2,254.62	$2,254.62	MMM			Y					M
59409		OBSTETRICAL CARE	07/01/2014	RBRVS	$888.81	$888.81	MMM			Y					M
59410		OBSTETRICAL CARE	07/01/2014	RBRVS	$1,131.29	$1,131.29	MMM			Y					M
59412		ANTEPARTUM MANIPULATION	07/01/2014	RBRVS	$124.82	$124.82	MMM								M
59414		DELIVER PLACENTA	07/01/2014	RBRVS	$99.87	$99.87	MMM			Y					M
59425		ANTEPARTUM CARE ONLY	07/01/2014	RBRVS	$487.40	$388.72	MMM								M
59426		ANTEPARTUM CARE ONLY	07/01/2014	RBRVS	$871.32	$685.52	MMM								M
59430		CARE AFTER DELIVERY	07/01/2014	RBRVS	$196.84	$151.67	MMM			Y					M
59510		CESAREAN DELIVERY	07/01/2014	RBRVS	$2,494.56	$2,494.56	MMM			Y					M
59514		CESAREAN DELIVERY ONLY	07/01/2014	RBRVS	$1,000.21	$1,000.21	MMM			Y		Y	Y		M
59515		CESAREAN DELIVERY	07/01/2014	RBRVS	$1,369.96	$1,369.96	MMM			Y					M
59525		REMOVE UTERUS AFTER CESAREAN	07/01/2014	RBRVS	$528.61	$528.61	ZZZ					Y	Y		M
59610		VBAC DELIVERY	07/01/2014	RBRVS	$2,366.10	$2,366.10	MMM			Y					M
59612		VBAC DELIVERY ONLY	07/01/2014	RBRVS	$998.34	$998.34	MMM			Y					M
59614		VBAC CARE AFTER DELIVERY	07/01/2014	RBRVS	$1,240.30	$1,240.30	MMM			Y					M
59620		ATTEMPTED VBAC DELIVERY ONLY	07/01/2014	RBRVS	$1,033.65	$1,033.65	MMM			Y		Y			M
59622		ATTEMPTED VBAC AFTER CARE	07/01/2014	RBRVS	$1,407.85	$1,407.85	MMM			Y					M
59812		TREATMENT OF MISCARRIAGE	07/01/2014	RBRVS	$303.63	$283.62	090			Y					
59820		CARE OF MISCARRIAGE	07/01/2014	RBRVS	$360.79	$340.46	090			Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
59821		TREATMENT OF MISCARRIAGE	07/01/2014	RBRVS	$364.79	$342.52	090			Y					
59830		TREAT UTERUS INFECTION	07/01/2014	RBRVS	$419.52	$419.52	090			Y					
59840		ABORTION	07/01/2014	RBRVS	$205.16	$197.42	010			Y					
59841		ABORTION	07/01/2014	RBRVS	$366.50	$347.46	010			Y					
59850		ABORTION	07/01/2014	RBRVS	$319.64	$319.64	090			Y					
59851		ABORTION	07/01/2014	RBRVS	$382.67	$382.67	090			Y					
59852		ABORTION	07/01/2014	RBRVS	$467.71	$467.71	090			Y					
59855		ABORTION	07/01/2014	RBRVS	$399.94	$399.94	090			Y					
59856		ABORTION	07/01/2014	RBRVS	$470.26	$470.26	090			Y					
59857		ABORTION	07/01/2014	RBRVS	$479.65	$479.65	090			Y					
59897		FETAL INVAS PX W/US	07/01/2014	FEE SCHED	$1,477.08	$0.00									
59898		LAPARO PROC OB CARE/DELIVER	07/01/2014	FEE SCHED	$324.87	$0.00									
59899		MATERNITY CARE PROCEDURE	07/01/2014	FEE SCHED	$324.87	$0.00									
6005F		CARE LEVEL RATIONALE DOC	07/01/2006	RBRVS	$0.00	$0.00									
60200		REMOVE THYROID LESION	07/01/2014	RBRVS	$618.98	$618.98	090		Y	Y		Y	Y		
60220		PARTIAL REMOVAL OF THYROID	07/01/2014	RBRVS	$666.03	$666.03	090		Y	Y		Y	Y		
60240		REMOVAL OF THYROID	07/01/2014	RBRVS	$864.68	$864.68	090		Y	Y		Y	Y		
60252		REMOVAL OF THYROID	07/01/2014	RBRVS	$1,239.39	$1,239.39	090		Y	Y		Y	Y		
60254		EXTENSIVE THYROID SURGERY	07/01/2014	RBRVS	$1,566.06	$1,566.06	090		Y	Y		Y	Y		
60260		REPEAT THYROID SURGERY	07/01/2014	RBRVS	$1,028.67	$1,028.67	090		Y	Y	Y	Y	Y		
60270		REMOVAL OF THYROID	07/01/2014	RBRVS	$1,287.11	$1,287.11	090		Y	Y		Y	Y		
60271		REMOVAL OF THYROID	07/01/2014	RBRVS	$992.90	$992.90	090		Y	Y		Y	Y		
60280		REMOVE THYROID DUCT LESION	07/01/2014	RBRVS	$414.78	$414.78	090		Y	Y		Y	Y		
60300		ASPIR/INJ THYROID CYST	07/01/2014	RBRVS	$108.05	$47.05	000		Y	Y					
6040F		APPRO RAD DS DVCS TECHS DOCD	04/01/2008	RBRVS	$0.00	$0.00									
6045F		RAD EXPOS IN END RPRT FLURO	04/01/2008	RBRVS	$0.00	$0.00									
60521		REMOVAL OF THYMUS GLAND	07/01/2014	RBRVS	$1,071.63	$1,071.63	090		Y	Y		Y	Y		
6070F		PT ASKED/CNSLD AED EFFECTS	09/01/2011	RBRVS	$0.00	$0.00									
6080F		PT/CAREGIVER QUERIED FALLS	01/01/2011	RBRVS	$0.00	$0.00									
6090F		PT/CAREGIVER COUNSEL SAFETY	01/01/2011	RBRVS	$0.00	$0.00									
6100F		VERIFY PT SITE PXD DOCD	07/01/2011	RBRVS	$0.00	$0.00									
61000		REMOVE CRANIAL CAVITY FLUID	07/01/2014	RBRVS	$91.84	$91.84	000		Y	Y					
61001		REMOVE CRANIAL CAVITY FLUID	07/01/2014	RBRVS	$113.82	$113.82	000		Y	Y					
6101F		SAFETY COUNSELING DEMENTIA	07/01/2011	RBRVS	$0.00	$0.00									
6102F		SAFETY COUNSELING DEM ORDER	07/01/2011	RBRVS	$0.00	$0.00									
61020		REMOVE BRAIN CAVITY FLUID	07/01/2014	RBRVS	$100.01	$100.01	000		Y	Y					
61026		INJECTION INTO BRAIN CANAL	07/01/2014	RBRVS	$100.98	$100.98	000		Y	Y					
61050		REMOVE BRAIN CANAL FLUID	07/01/2014	RBRVS	$79.97	$79.97	000		Y	Y					
61055		INJECTION INTO BRAIN CANAL	07/01/2014	RBRVS	$110.88	$110.88	000		Y						
61070		BRAIN CANAL SHUNT PROCEDURE	07/01/2014	RBRVS	$56.18	$56.18	000		Y	Y					
6110F		COUNSEL PROV DRIVING RISKS	07/01/2011	RBRVS	$0.00	$0.00									
61105		TWIST DRILL HOLE	07/01/2014	RBRVS	$435.82	$435.82	090		Y	Y					
61107		DRILL SKULL FOR IMPLANTATION	07/01/2014	RBRVS	$300.82	$300.82	000		Y						
61108		DRILL SKULL FOR DRAINAGE	07/01/2014	RBRVS	$857.61	$857.61	090		Y	Y					
61120		BURR HOLE FOR PUNCTURE	07/01/2014	RBRVS	$706.67	$706.67	090		Y	Y					
61140		PIERCE SKULL FOR BIOPSY	07/01/2014	RBRVS	$1,194.58	$1,194.58	090		Y	Y		Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
61150		PIERCE SKULL FOR DRAINAGE	07/01/2014	RBRVS	$1,283.18	$1,283.18	090		Y	Y			Y		
61151		PIERCE SKULL FOR DRAINAGE	07/01/2014	RBRVS	$941.30	$941.30	090		Y	Y					
61154		PIERCE SKULL & REMOVE CLOT	07/01/2014	RBRVS	$1,203.56	$1,203.56	090		Y	Y	Y	Y	Y		
61156		PIERCE SKULL FOR DRAINAGE	07/01/2014	RBRVS	$1,178.26	$1,178.26	090		Y	Y		Y	Y		
61210		PIERCE SKULL IMPLANT DEVICE	07/01/2014	RBRVS	$351.39	$351.39	000		Y	Y					
61215		INSERT BRAIN-FLUID DEVICE	07/01/2014	RBRVS	$474.97	$474.97	090		Y	Y			Y		
61250		PIERCE SKULL & EXPLORE	07/01/2014	RBRVS	$820.08	$820.08	090		Y	Y	Y	Y	Y		
61253		PIERCE SKULL & EXPLORE	07/01/2014	RBRVS	$769.77	$769.77	090		Y	Y		Y			
61304		OPEN SKULL FOR EXPLORATION	07/01/2014	RBRVS	$1,554.48	$1,554.48	090		Y	Y		Y	Y		
61305		OPEN SKULL FOR EXPLORATION	07/01/2014	RBRVS	$1,905.52	$1,905.52	090		Y	Y		Y	Y		
61312		OPEN SKULL FOR DRAINAGE	07/01/2014	RBRVS	$1,975.91	$1,975.91	090		Y	Y		Y	Y		
61313		OPEN SKULL FOR DRAINAGE	07/01/2014	RBRVS	$1,881.96	$1,881.96	090		Y	Y		Y	Y		
61314		OPEN SKULL FOR DRAINAGE	07/01/2014	RBRVS	$1,736.46	$1,736.46	090		Y	Y		Y	Y		
61315		OPEN SKULL FOR DRAINAGE	07/01/2014	RBRVS	$1,965.51	$1,965.51	090		Y	Y		Y	Y		
61316		IMPLT CRAN BONE FLAP TO ABDO	07/01/2014	RBRVS	$83.84	$83.84	ZZZ		Y						
61320		OPEN SKULL FOR DRAINAGE	07/01/2014	RBRVS	$1,806.37	$1,806.37	090		Y	Y		Y	Y		
61321		OPEN SKULL FOR DRAINAGE	07/01/2014	RBRVS	$2,020.05	$2,020.05	090		Y	Y		Y	Y		
61322		DECOMPRESSIVE CRANIOTOMY	07/01/2014	RBRVS	$2,254.07	$2,254.07	090		Y	Y		Y	Y		
61323		DECOMPRESSIVE LOBECTOMY	07/01/2014	RBRVS	$2,263.53	$2,263.53	090		Y	Y			Y		
61330		DECOMPRESS EYE SOCKET	07/01/2014	RBRVS	$1,759.38	$1,759.38	090		Y	Y	Y	Y	Y		
61332		EXPLORE/BIOPSY EYE SOCKET	07/01/2014	RBRVS	$1,964.80	$1,964.80	090		Y	Y	Y	Y	Y		
61333		EXPLORE ORBIT/REMOVE LESION	07/01/2014	RBRVS	$2,009.31	$2,009.31	090		Y	Y	Y	Y	Y		
61340		SUBTEMPORAL DECOMPRESSION	07/01/2014	RBRVS	$1,370.03	$1,370.03	090		Y	Y	Y	Y	Y		
61343		INCISE SKULL (PRESS RELIEF)	07/01/2014	RBRVS	$2,087.80	$2,087.80	090		Y	Y		Y	Y		
61345		RELIEVE CRANIAL PRESSURE	07/01/2014	RBRVS	$1,934.34	$1,934.34	090		Y	Y		Y	Y		
61450		INCISE SKULL FOR SURGERY	07/01/2014	RBRVS	$1,824.09	$1,824.09	090		Y	Y		Y	Y		
61458		INCISE SKULL FOR BRAIN WOUND	07/01/2014	RBRVS	$1,904.71	$1,904.71	090		Y	Y		Y	Y		
61460		INCISE SKULL FOR SURGERY	07/01/2014	RBRVS	$1,995.59	$1,995.59	090		Y	Y		Y	Y		
61480		INCISE SKULL FOR SURGERY	07/01/2014	RBRVS	$1,393.91	$1,393.91	090		Y	Y		Y	Y		
6150F		PT NOTRCVNG1ST ANTITNF TXMNT	01/01/2012	RBRVS	$0.00	$0.00									
61500		REMOVAL OF SKULL LESION	07/01/2014	RBRVS	$1,261.33	$1,261.33	090		Y	Y		Y	Y		
61501		REMOVE INFECTED SKULL BONE	07/01/2014	RBRVS	$1,091.11	$1,091.11	090		Y	Y		Y	Y		
61510		REMOVAL OF BRAIN LESION	07/01/2014	RBRVS	$2,074.79	$2,074.79	090		Y	Y		Y	Y		
61512		REMOVE BRAIN LINING LESION	07/01/2014	RBRVS	$2,422.35	$2,422.35	090		Y	Y		Y	Y		
61514		REMOVAL OF BRAIN ABSCESS	07/01/2014	RBRVS	$1,810.41	$1,810.41	090		Y	Y		Y	Y		
61516		REMOVAL OF BRAIN LESION	07/01/2014	RBRVS	$1,763.35	$1,763.35	090		Y	Y		Y	Y		
61517		IMPLT BRAIN CHEMOTX ADD-ON	07/01/2014	RBRVS	$83.20	$83.20	ZZZ		Y						
61518		REMOVAL OF BRAIN LESION	07/01/2014	RBRVS	$2,622.16	$2,622.16	090		Y	Y		Y	Y		
61519		REMOVE BRAIN LINING LESION	07/01/2014	RBRVS	$2,803.12	$2,803.12	090		Y	Y		Y	Y		
61520		REMOVAL OF BRAIN LESION	07/01/2014	RBRVS	$3,550.65	$3,550.65	090		Y	Y		Y	Y		
61521		REMOVAL OF BRAIN LESION	07/01/2014	RBRVS	$3,022.78	$3,022.78	090		Y	Y		Y	Y		
61522		REMOVAL OF BRAIN ABSCESS	07/01/2014	RBRVS	$2,074.47	$2,074.47	090		Y	Y		Y	Y		
61524		REMOVAL OF BRAIN LESION	07/01/2014	RBRVS	$1,975.00	$1,975.00	090		Y	Y		Y	Y		
61526		REMOVAL OF BRAIN LESION	07/01/2014	RBRVS	$3,465.97	$3,465.97	090		Y	Y			Y		
61530		REMOVAL OF BRAIN LESION	07/01/2014	RBRVS	$2,922.15	$2,922.15	090		Y	Y			Y		
61531		IMPLANT BRAIN ELECTRODES	07/01/2014	RBRVS	$1,156.34	$1,156.34	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
61533		IMPLANT BRAIN ELECTRODES	07/01/2014	RBRVS	$1,443.39	$1,443.39	090		Y	Y		Y	Y		
61534		REMOVAL OF BRAIN LESION	07/01/2014	RBRVS	$1,558.63	$1,558.63	090		Y	Y		Y	Y		
61535		REMOVE BRAIN ELECTRODES	07/01/2014	RBRVS	$945.10	$945.10	090		Y	Y		Y	Y		
61536		REMOVAL OF BRAIN LESION	07/01/2014	RBRVS	$2,447.88	$2,447.88	090		Y	Y		Y	Y		
61537		REMOVAL OF BRAIN TISSUE	07/01/2014	RBRVS	$2,340.92	$2,340.92	090		Y	Y		Y	Y		
61538		REMOVAL OF BRAIN TISSUE	07/01/2014	RBRVS	$2,535.34	$2,535.34	090		Y	Y		Y	Y		
61539		REMOVAL OF BRAIN TISSUE	07/01/2014	RBRVS	$2,239.81	$2,239.81	090		Y	Y		Y	Y		
61540		REMOVAL OF BRAIN TISSUE	07/01/2014	RBRVS	$2,070.37	$2,070.37	090		Y	Y		Y	Y		
61541		INCISION OF BRAIN TISSUE	07/01/2014	RBRVS	$2,037.84	$2,037.84	090		Y	Y		Y	Y		
61543		REMOVAL OF BRAIN TISSUE	07/01/2014	RBRVS	$2,060.11	$2,060.11	090		Y	Y		Y	Y		
61544		REMOVE & TREAT BRAIN LESION	07/01/2014	RBRVS	$1,804.47	$1,804.47	090		Y	Y		Y			
61545		EXCISION OF BRAIN TUMOR	07/01/2014	RBRVS	$3,021.75	$3,021.75	090		Y	Y		Y	Y		
61546		REMOVAL OF PITUITARY GLAND	07/01/2014	RBRVS	$2,188.91	$2,188.91	090		Y	Y		Y	Y		
61548		REMOVAL OF PITUITARY GLAND	07/01/2014	RBRVS	$1,471.46	$1,471.46	090		Y	Y		Y	Y		
61550		RELEASE OF SKULL SEAMS	07/01/2014	RBRVS	$822.11	$822.11	090		Y	Y		Y	Y		
61552		RELEASE OF SKULL SEAMS	07/01/2014	RBRVS	$1,045.38	$1,045.38	090		Y	Y		Y	Y		
61556		INCISE SKULL/SUTURES	07/01/2014	RBRVS	$1,615.18	$1,615.18	090		Y	Y		Y			
61557		INCISE SKULL/SUTURES	07/01/2014	RBRVS	$1,591.75	$1,591.75	090		Y	Y		Y			
61558		EXCISION OF SKULL/SUTURES	07/01/2014	RBRVS	$1,611.76	$1,611.76	090		Y	Y		Y			
61559		EXCISION OF SKULL/SUTURES	07/01/2014	RBRVS	$1,638.87	$1,638.87	090		Y	Y		Y	Y		
61563		EXCISION OF SKULL TUMOR	07/01/2014	RBRVS	$1,877.69	$1,877.69	090		Y	Y		Y	Y		
61564		EXCISION OF SKULL TUMOR	07/01/2014	RBRVS	$2,282.25	$2,282.25	090		Y	Y	Y	Y	Y		
61566		REMOVAL OF BRAIN TISSUE	07/01/2014	RBRVS	$2,131.89	$2,131.89	090		Y	Y		Y	Y		
61567		INCISION OF BRAIN TISSUE	07/01/2014	RBRVS	$2,431.49	$2,431.49	090		Y	Y		Y	Y		
61570		REMOVE FOREIGN BODY BRAIN	07/01/2014	RBRVS	$1,769.90	$1,769.90	090		Y	Y		Y	Y		
61571		INCISE SKULL FOR BRAIN WOUND	07/01/2014	RBRVS	$1,885.34	$1,885.34	090		Y	Y		Y	Y		
61575		SKULL BASE/BRAINSTEM SURGERY	07/01/2014	RBRVS	$2,294.38	$2,294.38	090		Y	Y		Y	Y		
61576		SKULL BASE/BRAINSTEM SURGERY	07/01/2014	RBRVS	$3,218.68	$3,218.68	090		Y	Y		Y	Y		
61580		CRANIOFACIAL APPROACH SKULL	07/01/2014	RBRVS	$2,327.89	$2,327.89	090		Y	Y	Y		Y	Y	
61581		CRANIOFACIAL APPROACH SKULL	07/01/2014	RBRVS	$2,514.62	$2,514.62	090		Y	Y	Y		Y	Y	
61582		CRANIOFACIAL APPROACH SKULL	07/01/2014	RBRVS	$2,777.23	$2,777.23	090		Y	Y		Y	Y	Y	
61583		CRANIOFACIAL APPROACH SKULL	07/01/2014	RBRVS	$2,744.28	$2,744.28	090		Y	Y		Y	Y	Y	
61584		ORBITOCRANIAL APPROACH/SKULL	07/01/2014	RBRVS	$2,697.30	$2,697.30	090		Y	Y	Y	Y	Y	Y	
61585		ORBITOCRANIAL APPROACH/SKULL	07/01/2014	RBRVS	$3,061.22	$3,061.22	090		Y	Y	Y	Y	Y	Y	
61586		RESECT NASOPHARYNX SKULL	07/01/2014	RBRVS	$2,302.03	$2,302.03	090		Y	Y		Y	Y	Y	
61590		INFRATEMPORAL APPROACH/SKULL	07/01/2014	RBRVS	$2,872.16	$2,872.16	090		Y	Y	Y	Y	Y	Y	
61591		INFRATEMPORAL APPROACH/SKULL	07/01/2014	RBRVS	$2,922.89	$2,922.89	090		Y	Y	Y	Y	Y	Y	
61592		ORBITOCRANIAL APPROACH/SKULL	07/01/2014	RBRVS	$3,004.71	$3,004.71	090		Y	Y	Y	Y	Y	Y	
61595		TRANSTEMPORAL APPROACH/SKULL	07/01/2014	RBRVS	$2,229.77	$2,229.77	090		Y	Y	Y		Y	Y	
61596		TRANSCOCHLEAR APPROACH/SKULL	07/01/2014	RBRVS	$2,308.52	$2,308.52	090		Y	Y	Y	Y	Y	Y	
61597		TRANSCONDYLAR APPROACH/SKULL	07/01/2014	RBRVS	$2,704.66	$2,704.66	090		Y	Y	Y	Y	Y	Y	
61598		TRANSPETROSAL APPROACH/SKULL	07/01/2014	RBRVS	$2,679.35	$2,679.35	090		Y	Y		Y	Y	Y	
61600		RESECT/EXCISE CRANIAL LESION	07/01/2014	RBRVS	$2,015.25	$2,015.25	090		Y	Y		Y	Y	Y	
61601		RESECT/EXCISE CRANIAL LESION	07/01/2014	RBRVS	$2,275.80	$2,275.80	090		Y	Y		Y	Y	Y	
61605		RESECT/EXCISE CRANIAL LESION	07/01/2014	RBRVS	$2,052.94	$2,052.94	090		Y	Y		Y	Y	Y	
61606		RESECT/EXCISE CRANIAL LESION	07/01/2014	RBRVS	$2,841.33	$2,841.33	090		Y	Y		Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
61607		RESECT/EXCISE CRANIAL LESION	07/01/2014	RBRVS	$2,740.96	$2,740.96	090		Y	Y		Y	Y	Y	
61608		RESECT/EXCISE CRANIAL LESION	07/01/2014	RBRVS	$3,070.44	$3,070.44	090		Y	Y		Y	Y	Y	
61610		TRANSECT ARTERY SINUS	07/01/2014	RBRVS	$1,683.73	$1,683.73	ZZZ		Y			Y	Y	Y	
61611		TRANSECT ARTERY SINUS	07/01/2014	RBRVS	$369.31	$369.31	ZZZ		Y			Y	Y	Y	
61612		TRANSECT ARTERY SINUS	07/01/2014	RBRVS	$1,313.19	$1,313.19	ZZZ		Y			Y	Y	Y	
61613		REMOVE ANEURYSM SINUS	07/01/2014	RBRVS	$3,108.33	$3,108.33	090		Y	Y	Y	Y	Y	Y	
61615		RESECT/EXCISE LESION SKULL	07/01/2014	RBRVS	$2,123.82	$2,123.82	090		Y	Y		Y	Y	Y	
61616		RESECT/EXCISE LESION SKULL	07/01/2014	RBRVS	$3,144.58	$3,144.58	090		Y	Y		Y	Y	Y	
61618		REPAIR DURA	07/01/2014	RBRVS	$1,233.80	$1,233.80	090		Y	Y		Y	Y	Y	
61619		REPAIR DURA	07/01/2014	RBRVS	$1,401.27	$1,401.27	090		Y	Y		Y	Y	Y	
61623		ENDOVASC TEMPORY VESSEL OCCL	07/01/2014	RBRVS	$523.22	$523.22	000		Y	Y					
61624		TRANSCATH OCCLUSION CNS	07/01/2014	RBRVS	$1,045.22	$1,045.22	000		Y	Y					
61626		TRANSCATH OCCLUSION NON-CNS	07/01/2014	RBRVS	$807.43	$807.43	000		Y	Y					
61630		INTRACRANIAL ANGIOPLASTY	07/01/2014	RBRVS	$1,201.56	$1,201.56			Y	Y		Y	Y		
61635		INTRACRAN ANGIOPLSTY W/STENT	07/01/2014	RBRVS	$1,309.41	$1,309.41			Y	Y		Y	Y		
61680		INTRACRANIAL VESSEL SURGERY	07/01/2014	RBRVS	$2,137.92	$2,137.92	090		Y	Y		Y	Y		
61682		INTRACRANIAL VESSEL SURGERY	07/01/2014	RBRVS	$3,975.90	$3,975.90	090		Y	Y		Y	Y		
61684		INTRACRANIAL VESSEL SURGERY	07/01/2014	RBRVS	$2,699.98	$2,699.98	090		Y	Y		Y	Y		
61686		INTRACRANIAL VESSEL SURGERY	07/01/2014	RBRVS	$4,277.43	$4,277.43	090		Y	Y		Y	Y		
61690		INTRACRANIAL VESSEL SURGERY	07/01/2014	RBRVS	$2,073.51	$2,073.51	090		Y	Y		Y	Y		
61692		INTRACRANIAL VESSEL SURGERY	07/01/2014	RBRVS	$3,478.55	$3,478.55	090		Y	Y		Y	Y		
61697		BRAIN ANEURYSM REPR COMPLX	07/01/2014	RBRVS	$4,013.08	$4,013.08	090		Y	Y		Y	Y		
61698		BRAIN ANEURYSM REPR COMPLX	07/01/2014	RBRVS	$4,405.85	$4,405.85	090		Y	Y		Y	Y		
61700		BRAIN ANEURYSM REPR SIMPLE	07/01/2014	RBRVS	$3,246.12	$3,246.12	090		Y	Y		Y	Y		
61702		INNER SKULL VESSEL SURGERY	07/01/2014	RBRVS	$3,826.05	$3,826.05	090		Y	Y		Y	Y		
61703		CLAMP NECK ARTERY	07/01/2014	RBRVS	$1,286.95	$1,286.95	090		Y	Y		Y	Y		
61705		REVISE CIRCULATION TO HEAD	07/01/2014	RBRVS	$2,470.83	$2,470.83	090		Y	Y		Y	Y		
61708		REVISE CIRCULATION TO HEAD	07/01/2014	RBRVS	$1,828.54	$1,828.54	090		Y	Y		Y			
61710		REVISE CIRCULATION TO HEAD	07/01/2014	RBRVS	$1,872.21	$1,872.21	090		Y	Y					
61711		FUSION OF SKULL ARTERIES	07/01/2014	RBRVS	$2,475.90	$2,475.90	090		Y	Y		Y	Y		
61720		INCISE SKULL/BRAIN SURGERY	07/01/2014	RBRVS	$1,202.78	$1,202.78	090		Y	Y					
61735		INCISE SKULL/BRAIN SURGERY	07/01/2014	RBRVS	$1,506.42	$1,506.42	090		Y	Y			Y		
61750		INCISE SKULL/BRAIN BIOPSY	07/01/2014	RBRVS	$1,332.72	$1,332.72	090		Y	Y			Y		
61751		BRAIN BIOPSY W/CT/MR GUIDE	07/01/2014	RBRVS	$1,301.54	$1,301.54	090		Y	Y			Y		
61760		IMPLANT BRAIN ELECTRODES	07/01/2014	RBRVS	$1,497.74	$1,497.74	090		Y	Y			Y		
61770		INCISE SKULL FOR TREATMENT	07/01/2014	RBRVS	$1,534.68	$1,534.68	090		Y	Y			Y		
61790		TREAT TRIGEMINAL NERVE	07/01/2014	RBRVS	$826.28	$826.28	090		Y	Y	Y				
61791		TREAT TRIGEMINAL TRACT	07/01/2014	RBRVS	$1,052.45	$1,052.45	090		Y	Y	Y				
61796		SRS CRANIAL LESION SIMPLE	07/01/2014	RBRVS	$948.88	$948.88	090		Y			Y			
61797		SRS CRAN LES SIMPLE ADDL	07/01/2014	RBRVS	$207.29	$207.29	ZZZ		Y			Y			
61798		SRS CRANIAL LESION COMPLEX	07/01/2014	RBRVS	$1,298.09	$1,298.09	090		Y			Y			
61799		SRS CRAN LES COMPLEX ADDL	07/01/2014	RBRVS	$285.66	$285.66	ZZZ		Y			Y			
61800		APPLY SRS HEADFRAME ADD-ON	07/01/2014	RBRVS	$144.45	$144.45	ZZZ		Y			Y			
61850		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$929.39	$929.39	090		Y	Y		Y			
61860		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$1,483.34	$1,483.34	090		Y	Y		Y			
61863		IMPLANT NEUROELECTRODE	07/01/2014	RBRVS	$1,423.86	$1,423.86	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
61864		IMPLANT NEUROELECTRDE ADDL	07/01/2014	RBRVS	$271.23	$271.23	ZZZ		Y			Y	Y		
61867		IMPLANT NEUROELECTRODE	07/01/2014	RBRVS	$2,164.81	$2,164.81	090		Y	Y	Y	Y	Y		
61868		IMPLANT NEUROELECTRDE ADDL	07/01/2014	RBRVS	$477.62	$477.62	ZZZ		Y			Y	Y		
61870		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$1,120.74	$1,120.74	090		Y	Y		Y	Y		
61880		REVISE/REMOVE NEUROELECTRODE	07/01/2014	RBRVS	$539.55	$539.55	090		Y	Y	Y	Y	Y		
61885		INSRT/REDO NEUROSTIM 1 ARRAY	07/01/2014	RBRVS	$487.56	$487.56	090		Y	Y	Y				
61886		IMPLANT NEUROSTIM ARRAYS	07/01/2014	RBRVS	$797.04	$797.04	090		Y	Y					
61888		REVISE/REMOVE NEURORECEIVER	07/01/2014	RBRVS	$369.56	$369.56	010		Y	Y	Y				
62000		TREAT SKULL FRACTURE	07/01/2014	RBRVS	$975.32	$975.32	090		Y	Y					
62005		TREAT SKULL FRACTURE	07/01/2014	RBRVS	$1,203.43	$1,203.43	090		Y	Y		Y	Y		
62010		TREATMENT OF HEAD INJURY	07/01/2014	RBRVS	$1,450.80	$1,450.80	090		Y	Y		Y	Y		
62100		REPAIR BRAIN FLUID LEAKAGE	07/01/2014	RBRVS	$1,524.78	$1,524.78	090		Y	Y		Y	Y		
62115		REDUCTION OF SKULL DEFECT	07/01/2014	RBRVS	$1,177.87	$1,177.87	090		Y	Y		Y	Y		
62117		REDUCTION OF SKULL DEFECT	07/01/2014	RBRVS	$1,469.36	$1,469.36	090		Y	Y		Y	Y		
62120		REPAIR SKULL CAVITY LESION	07/01/2014	RBRVS	$1,566.90	$1,566.90	090		Y	Y		Y	Y		
62121		INCISE SKULL REPAIR	07/01/2014	RBRVS	$1,616.12	$1,616.12	090		Y	Y		Y	Y		
62140		REPAIR OF SKULL DEFECT	07/01/2014	RBRVS	$982.71	$982.71	090		Y	Y		Y	Y		
62141		REPAIR OF SKULL DEFECT	07/01/2014	RBRVS	$1,081.76	$1,081.76	090		Y	Y		Y	Y		
62142		REMOVE SKULL PLATE/FLAP	07/01/2014	RBRVS	$840.22	$840.22	090		Y	Y		Y			
62143		REPLACE SKULL PLATE/FLAP	07/01/2014	RBRVS	$986.61	$986.61	090		Y	Y		Y	Y		
62145		REPAIR OF SKULL & BRAIN	07/01/2014	RBRVS	$1,349.66	$1,349.66	090		Y	Y		Y	Y		
62146		REPAIR OF SKULL WITH GRAFT	07/01/2014	RBRVS	$1,182.51	$1,182.51	090		Y	Y		Y	Y		
62147		REPAIR OF SKULL WITH GRAFT	07/01/2014	RBRVS	$1,380.61	$1,380.61	090		Y	Y		Y	Y		
62148		RETR BONE FLAP TO FIX SKULL	07/01/2014	RBRVS	$120.77	$120.77	ZZZ		Y						
62160		NEUROENDOSCOPY ADD-ON	07/01/2014	RBRVS	$181.37	$181.37	ZZZ		Y						
62161		DISSECT BRAIN W/SCOPE	07/01/2014	RBRVS	$1,438.22	$1,438.22	090		Y	Y		Y	Y		
62162		REMOVE COLLOID CYST W/SCOPE	07/01/2014	RBRVS	$1,791.40	$1,791.40	090		Y	Y		Y	Y		
62163		ZNEUROENDOSCOPY W/FB REMOVAL	07/01/2014	RBRVS	$1,157.79	$1,157.79	090		Y	Y		Y	Y		
62164		REMOVE BRAIN TUMOR W/SCOPE	07/01/2014	RBRVS	$1,980.27	$1,980.27	090		Y	Y		Y	Y		
62165		REMOVE PITUIT TUMOR W/SCOPE	07/01/2014	RBRVS	$1,464.43	$1,464.43	090		Y	Y			Y		
62180		ESTABLISH BRAIN CAVITY SHUNT	07/01/2014	RBRVS	$1,517.52	$1,517.52	090		Y	Y		Y			
62190		ESTABLISH BRAIN CAVITY SHUNT	07/01/2014	RBRVS	$873.65	$873.65	090		Y	Y			Y		
62192		ESTABLISH BRAIN CAVITY SHUNT	07/01/2014	RBRVS	$922.74	$922.74	090		Y	Y		Y	Y		
62194		REPLACE/IRRIGATE CATHETER	07/01/2014	RBRVS	$399.90	$399.90	010		Y	Y					
62200		ESTABLISH BRAIN CAVITY SHUNT	07/01/2014	RBRVS	$1,304.00	$1,304.00	090		Y	Y		Y	Y		
62201		BRAIN CAVITY SHUNT W/SCOPE	07/01/2014	RBRVS	$1,137.14	$1,137.14	090		Y	Y					
62220		ESTABLISH BRAIN CAVITY SHUNT	07/01/2014	RBRVS	$965.37	$965.37	090		Y	Y		Y	Y		
62223		ESTABLISH BRAIN CAVITY SHUNT	07/01/2014	RBRVS	$996.48	$996.48	090		Y	Y		Y	Y		
62225		REPLACE/IRRIGATE CATHETER	07/01/2014	RBRVS	$493.04	$493.04	090		Y	Y					
62230		REPLACE/REVISE BRAIN SHUNT	07/01/2014	RBRVS	$797.71	$797.71	090		Y	Y		Y	Y		
62252		CSF SHUNT REPROGRAM	07/01/2014	RBRVS	$79.07	$79.07			Y						
62252	TC	CSF SHUNT REPROGRAM	07/01/2014	RBRVS	$39.16	$39.16			Y						
62252	26	CSF SHUNT REPROGRAM	07/01/2014	RBRVS	$48.70	$48.70									
62256		REMOVE BRAIN CAVITY SHUNT	07/01/2014	RBRVS	$566.28	$566.28	090		Y	Y		Y			
62258		REPLACE BRAIN CAVITY SHUNT	07/01/2014	RBRVS	$1,066.85	$1,066.85	090		Y	Y		Y	Y		
62263		EPIDURAL LYSIS MULT SESSIONS	07/01/2014	RBRVS	$633.63	$327.03	010		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
62264		EPIDURAL LYSIS ON SINGLE DAY	07/01/2014	RBRVS	$388.38	$223.14	010		Y	Y					
62267		INTERDISCAL PERQ ASPIR DX	07/01/2014	RBRVS	$229.72	$150.97	000		Y	Y					
62268		DRAIN SPINAL CORD CYST	07/01/2014	RBRVS	$245.31	$245.31	000		Y	Y					
62269		NEEDLE BIOPSY SPINAL CORD	07/01/2014	RBRVS	$252.02	$252.02	000		Y	Y					
62270		SPINAL FLUID TAP DIAGNOSTIC	07/01/2014	RBRVS	$147.36	$74.42	000		Y	Y					
62272		DRAIN CEREBRO SPINAL FLUID	07/01/2014	RBRVS	$186.96	$80.78	000		Y	Y					
62273		INJECT EPIDURAL PATCH	07/01/2014	RBRVS	$160.11	$106.53	000		Y	Y					
62280		TREAT SPINAL CORD LESION	07/01/2014	RBRVS	$295.27	$162.30	010		Y	Y					
62281		TREAT SPINAL CORD LESION	07/01/2014	RBRVS	$224.39	$149.52	010		Y	Y					
62282		TREAT SPINAL CANAL LESION	07/01/2014	RBRVS	$264.51	$135.74	010		Y	Y					
62284		INJECTION FOR MYELOGRAM	07/01/2014	RBRVS	$177.76	$81.27	000		Y	Y					
62287		PERCUTANEOUS DISKECTOMY	07/01/2014	RBRVS	$525.38	$525.38	090		Y	Y					
62290		INJECT FOR SPINE DISK X-RAY	07/01/2014	RBRVS	$308.47	$163.24	000		Y	Y					
62291		INJECT FOR SPINE DISK X-RAY	07/01/2014	RBRVS	$297.01	$159.53	000		Y	Y					
62292		INJECTION INTO DISK LESION	07/01/2014	RBRVS	$545.07	$545.07	090		Y	Y					
62294		INJECTION INTO SPINAL ARTERY	07/01/2014	RBRVS	$670.07	$670.07	090		Y	Y					
62310		INJECT SPINE CERV/THORACIC	07/01/2014	RBRVS	$100.27	$67.35	000			Y					
62311		INJECT SPINE LUMBAR/SACRAL	07/01/2014	RBRVS	$98.59	$65.99	000			Y					
62318		INJECT SPINE W/CATH CRV/THRC	07/01/2014	RBRVS	$100.95	$72.22	000			Y					
62319		INJECT SPINE W/CATH LMB/SCRL	07/01/2014	RBRVS	$104.24	$73.90	000			Y					
62350		IMPLANT SPINAL CANAL CATH	07/01/2014	RBRVS	$377.76	$377.76	010			Y			Y		
62351		IMPLANT SPINAL CANAL CATH	07/01/2014	RBRVS	$827.34	$827.34	090			Y		Y	Y		
62355		REMOVE SPINAL CANAL CATHETER	07/01/2014	RBRVS	$248.95	$248.95	010			Y					
62360		INSERT SPINE INFUSION DEVICE	07/01/2014	RBRVS	$293.27	$293.27	010			Y			Y		
62361		IMPLANT SPINE INFUSION PUMP	07/01/2014	RBRVS	$328.00	$328.00	010			Y			Y		
62362		IMPLANT SPINE INFUSION PUMP	07/01/2014	RBRVS	$363.31	$363.31	010			Y			Y		
62365		REMOVE SPINE INFUSION DEVICE	07/01/2014	RBRVS	$274.23	$274.23	010			Y					
62367		ANALYZE SPINE INFUS PUMP	07/01/2014	RBRVS	$38.34	$23.81									
62368		ANALYZE SP INF PUMP W/REPROG	07/01/2014	RBRVS	$51.54	$32.17									
62369		ANAL SP INF PMP W/REPRG&FILL	07/01/2014	RBRVS	$121.82	$36.47									
62370		ANL SP INF PMP W/MDREPRG&FIL	07/01/2014	RBRVS	$128.38	$48.05									
63001		REMOVE SPINE LAMINA 1/2 CRVL	07/01/2014	RBRVS	$1,172.12	$1,172.12	090		Y	Y		Y	Y		
63003		REMOVE SPINE LAMINA 1/2 THRC	07/01/2014	RBRVS	$1,170.83	$1,170.83	090		Y	Y		Y	Y		
63005		REMOVE SPINE LAMINA 1/2 LMBR	07/01/2014	RBRVS	$1,119.00	$1,119.00	090		Y	Y		Y	Y		
63011		REMOVE SPINE LAMINA 1/2 SCRL	07/01/2014	RBRVS	$1,030.57	$1,030.57	090		Y	Y		Y	Y		
63012		REMOVE LAMINA/FACETS LUMBAR	07/01/2014	RBRVS	$1,128.14	$1,128.14	090		Y	Y		Y	Y		
63015		REMOVE SPINE LAMINA >2 CRVCL	07/01/2014	RBRVS	$1,406.37	$1,406.37	090		Y	Y		Y	Y		
63016		REMOVE SPINE LAMINA >2 THRC	07/01/2014	RBRVS	$1,436.48	$1,436.48	090		Y	Y		Y	Y		
63017		REMOVE SPINE LAMINA >2 LMBR	07/01/2014	RBRVS	$1,182.80	$1,182.80	090		Y	Y		Y	Y		
63020		NECK SPINE DISK SURGERY	07/01/2014	RBRVS	$1,107.61	$1,107.61	090		Y	Y	Y	Y	Y		
63030		LOW BACK DISK SURGERY	07/01/2014	RBRVS	$916.93	$916.93	090		Y	Y	Y	Y	Y		
63035		SPINAL DISK SURGERY ADD-ON	07/01/2014	RBRVS	$182.96	$182.96	ZZZ		Y		Y	Y	Y		
63040		LAMINOTOMY SINGLE CERVICAL	07/01/2014	RBRVS	$1,333.24	$1,333.24	090		Y	Y	Y	Y	Y		
63042		LAMINOTOMY SINGLE LUMBAR	07/01/2014	RBRVS	$1,229.95	$1,229.95	090		Y	Y	Y	Y	Y		
63043		LAMINOTOMY ADDL CERVICAL	07/01/2014	FEE SCHED	$283.80	$0.00			Y						
63044		LAMINOTOMY ADDL LUMBAR	07/01/2014	FEE SCHED	$826.07	$0.00			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
63045		REMOVE SPINE LAMINA 1 CRVL	07/01/2014	RBRVS	$1,205.55	$1,205.55	090		Y	Y		Y	Y		
63046		REMOVE SPINE LAMINA 1 THRC	07/01/2014	RBRVS	$1,146.43	$1,146.43	090		Y	Y		Y	Y		
63047		REMOVE SPINE LAMINA 1 LMBR	07/01/2014	RBRVS	$1,042.31	$1,042.31	090		Y	Y		Y	Y		
63048		REMOVE SPINAL LAMINA ADD-ON	07/01/2014	RBRVS	$203.00	$203.00	ZZZ		Y			Y	Y		
63050		CERVICAL LAMINOPLSTY 2/> SEG	07/01/2014	RBRVS	$1,480.95	$1,480.95	090		Y	Y		Y	Y		
63051		C-LAMINOPLASTY W/GRAFT/PLATE	07/01/2014	RBRVS	$1,624.09	$1,624.09	090		Y	Y		Y	Y		
63055		DECOMPRESS SPINAL CORD THRC	07/01/2014	RBRVS	$1,542.66	$1,542.66	090		Y	Y		Y	Y		
63056		DECOMPRESS SPINAL CORD LMBR	07/01/2014	RBRVS	$1,401.88	$1,401.88	090		Y	Y		Y	Y		
63057		DECOMPRESS SPINE CORD ADD-ON	07/01/2014	RBRVS	$305.89	$305.89	ZZZ		Y			Y	Y		
63064		DECOMPRESS SPINAL CORD THRC	07/01/2014	RBRVS	$1,679.99	$1,679.99	090		Y	Y		Y	Y		
63066		DECOMPRESS SPINE CORD ADD-ON	07/01/2014	RBRVS	$197.35	$197.35	ZZZ		Y			Y	Y		
63075		NECK SPINE DISK SURGERY	07/01/2014	RBRVS	$1,295.92	$1,295.92	090		Y	Y		Y	Y		
63076		NECK SPINE DISK SURGERY	07/01/2014	RBRVS	$237.47	$237.47	ZZZ		Y			Y	Y		
63077		SPINE DISK SURGERY THORAX	07/01/2014	RBRVS	$1,414.76	$1,414.76	090		Y	Y		Y	Y		
63078		SPINE DISK SURGERY THORAX	07/01/2014	RBRVS	$184.57	$184.57	ZZZ		Y			Y	Y		
63081		REMOVE VERT BODY DCMPRN CRVL	07/01/2014	RBRVS	$1,678.76	$1,678.76	090		Y	Y		Y	Y	Y	
63082		REMOVE VERTEBRAL BODY ADD-ON	07/01/2014	RBRVS	$255.48	$255.48	ZZZ		Y			Y	Y	Y	
63085		REMOVE VERT BODY DCMPRN THRC	07/01/2014	RBRVS	$1,798.98	$1,798.98	090		Y	Y		Y	Y	Y	
63086		REMOVE VERTEBRAL BODY ADD-ON	07/01/2014	RBRVS	$180.96	$180.96	ZZZ		Y			Y	Y	Y	
63087		REMOV VERTBR DCMPRN THRCLMBR	07/01/2014	RBRVS	$2,263.57	$2,263.57	090		Y	Y		Y	Y	Y	
63088		REMOVE VERTEBRAL BODY ADD-ON	07/01/2014	RBRVS	$243.89	$243.89	ZZZ		Y			Y	Y	Y	
63090		REMOVE VERT BODY DCMPRN LMBR	07/01/2014	RBRVS	$1,858.56	$1,858.56	090		Y	Y		Y	Y	Y	
63091		REMOVE VERTEBRAL BODY ADD-ON	07/01/2014	RBRVS	$169.02	$169.02	ZZZ		Y			Y	Y	Y	
63101		REMOVE VERT BODY DCMPRN THRC	07/01/2014	RBRVS	$2,199.08	$2,199.08	090		Y	Y		Y	Y		
63102		REMOVE VERT BODY DCMPRN LMBR	07/01/2014	RBRVS	$2,119.62	$2,119.62	090		Y	Y		Y	Y		
63103		REMOVE VERTEBRAL BODY ADD-ON	07/01/2014	RBRVS	$277.01	$277.01	ZZZ		Y			Y	Y		
63170		INCISE SPINAL CORD TRACT(S)	07/01/2014	RBRVS	$1,508.77	$1,508.77	090		Y	Y		Y	Y		
63172		DRAINAGE OF SPINAL CYST	07/01/2014	RBRVS	$1,337.01	$1,337.01	090		Y	Y		Y	Y		
63173		DRAINAGE OF SPINAL CYST	07/01/2014	RBRVS	$1,636.65	$1,636.65	090		Y	Y		Y	Y		
63180		REVISE SPINAL CORD LIGAMENTS	07/01/2014	RBRVS	$1,407.21	$1,407.21	090		Y	Y		Y	Y		
63182		REVISE SPINAL CORD LIGAMENTS	07/01/2014	RBRVS	$1,394.29	$1,394.29	090		Y	Y		Y	Y		
63185		INCISE SPINE NRV HALF SEGMNT	07/01/2014	RBRVS	$1,136.49	$1,136.49	090		Y	Y		Y	Y		
63190		INCISE SPINE NRV >2 SEGMNTS	07/01/2014	RBRVS	$1,193.40	$1,193.40	090		Y	Y		Y	Y		
63191		INCISE SPINE ACCESSORY NERVE	07/01/2014	RBRVS	$1,195.46	$1,195.46	090		Y	Y	Y	Y	Y		
63194		INCISE SPINE & CORD CERVICAL	07/01/2014	RBRVS	$1,175.39	$1,175.39	090		Y	Y		Y	Y		
63195		INCISE SPINE & CORD THORACIC	07/01/2014	RBRVS	$1,456.72	$1,456.72	090		Y	Y		Y	Y		
63196		INCISE SPINE&CORD 2 TRX CRVL	07/01/2014	RBRVS	$1,271.40	$1,271.40	090		Y	Y		Y	Y		
63197		INCISE SPINE&CORD 2 TRX THRC	07/01/2014	RBRVS	$1,467.69	$1,467.69	090		Y	Y		Y	Y		
63198		INCISE SPIN&CORD 2 STGS CRVL	07/01/2014	RBRVS	$1,497.34	$1,497.34	090		Y	Y		Y	Y		
63199		INCISE SPIN&CORD 2 STGS THRC	07/01/2014	RBRVS	$1,571.13	$1,571.13	090		Y	Y		Y	Y		
63200		RELEASE SPINAL CORD LUMBAR	07/01/2014	RBRVS	$1,459.30	$1,459.30	090		Y	Y		Y			
63250		REVISE SPINAL CORD VSLS CRVL	07/01/2014	RBRVS	$2,818.97	$2,818.97	090		Y	Y		Y	Y		
63251		REVISE SPINAL CORD VSLS THRC	07/01/2014	RBRVS	$2,881.38	$2,881.38	090		Y	Y		Y	Y		
63252		REVISE SPINE CORD VSL THRLMB	07/01/2014	RBRVS	$2,880.74	$2,880.74	090		Y	Y		Y	Y		
63265		EXCISE INTRASPINL LESION CRV	07/01/2014	RBRVS	$1,584.49	$1,584.49	090		Y	Y		Y	Y		
63266		EXCISE INTRSPINL LESION THRC	07/01/2014	RBRVS	$1,635.80	$1,635.80	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
63267		EXCISE INTRSPINL LESION LMBR	07/01/2014	RBRVS	$1,304.77	$1,304.77	090		Y	Y		Y	Y		
63268		EXCISE INTRSPINL LESION SCRL	07/01/2014	RBRVS	$1,378.26	$1,378.26	090		Y	Y		Y	Y		
63270		EXCISE INTRSPINL LESION CRVL	07/01/2014	RBRVS	$1,969.36	$1,969.36	090		Y	Y		Y	Y		
63271		EXCISE INTRSPINL LESION THRC	07/01/2014	RBRVS	$1,967.04	$1,967.04	090		Y	Y		Y	Y		
63272		EXCISE INTRSPINL LESION LMBR	07/01/2014	RBRVS	$1,808.47	$1,808.47	090		Y	Y		Y	Y		
63273		EXCISE INTRSPINL LESION SCRL	07/01/2014	RBRVS	$1,767.96	$1,767.96	090		Y	Y		Y			
63275		BX/EXC XDRL SPINE LESN CRVL	07/01/2014	RBRVS	$1,710.23	$1,710.23	090		Y	Y		Y	Y		
63276		BX/EXC XDRL SPINE LESN THRC	07/01/2014	RBRVS	$1,693.87	$1,693.87	090		Y	Y		Y	Y		
63277		BX/EXC XDRL SPINE LESN LMBR	07/01/2014	RBRVS	$1,471.17	$1,471.17	090		Y	Y		Y	Y		
63278		BX/EXC XDRL SPINE LESN SCRL	07/01/2014	RBRVS	$1,505.07	$1,505.07	090		Y	Y		Y	Y		
63280		BX/EXC IDRL SPINE LESN CRVL	07/01/2014	RBRVS	$2,009.67	$2,009.67	090		Y	Y		Y	Y		
63281		BX/EXC IDRL SPINE LESN THRC	07/01/2014	RBRVS	$1,984.62	$1,984.62	090		Y	Y		Y	Y		
63282		BX/EXC IDRL SPINE LESN LMBR	07/01/2014	RBRVS	$1,875.15	$1,875.15	090		Y	Y		Y	Y		
63283		BX/EXC IDRL SPINE LESN SCRL	07/01/2014	RBRVS	$1,800.40	$1,800.40	090		Y	Y		Y	Y		
63285		BX/EXC IDRL IMED LESN CERVL	07/01/2014	RBRVS	$2,482.67	$2,482.67	090		Y	Y		Y	Y		
63286		BX/EXC IDRL IMED LESN THRC	07/01/2014	RBRVS	$2,443.85	$2,443.85	090		Y	Y		Y	Y		
63287		BX/EXC IDRL IMED LESN THRLMB	07/01/2014	RBRVS	$2,606.19	$2,606.19	090		Y	Y		Y	Y		
63290		BX/EXC XDRL/IDRL LSN ANY LVL	07/01/2014	RBRVS	$2,646.24	$2,646.24	090		Y	Y		Y	Y		
63295		REPAIR LAMINECTOMY DEFECT	07/01/2014	RBRVS	$317.16	$317.16	ZZZ		Y			Y	Y		
63300		REMOVE VERT XDRL BODY CRVCL	07/01/2014	RBRVS	$1,743.12	$1,743.12	090		Y	Y		Y	Y		
63301		REMOVE VERT XDRL BODY THRC	07/01/2014	RBRVS	$2,091.32	$2,091.32	090		Y	Y		Y	Y		
63302		REMOVE VERT XDRL BODY THRLMB	07/01/2014	RBRVS	$2,065.27	$2,065.27	090		Y	Y		Y	Y		
63303		REMOV VERT XDRL BDY LMBR/SAC	07/01/2014	RBRVS	$2,195.21	$2,195.21	090		Y	Y		Y	Y		
63304		REMOVE VERT IDRL BODY CRVCL	07/01/2014	RBRVS	$2,228.71	$2,228.71	090		Y	Y		Y	Y		
63305		REMOVE VERT IDRL BODY THRC	07/01/2014	RBRVS	$2,373.52	$2,373.52	090		Y	Y		Y	Y		
63306		REMOV VERT IDRL BDY THRCLMBR	07/01/2014	RBRVS	$2,068.28	$2,068.28	090		Y	Y		Y	Y		
63307		REMOV VERT IDRL BDY LMBR/SAC	07/01/2014	RBRVS	$2,284.09	$2,284.09	090		Y	Y		Y	Y		
63308		REMOVE VERTEBRAL BODY ADD-ON	07/01/2014	RBRVS	$305.24	$305.24	ZZZ		Y			Y	Y		
63600		REMOVE SPINAL CORD LESION	07/01/2014	RBRVS	$853.61	$853.61	090		Y	Y					
63610		STIMULATION OF SPINAL CORD	07/01/2014	RBRVS	$366.21	$366.21	000		Y	Y					
63615		REMOVE LESION OF SPINAL CORD	07/01/2014	RBRVS	$1,172.19	$1,172.19	090		Y	Y			Y		
63620		SRS SPINAL LESION	07/01/2014	RBRVS	$1,046.90	$1,046.90	090		Y			Y			
63621		SRS SPINAL LESION ADDL	07/01/2014	RBRVS	$237.47	$237.47	ZZZ		Y			Y			
63650		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$1,219.02	$388.28	010		Y	Y					
63655		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$780.70	$780.70	090		Y	Y		Y	Y		
63661		REMOVE SPINE ELTRD PERQ ARAY	07/01/2014	RBRVS	$530.00	$300.53	010		Y	Y		Y	Y		
63662		REMOVE SPINE ELTRD PLATE	07/01/2014	RBRVS	$721.13	$721.13	090		Y	Y		Y	Y		
63663		REVISE SPINE ELTRD PERQ ARAY	07/01/2014	RBRVS	$736.56	$432.85	010		Y	Y		Y	Y		
63664		REVISE SPINE ELTRD PLATE	07/01/2014	RBRVS	$746.63	$746.63	090		Y	Y		Y	Y		
63685		INSRT/REDO SPINE N GENERATOR	07/01/2014	RBRVS	$341.10	$341.10	010		Y	Y		Y	Y		
63688		REVISE/REMOVE NEURORECEIVER	07/01/2014	RBRVS	$345.00	$345.00	010		Y	Y					
63700		REPAIR OF SPINAL HERNIATION	07/01/2014	RBRVS	$1,198.91	$1,198.91	090		Y	Y		Y	Y		
63702		REPAIR OF SPINAL HERNIATION	07/01/2014	RBRVS	$1,318.75	$1,318.75	090		Y	Y		Y	Y		
63704		REPAIR OF SPINAL HERNIATION	07/01/2014	RBRVS	$1,560.42	$1,560.42	090		Y	Y		Y	Y		
63706		REPAIR OF SPINAL HERNIATION	07/01/2014	RBRVS	$1,708.22	$1,708.22	090		Y	Y		Y	Y		
63707		REPAIR SPINAL FLUID LEAKAGE	07/01/2014	RBRVS	$864.07	$864.07	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
63709		REPAIR SPINAL FLUID LEAKAGE	07/01/2014	RBRVS	$1,042.12	$1,042.12	090		Y	Y		Y	Y		
63710		GRAFT REPAIR OF SPINE DEFECT	07/01/2014	RBRVS	$1,046.22	$1,046.22	090		Y	Y		Y	Y		
63740		INSTALL SPINAL SHUNT	07/01/2014	RBRVS	$893.08	$893.08	090		Y	Y		Y	Y		
63741		INSTALL SPINAL SHUNT	07/01/2014	RBRVS	$613.04	$613.04	090		Y	Y		Y	Y		
63744		REVISION OF SPINAL SHUNT	07/01/2014	RBRVS	$646.21	$646.21	090		Y	Y		Y	Y		
63746		REMOVAL OF SPINAL SHUNT	07/01/2014	RBRVS	$565.95	$565.95	090		Y	Y					
64400		N BLOCK INJ TRIGEMINAL	07/01/2014	RBRVS	$114.50	$64.80	000			Y	Y				
64402		N BLOCK INJ FACIAL	07/01/2014	RBRVS	$113.22	$69.96	000			Y	Y				
64405		N BLOCK INJ OCCIPITAL	07/01/2014	RBRVS	$92.95	$59.05	000			Y	Y				
64408		N BLOCK INJ VAGUS	07/01/2014	RBRVS	$91.81	$68.90	000			Y	Y				
64410		N BLOCK INJ PHRENIC	07/01/2014	RBRVS	$118.86	$72.07	000			Y	Y				
64412		N BLOCK INJ SPINAL ACCESSOR	07/01/2014	RBRVS	$127.18	$68.45	000			Y	Y				
64413		N BLOCK INJ CERVICAL PLEXUS	07/01/2014	RBRVS	$114.60	$75.87	000			Y	Y				
64415		N BLOCK INJ BRACHIAL PLEXUS	07/01/2014	RBRVS	$108.70	$60.93	000			Y	Y				
64416		N BLOCK CONT INFUSE B PLEX	07/01/2014	RBRVS	$73.62	$73.62	000			Y	Y				
64417		N BLOCK INJ AXILLARY	07/01/2014	RBRVS	$118.70	$65.77	000			Y	Y				
64418		N BLOCK INJ SUPRASCAPULAR	07/01/2014	RBRVS	$130.64	$70.29	000			Y	Y				
64420		N BLOCK INJ INTERCOST SNG	07/01/2014	RBRVS	$103.86	$64.16	000			Y					
64421		N BLOCK INJ INTERCOST MLT	07/01/2014	RBRVS	$141.06	$88.46	000			Y	Y				
64425		N BLOCK INJ ILIO-ING/HYPOGI	07/01/2014	RBRVS	$123.31	$88.78	000			Y	Y				
64430		N BLOCK INJ PUDENDAL	07/01/2014	RBRVS	$126.54	$76.51	000			Y	Y				
64435		N BLOCK INJ PARACERVICAL	07/01/2014	RBRVS	$125.47	$79.97	000			Y	Y				
64445		N BLOCK INJ SCIATIC SNG	07/01/2014	RBRVS	$124.09	$67.61	000			Y	Y				
64446		N BLK INJ SCIATIC CONT INF	07/01/2014	RBRVS	$73.94	$73.94	000			Y	Y				
64447		N BLOCK INJ FEM SINGLE	07/01/2014	RBRVS	$108.70	$61.57	000			Y	Y				
64448		N BLOCK INJ FEM CONT INF	07/01/2014	RBRVS	$66.09	$66.09	000			Y	Y				
64449		N BLOCK INJ LUMBAR PLEXUS	07/01/2014	RBRVS	$77.16	$77.16	000			Y	Y				
64450		N BLOCK OTHER PERIPHERAL	07/01/2014	RBRVS	$73.26	$42.60	000			Y	Y				
64455		N BLOCK INJ PLANTAR DIGIT	07/01/2014	RBRVS	$44.63	$33.33	000			Y	Y				
64479		INJ FORAMEN EPIDURAL C/T	07/01/2014	RBRVS	$221.49	$126.93	000			Y	Y				
64480		INJ FORAMEN EPIDURAL ADD-ON	07/01/2014	RBRVS	$106.44	$61.90	ZZZ				Y				
64483		INJ FORAMEN EPIDURAL L/S	07/01/2014	RBRVS	$203.81	$105.69	000			Y	Y				
64484		INJ FORAMEN EPIDURAL ADD-ON	07/01/2014	RBRVS	$81.10	$49.14	ZZZ				Y				
64486		TAP BLOCK UNIL BY INJECTION	01/01/2015	RBRVS	$113.22	$59.31	000			Y	Y				
64487		TAP BLOCK UNI BY INFUSION	01/01/2015	RBRVS	$138.45	$68.09	000			Y	Y				
64488		TAP BLOCK BI INJECTION	01/01/2015	RBRVS	$139.03	$73.52	000			Y					
64489		TAP BLOCK BI BY INFUSION	01/01/2015	RBRVS	$193.32	$81.97	000			Y					
64490		INJ PARAVERT F JNT C/T 1 LEV	07/01/2014	RBRVS	$177.85	$101.69	000			Y	Y	Y			
64491		INJ PARAVERT F JNT C/T 2 LEV	07/01/2014	RBRVS	$87.39	$57.38	ZZZ				Y	Y			
64492		INJ PARAVERT F JNT C/T 3 LEV	07/01/2014	RBRVS	$88.04	$58.03	ZZZ				Y	Y			
64493		INJ PARAVERT F JNT L/S 1 LEV	07/01/2014	RBRVS	$160.43	$85.87	000			Y	Y	Y			
64494		INJ PARAVERT F JNT L/S 2 LEV	07/01/2014	RBRVS	$80.13	$48.83	ZZZ				Y	Y			
64495		INJ PARAVERT F JNT L/S 3 LEV	07/01/2014	RBRVS	$80.46	$49.47	ZZZ				Y	Y			
64505		N BLOCK SPENOPALATINE GANGL	07/01/2014	RBRVS	$95.43	$79.94	000			Y	Y				
64508		N BLOCK CAROTID SINUS S/P	07/01/2014	RBRVS	$61.25	$73.52	000			Y	Y				
64510		N BLOCK STELLATE GANGLION	07/01/2014	RBRVS	$116.73	$68.96	000			Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
64517		N BLOCK INJ HYPOGAS PLXS	07/01/2014	RBRVS	$161.63	$112.24	000			Y					
64520		N BLOCK LUMBAR/THORACIC	07/01/2014	RBRVS	$169.69	$75.13	000			Y	Y				
64530		N BLOCK INJ CELIAC PELUS	07/01/2014	RBRVS	$175.59	$86.52	000			Y					
64550		APPLY NEUROSTIMULATOR	07/01/2014	RBRVS	$14.58	$8.46	000		Y						
64553		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$193.29	$145.52	010		Y	Y					
64555		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$186.57	$139.77	010		Y	Y					
64561		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$732.10	$371.27	010		Y	Y	Y				
64565		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$170.66	$121.93	010		Y	Y					
64575		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$285.91	$285.91	090		Y	Y					
64580		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$278.49	$278.49	090		Y	Y		Y			
64581		IMPLANT NEUROELECTRODES	07/01/2014	RBRVS	$624.47	$624.47	090		Y	Y					
64585		REVISE/REMOVE NEUROELECTRODE	07/01/2014	RBRVS	$224.72	$133.71	010		Y	Y					
64590		INSRT/REDO PERPH N GENERATOR	07/01/2014	RBRVS	$241.28	$148.65	010		Y	Y			Y		
64595		REVISE/REMOVE NEURORECEIVER	07/01/2014	RBRVS	$223.49	$117.31	010		Y	Y					
64600		INJECTION TREATMENT OF NERVE	07/01/2014	RBRVS	$354.17	$201.19	010		Y	Y					
64605		INJECTION TREATMENT OF NERVE	07/01/2014	RBRVS	$677.40	$339.48	010		Y	Y	Y				
64610		INJECTION TREATMENT OF NERVE	07/01/2014	RBRVS	$686.46	$458.28	010		Y	Y	Y				
64612		DESTROY NERVE FACE MUSCLE	07/01/2014	RBRVS	$128.22	$115.64	010		Y	Y	Y				
64615		CHEMODENERV MUSC MIGRAINE	07/01/2014	RBRVS	$134.38	$119.86	010		Y	Y					
64616		CHEMODENERV MUSC NECK DYSTON	07/01/2014	RBRVS	$114.60	$101.37	010		Y	Y	Y				
64617		CHEMODENER MUSCLE LARYNX EMG	07/01/2014	RBRVS	$175.50	$106.44	010		Y	Y	Y				
64620		INJECTION TREATMENT OF NERVE	07/01/2014	RBRVS	$190.61	$161.88	010		Y	Y					
64630		INJECTION TREATMENT OF NERVE	07/01/2014	RBRVS	$210.23	$176.34	010		Y	Y					
64632		N BLOCK INJ COMMON DIGIT	07/01/2014	RBRVS	$79.29	$64.77	010		Y	Y	Y				
64633		DESTROY CERV/THOR FACET JNT	07/01/2014	RBRVS	$442.98	$237.86	010		Y	Y	Y				
64634		DESTROY C/TH FACET JNT ADDL	07/01/2014	RBRVS	$200.74	$72.01	ZZZ		Y		Y				
64640		INJECTION TREATMENT OF NERVE	07/01/2014	RBRVS	$122.58	$87.07	010		Y	Y	Y				
64642		CHEMODENERV 1 EXTREMITY 1-4	07/01/2014	RBRVS	$129.13	$100.40	000		Y	Y					
64643		CHEMODENERV 1 EXTREM 1-4 EA	07/01/2014	RBRVS	$85.07	$67.32	ZZZ		Y						
64644		CHEMODENERV 1 EXTREM 5/> MUS	07/01/2014	RBRVS	$147.30	$109.53	000		Y	Y					
64645		CHEMODENERV 1 EXTREM 5/> EA	07/01/2014	RBRVS	$104.02	$77.22	ZZZ		Y						
64646		CHEMODENERV TRUNK MUSC 1-5	07/01/2014	RBRVS	$138.90	$108.56	000		Y	Y					
64647		CHEMODENERV TRUNK MUSC 6/>	07/01/2014	RBRVS	$160.82	$125.31	000		Y	Y					
64650		CHEMODENERV ECCRINE GLANDS	07/01/2014	RBRVS	$69.96	$38.66	000		Y	Y					
64653		CHEMODENERV ECCRINE GLANDS	07/01/2014	RBRVS	$89.01	$51.25	000		Y	Y					
64680		INJECTION TREATMENT OF NERVE	07/01/2014	RBRVS	$287.82	$157.43	010		Y	Y					
64681		INJECTION TREATMENT OF NERVE	07/01/2014	RBRVS	$312.02	$177.44	010		Y	Y					
64708		REVISE ARM/LEG NERVE	07/01/2014	RBRVS	$461.29	$461.29	090		Y	Y		Y	Y		
64722		RELIEVE PRESSURE ON NERVE(S)	07/01/2014	RBRVS	$342.49	$342.49	090		Y	Y		Y	Y		
64778		DIGIT NERVE SURGERY ADD-ON	07/01/2014	RBRVS	$146.71	$146.71	ZZZ		Y						
64782		REMOVE LIMB NERVE LESION	07/01/2014	RBRVS	$420.33	$420.33	090		Y	Y			Y		
64783		LIMB NERVE SURGERY ADD-ON	07/01/2014	RBRVS	$202.71	$202.71	ZZZ		Y						
64786		REMOVE SCIATIC NERVE LESION	07/01/2014	RBRVS	$1,014.27	$1,014.27	090		Y	Y	Y	Y			
64831		REPAIR OF DIGIT NERVE	07/01/2014	RBRVS	$638.28	$638.28	090		Y	Y	Y				
64832		REPAIR NERVE ADD-ON	07/01/2014	RBRVS	$318.54	$318.54	ZZZ		Y						
64834		REPAIR OF HAND OR FOOT NERVE	07/01/2014	RBRVS	$693.63	$693.63	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
64835		REPAIR OF HAND OR FOOT NERVE	07/01/2014	RBRVS	$761.76	$761.76	090		Y	Y	Y	Y			
64836		REPAIR OF HAND OR FOOT NERVE	07/01/2014	RBRVS	$761.76	$761.76	090		Y	Y	Y	Y			
64837		REPAIR NERVE ADD-ON	07/01/2014	RBRVS	$341.78	$341.78	ZZZ		Y			Y			
64840		REPAIR OF LEG NERVE	07/01/2014	RBRVS	$861.06	$861.06	090		Y	Y	Y	Y			
64856		REPAIR/TRANSPOSE NERVE	07/01/2014	RBRVS	$946.56	$946.56	090		Y	Y			Y		
64857		REPAIR ARM/LEG NERVE	07/01/2014	RBRVS	$990.78	$990.78	090		Y	Y		Y	Y		
64858		REPAIR SCIATIC NERVE	07/01/2014	RBRVS	$1,007.08	$1,007.08	090		Y	Y	Y	Y	Y		
64859		NERVE SURGERY	07/01/2014	RBRVS	$243.34	$243.34	ZZZ		Y			Y	Y		
64861		REPAIR OF ARM NERVES	07/01/2014	RBRVS	$1,286.76	$1,286.76	090		Y	Y	Y	Y	Y		
64862		REPAIR OF LOW BACK NERVES	07/01/2014	RBRVS	$1,294.66	$1,294.66	090		Y	Y	Y	Y			
64864		REPAIR OF FACIAL NERVE	07/01/2014	RBRVS	$817.47	$817.47	090		Y	Y		Y	Y		
64865		REPAIR OF FACIAL NERVE	07/01/2014	RBRVS	$1,042.51	$1,042.51	090		Y	Y		Y	Y		
64866		FUSION OF FACIAL/OTHER NERVE	07/01/2014	RBRVS	$1,081.89	$1,081.89	090		Y	Y		Y	Y		
64868		FUSION OF FACIAL/OTHER NERVE	07/01/2014	RBRVS	$955.37	$955.37	090		Y	Y		Y	Y		
64872		SUBSEQUENT REPAIR OF NERVE	07/01/2014	RBRVS	$111.69	$111.69	ZZZ		Y			Y	Y		
64874		REPAIR & REVISE NERVE ADD-ON	07/01/2014	RBRVS	$158.07	$158.07	ZZZ		Y			Y	Y		
64876		REPAIR NERVE/SHORTEN BONE	07/01/2014	RBRVS	$174.02	$174.02	ZZZ		Y			Y	Y		
64897		NERVE GRAFT ARM/LEG </4 CM	07/01/2014	RBRVS	$1,229.05	$1,229.05	090		Y	Y		Y			
64910		NERVE REPAIR W/ALLOGRAFT	07/01/2014	RBRVS	$769.73	$769.73	090		Y	Y		Y	Y		
64911		NEURORRAPHY W/VEIN AUTOGRAFT	07/01/2014	RBRVS	$965.28	$965.28	090		Y	Y		Y	Y		
65205		REMOVE FOREIGN BODY FROM EYE	07/01/2014	RBRVS	$53.47	$42.83	000			Y	Y				
65210		REMOVE FOREIGN BODY FROM EYE	07/01/2014	RBRVS	$64.80	$51.25	000			Y	Y				
65220		REMOVE FOREIGN BODY FROM EYE	07/01/2014	RBRVS	$54.15	$40.27	000			Y	Y				
65222		REMOVE FOREIGN BODY FROM EYE	07/01/2014	RBRVS	$63.90	$50.99	000			Y	Y				
65235		REMOVE FOREIGN BODY FROM EYE	07/01/2014	RBRVS	$670.20	$670.20	090			Y	Y				
65260		REMOVE FOREIGN BODY FROM EYE	07/01/2014	RBRVS	$877.82	$877.82	090			Y	Y	Y			
65265		REMOVE FOREIGN BODY FROM EYE	07/01/2014	RBRVS	$1,064.30	$1,064.30	090			Y	Y	Y	Y		
65272		REPAIR OF EYE WOUND	07/01/2014	RBRVS	$457.74	$322.51	090			Y	Y				
65273		REPAIR OF EYE WOUND	07/01/2014	RBRVS	$349.46	$349.46	090			Y	Y		Y		
65285		REPAIR OF EYE WOUND	07/01/2014	RBRVS	$1,076.23	$1,076.23	090			Y	Y				
65290		REPAIR OF EYE SOCKET WOUND	07/01/2014	RBRVS	$478.98	$478.98	090			Y	Y		Y		
65756		CORNEAL TRNSPL ENDOTHELIAL	07/01/2014	RBRVS	$1,088.28	$1,088.28	090			Y	Y	Y	Y		
65757		PREP CORNEAL ENDO ALLOGRAFT	07/01/2014	FEE SCHED	$416.37	$0.00									
65780		OCULAR RECONST TRANSPLANT	07/01/2014	RBRVS	$837.15	$837.15	090			Y	Y		Y		
65781		OCULAR RECONST TRANSPLANT	07/01/2014	RBRVS	$1,223.54	$1,223.54	090			Y	Y	Y	Y		
65782		OCULAR RECONST TRANSPLANT	07/01/2014	RBRVS	$1,126.45	$1,126.45	090			Y	Y		Y		
66174		TRANSLUM DIL EYE CANAL	07/01/2014	RBRVS	$917.81	$917.81	090			Y	Y	Y	Y		
66175		TRNSLUM DIL EYE CANAL W/STNT	07/01/2014	RBRVS	$1,051.45	$1,051.45	090		Y	Y	Y	Y	Y		
66180		IMPLANT EYE SHUNT	07/01/2014	RBRVS	$1,104.57	$1,104.57	090			Y	Y	Y	Y		
66183		INSERT ANT DRAINAGE DEVICE	07/01/2014	RBRVS	$993.55	$993.55	090			Y	Y	Y	Y		
66185		REVISE EYE SHUNT	07/01/2014	RBRVS	$723.39	$723.39	090			Y	Y	Y			
66711		CILIARY ENDOSCOPIC ABLATION	07/01/2014	RBRVS	$588.64	$588.64	090			Y	Y				
66990		OPHTHALMIC ENDOSCOPE ADD-ON	07/01/2014	RBRVS	$83.49	$83.49	ZZZ								
67039		LASER TREATMENT OF RETINA	07/01/2014	RBRVS	$1,196.04	$1,196.04	090			Y	Y	Y	Y		
67041		VIT FOR MACULAR PUCKER	07/01/2014	RBRVS	$1,262.75	$1,262.75	090			Y	Y	Y	Y		
67042		VIT FOR MACULAR HOLE	07/01/2014	RBRVS	$1,444.19	$1,444.19	090			Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
67043		VIT FOR MEMBRANE DISSECT	07/01/2014	RBRVS	$1,550.02	$1,550.02	090			Y	Y	Y	Y		
67113		REPAIR RETINAL DETACH CPLX	07/01/2014	RBRVS	$1,663.37	$1,663.37	090			Y	Y	Y	Y		
67229		TR RETINAL LES PRETERM INF	07/01/2014	RBRVS	$1,019.70	$1,019.70	090			Y	Y				
67346		BIOPSY EYE MUSCLE	07/01/2014	RBRVS	$193.19	$193.19	000			Y	Y				
67500		INJECT/TREAT EYE SOCKET	07/01/2014	RBRVS	$72.54	$67.06	000			Y	Y				
67700		DRAINAGE OF EYELID ABSCESS	07/01/2014	RBRVS	$246.44	$110.88	010			Y	Y				
67902		REPAIR EYELID DEFECT	07/01/2014	RBRVS	$706.63	$706.63	090	Y		Y	Y		Y		
67906		REPAIR EYELID DEFECT	07/01/2014	RBRVS	$466.61	$466.61	090	Y		Y	Y				
67912		CORRECTION EYELID W/IMPLANT	07/01/2014	RBRVS	$815.14	$464.00	090		Y	Y	Y				
67930		REPAIR EYELID WOUND	07/01/2014	RBRVS	$345.71	$235.34	010			Y	Y				
67935		REPAIR EYELID WOUND	07/01/2014	RBRVS	$567.63	$432.40	090			Y	Y				
67938		REMOVE EYELID FOREIGN BODY	07/01/2014	RBRVS	$223.17	$110.21	010			Y	Y				
67950		REVISION OF EYELID	07/01/2014	RBRVS	$543.91	$447.41	090			Y	Y		Y		
67971		RECONSTRUCTION OF EYELID	07/01/2014	RBRVS	$708.05	$708.05	090			Y	Y		Y		
67973		RECONSTRUCTION OF EYELID	07/01/2014	RBRVS	$912.99	$912.99	090			Y	Y	Y	Y		
67974		RECONSTRUCTION OF EYELID	07/01/2014	RBRVS	$912.03	$912.03	090			Y	Y	Y	Y		
68320		REVISE/GRAFT EYELID LINING	07/01/2014	RBRVS	$687.85	$523.26	090			Y	Y		Y		
68335		REVISE/GRAFT EYELID LINING	07/01/2014	RBRVS	$632.31	$632.31	090			Y	Y		Y		
68362		REVISE EYELID LINING	07/01/2014	RBRVS	$641.51	$641.51	090			Y	Y		Y		
68371		HARVEST EYE TISSUE ALOGRAFT	07/01/2014	RBRVS	$377.73	$377.73	010			Y	Y				
68400		INCISE/DRAIN TEAR GLAND	07/01/2014	RBRVS	$264.78	$128.58	010			Y	Y				
68420		INCISE/DRAIN TEAR SAC	07/01/2014	RBRVS	$295.56	$159.37	010			Y	Y				
68440		INCISE TEAR DUCT OPENING	07/01/2014	RBRVS	$97.49	$94.91	010			Y	Y				
68500		REMOVAL OF TEAR GLAND	07/01/2014	RBRVS	$969.57	$969.57	090			Y	Y				
68505		PARTIAL REMOVAL TEAR GLAND	07/01/2014	RBRVS	$946.95	$946.95	090			Y	Y				
68540		REMOVE TEAR GLAND LESION	07/01/2014	RBRVS	$877.46	$877.46	090			Y	Y		Y		
68550		REMOVE TEAR GLAND LESION	07/01/2014	RBRVS	$1,075.52	$1,075.52	090			Y	Y				
68720		CREATE TEAR SAC DRAIN	07/01/2014	RBRVS	$727.52	$727.52	090			Y	Y	Y	Y		
68745		CREATE TEAR DUCT DRAIN	07/01/2014	RBRVS	$741.87	$741.87	090			Y	Y	Y	Y		
68750		CREATE TEAR DUCT DRAIN	07/01/2014	RBRVS	$764.56	$764.56	090			Y	Y	Y	Y		
68816		PROBE NL DUCT W/BALLOON	07/01/2014	RBRVS	$682.08	$242.50	010			Y	Y				
69000		DRAIN EXTERNAL EAR LESION	07/01/2014	RBRVS	$174.11	$112.14	010		Y	Y	Y				
69020		DRAIN OUTER EAR CANAL LESION	07/01/2014	RBRVS	$215.94	$133.00	010		Y	Y	Y				
69100		BIOPSY OF EXTERNAL EAR	07/01/2014	RBRVS	$100.69	$50.85	000		Y	Y					
69150		EXTENSIVE EAR CANAL SURGERY	07/01/2014	RBRVS	$982.64	$982.64	090		Y	Y			Y		
69155		EXTENSIVE EAR/NECK SURGERY	07/01/2014	RBRVS	$1,564.47	$1,564.47	090		Y	Y		Y	Y		
69200		CLEAR OUTER EAR CANAL	07/01/2014	RBRVS	$113.50	$54.45	000		Y	Y	Y				
69205		CLEAR OUTER EAR CANAL	07/01/2014	RBRVS	$95.04	$95.04	010		Y	Y	Y				
69210		REMOVE IMPACTED EAR WAX	07/01/2014	RBRVS	$45.56	$31.05	000		Y	Y					
69220		CLEAN OUT MASTOID CAVITY	07/01/2014	RBRVS	$127.38	$58.32	000		Y	Y	Y				
69501		MASTOIDECTOMY	07/01/2014	RBRVS	$686.98	$686.98	090		Y	Y	Y				
69530		EXTENSIVE MASTOID SURGERY	07/01/2014	RBRVS	$1,543.76	$1,543.76	090		Y	Y	Y	Y			
69535		REMOVE PART OF TEMPORAL BONE	07/01/2014	RBRVS	$2,515.59	$2,515.59	090		Y	Y	Y		Y		
69550		REMOVE EAR LESION	07/01/2014	RBRVS	$970.74	$970.74	090		Y	Y	Y	Y			
69552		REMOVE EAR LESION	07/01/2014	RBRVS	$1,466.94	$1,466.94	090		Y	Y	Y	Y			
69554		REMOVE EAR LESION	07/01/2014	RBRVS	$2,362.06	$2,362.06	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
69604		MASTOID SURGERY REVISION	07/01/2014	RBRVS	$1,044.28	$1,044.28	090		Y	Y	Y				
69605		MASTOID SURGERY REVISION	07/01/2014	RBRVS	$1,456.20	$1,456.20	090		Y	Y	Y	Y			
69650		RELEASE MIDDLE EAR BONE	07/01/2014	RBRVS	$754.18	$754.18	090		Y	Y	Y				
69670		REMOVE MASTOID AIR CELLS	07/01/2014	RBRVS	$885.86	$885.86	090		Y	Y	Y	Y			
69676		REMOVE MIDDLE EAR NERVE	07/01/2014	RBRVS	$779.93	$779.93	090		Y	Y	Y				
69700		CLOSE MASTOID FISTULA	07/01/2014	RBRVS	$643.54	$643.54	090		Y	Y	Y				
69740		REPAIR FACIAL NERVE	07/01/2014	RBRVS	$1,097.25	$1,097.25	090		Y	Y	Y	Y			
69745		REPAIR FACIAL NERVE	07/01/2014	RBRVS	$1,166.80	$1,166.80	090		Y	Y	Y	Y			
69805		EXPLORE INNER EAR	07/01/2014	RBRVS	$991.09	$991.09	090		Y	Y	Y	Y			
69820		ESTABLISH INNER EAR WINDOW	07/01/2014	RBRVS	$804.75	$804.75	090		Y	Y	Y	Y			
69840		REVISE INNER EAR WINDOW	07/01/2014	RBRVS	$827.70	$827.70	090		Y	Y	Y	Y			
69905		REMOVE INNER EAR	07/01/2014	RBRVS	$862.07	$862.07	090		Y	Y	Y				
69915		INCISE INNER EAR NERVE	07/01/2014	RBRVS	$1,449.07	$1,449.07	090		Y	Y	Y	Y	Y		
69950		INCISE INNER EAR NERVE	07/01/2014	RBRVS	$1,677.57	$1,677.57	090		Y	Y	Y	Y	Y		
69955		RELEASE FACIAL NERVE	07/01/2014	RBRVS	$1,861.43	$1,861.43	090		Y	Y	Y	Y	Y		
69960		RELEASE INNER EAR CANAL	07/01/2014	RBRVS	$1,811.41	$1,811.41	090		Y	Y	Y	Y	Y		
69970		REMOVE INNER EAR LESION	07/01/2014	RBRVS	$2,016.38	$2,016.38	090		Y	Y	Y	Y	Y		
69990		MICROSURGERY ADD-ON	07/01/2014	RBRVS	$206.32	$206.32	ZZZ		Y			Y			
70100		X-RAY EXAM OF JAW <4VIEWS	07/01/2014	RBRVS	$35.61	$35.61									
70100	TC	X-RAY EXAM OF JAW <4VIEWS	07/01/2014	RBRVS	$26.25	$26.25									
70100	26	X-RAY EXAM OF JAW <4VIEWS	07/01/2014	RBRVS	$9.40	$9.40									
70110		X-RAY EXAM OF JAW 4/> VIEWS	07/01/2014	RBRVS	$40.99	$40.99									
70110	TC	X-RAY EXAM OF JAW 4/> VIEWS	07/01/2014	RBRVS	$28.04	$28.04									
70110	26	X-RAY EXAM OF JAW 4/> VIEWS	07/01/2014	RBRVS	$12.98	$12.98									
70120		X-RAY EXAM OF MASTOIDS	07/01/2014	RBRVS	$37.04	$37.04					Y				
70120	TC	X-RAY EXAM OF MASTOIDS	07/01/2014	RBRVS	$27.68	$27.68					Y				
70120	26	X-RAY EXAM OF MASTOIDS	07/01/2014	RBRVS	$9.40	$9.40					Y				
70130		X-RAY EXAM OF MASTOIDS	07/01/2014	RBRVS	$59.28	$59.28					Y				
70130	TC	X-RAY EXAM OF MASTOIDS	07/01/2014	RBRVS	$42.03	$42.03					Y				
70130	26	X-RAY EXAM OF MASTOIDS	07/01/2014	RBRVS	$17.28	$17.28					Y				
70134		X-RAY EXAM OF MIDDLE EAR	07/01/2014	RBRVS	$56.77	$56.77									
70134	TC	X-RAY EXAM OF MIDDLE EAR	07/01/2014	RBRVS	$38.44	$38.44									
70134	26	X-RAY EXAM OF MIDDLE EAR	07/01/2014	RBRVS	$18.36	$18.36									
70140		X-RAY EXAM OF FACIAL BONES	07/01/2014	RBRVS	$30.95	$30.95									
70140	TC	X-RAY EXAM OF FACIAL BONES	07/01/2014	RBRVS	$20.51	$20.51									
70140	26	X-RAY EXAM OF FACIAL BONES	07/01/2014	RBRVS	$10.47	$10.47									
70150		X-RAY EXAM OF FACIAL BONES	07/01/2014	RBRVS	$43.86	$43.86									
70150	TC	X-RAY EXAM OF FACIAL BONES	07/01/2014	RBRVS	$30.55	$30.55									
70150	26	X-RAY EXAM OF FACIAL BONES	07/01/2014	RBRVS	$13.34	$13.34									
70160		X-RAY EXAM OF NASAL BONES	07/01/2014	RBRVS	$34.89	$34.89									
70160	TC	X-RAY EXAM OF NASAL BONES	07/01/2014	RBRVS	$25.89	$25.89									
70160	26	X-RAY EXAM OF NASAL BONES	07/01/2014	RBRVS	$9.04	$9.04									
7020F		MAMMO ASSESS CAT IN DBASE	04/01/2008	RBRVS	$0.00	$0.00									
70200		X-RAY EXAM OF EYE SOCKETS	07/01/2014	RBRVS	$44.93	$44.93									
70200	TC	X-RAY EXAM OF EYE SOCKETS	07/01/2014	RBRVS	$30.55	$30.55									
70200	26	X-RAY EXAM OF EYE SOCKETS	07/01/2014	RBRVS	$14.42	$14.42									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
70210		X-RAY EXAM OF SINUSES	07/01/2014	RBRVS	$31.66	$31.66									
70210	TC	X-RAY EXAM OF SINUSES	07/01/2014	RBRVS	$22.66	$22.66									
70210	26	X-RAY EXAM OF SINUSES	07/01/2014	RBRVS	$9.04	$9.04									
70220		X-RAY EXAM OF SINUSES	07/01/2014	RBRVS	$39.91	$39.91									
70220	TC	X-RAY EXAM OF SINUSES	07/01/2014	RBRVS	$26.97	$26.97									
70220	26	X-RAY EXAM OF SINUSES	07/01/2014	RBRVS	$12.98	$12.98									
7025F		PT INFOSYS ALARM NEXT MAMMO	04/01/2008	RBRVS	$0.00	$0.00									
70250		X-RAY EXAM OF SKULL	07/01/2014	RBRVS	$38.48	$38.48									
70250	TC	X-RAY EXAM OF SKULL	07/01/2014	RBRVS	$25.53	$25.53									
70250	26	X-RAY EXAM OF SKULL	07/01/2014	RBRVS	$12.98	$12.98									
70336		MAGNETIC IMAGE JAW JOINT	07/01/2014	RBRVS	$328.30	$328.30			Y	Y					
70336	TC	MAGNETIC IMAGE JAW JOINT	07/01/2014	RBRVS	$252.88	$252.88			Y	Y					
70336	26	MAGNETIC IMAGE JAW JOINT	07/01/2014	RBRVS	$75.41	$75.41				Y	Y				
70360		X-RAY EXAM OF NECK	07/01/2014	RBRVS	$29.87	$29.87									
70360	TC	X-RAY EXAM OF NECK	07/01/2014	RBRVS	$21.23	$21.23									
70360	26	X-RAY EXAM OF NECK	07/01/2014	RBRVS	$8.68	$8.68									
70450		CT HEAD/BRAIN W/O DYE	07/01/2014	RBRVS	$125.44	$125.44			Y	Y					
70450	TC	CT HEAD/BRAIN W/O DYE	07/01/2014	RBRVS	$82.19	$82.19			Y	Y					
70450	26	CT HEAD/BRAIN W/O DYE	07/01/2014	RBRVS	$43.28	$43.28				Y					
70460		CT HEAD/BRAIN W/DYE	07/01/2014	RBRVS	$171.41	$171.41			Y	Y					
70460	TC	CT HEAD/BRAIN W/DYE	07/01/2014	RBRVS	$113.75	$113.75			Y	Y					
70460	26	CT HEAD/BRAIN W/DYE	07/01/2014	RBRVS	$57.66	$57.66				Y					
70470		CT HEAD/BRAIN W/O & W/DYE	07/01/2014	RBRVS	$205.94	$205.94			Y	Y					
70470	TC	CT HEAD/BRAIN W/O & W/DYE	07/01/2014	RBRVS	$140.64	$140.64			Y	Y					
70470	26	CT HEAD/BRAIN W/O & W/DYE	07/01/2014	RBRVS	$65.34	$65.34				Y					
70480		CT ORBIT/EAR/FOSSA W/O DYE	07/01/2014	RBRVS	$254.35	$254.35			Y	Y					
70480	TC	CT ORBIT/EAR/FOSSA W/O DYE	07/01/2014	RBRVS	$188.70	$188.70			Y	Y					
70480	26	CT ORBIT/EAR/FOSSA W/O DYE	07/01/2014	RBRVS	$65.70	$65.70				Y					
70481		CT ORBIT/EAR/FOSSA W/DYE	07/01/2014	RBRVS	$296.38	$296.38			Y	Y					
70481	TC	CT ORBIT/EAR/FOSSA W/DYE	07/01/2014	RBRVS	$225.27	$225.27			Y	Y					
70481	26	CT ORBIT/EAR/FOSSA W/DYE	07/01/2014	RBRVS	$71.11	$71.11				Y					
70482		CT ORBIT/EAR/FOSSA W/O&W/DYE	07/01/2014	RBRVS	$327.58	$327.58			Y	Y					
70482	TC	CT ORBIT/EAR/FOSSA W/O&W/DYE	07/01/2014	RBRVS	$253.24	$253.24			Y	Y					
70482	26	CT ORBIT/EAR/FOSSA W/O&W/DYE	07/01/2014	RBRVS	$74.34	$74.34				Y					
70487		CT MAXILLOFACIAL W/DYE	07/01/2014	RBRVS	$253.64	$253.64			Y	Y					
70487	TC	CT MAXILLOFACIAL W/DYE	07/01/2014	RBRVS	$186.90	$186.90			Y	Y					
70487	26	CT MAXILLOFACIAL W/DYE	07/01/2014	RBRVS	$66.77	$66.77				Y					
70488		CT MAXILLOFACIAL W/O & W/DYE	07/01/2014	RBRVS	$303.55	$303.55			Y	Y					
70488	TC	CT MAXILLOFACIAL W/O & W/DYE	07/01/2014	RBRVS	$230.65	$230.65			Y	Y					
70488	26	CT MAXILLOFACIAL W/O & W/DYE	07/01/2014	RBRVS	$72.90	$72.90				Y					
70490		CT SOFT TISSUE NECK W/O DYE	07/01/2014	RBRVS	$207.38	$207.38			Y	Y					
70490	TC	CT SOFT TISSUE NECK W/O DYE	07/01/2014	RBRVS	$141.72	$141.72			Y	Y					
70490	26	CT SOFT TISSUE NECK W/O DYE	07/01/2014	RBRVS	$65.70	$65.70				Y					
70491		CT SOFT TISSUE NECK W/DYE	07/01/2014	RBRVS	$248.62	$248.62			Y	Y					
70491	TC	CT SOFT TISSUE NECK W/DYE	07/01/2014	RBRVS	$177.94	$177.94			Y	Y					
70491	26	CT SOFT TISSUE NECK W/DYE	07/01/2014	RBRVS	$70.72	$70.72				Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
70492		CT SFT TSUE NCK W/O & W/DYE	07/01/2014	RBRVS	$295.31	$295.31			Y	Y					
70492	TC	CT SFT TSUE NCK W/O & W/DYE	07/01/2014	RBRVS	$220.97	$220.97			Y	Y					
70492	26	CT SFT TSUE NCK W/O & W/DYE	07/01/2014	RBRVS	$74.34	$74.34				Y					
70496		CT ANGIOGRAPHY HEAD	07/01/2014	RBRVS	$452.12	$452.12			Y	Y					
70496	TC	CT ANGIOGRAPHY HEAD	07/01/2014	RBRVS	$362.26	$362.26			Y	Y					
70496	26	CT ANGIOGRAPHY HEAD	07/01/2014	RBRVS	$89.90	$89.90				Y					
70498		CT ANGIOGRAPHY NECK	07/01/2014	RBRVS	$469.34	$469.34			Y	Y					
70498	TC	CT ANGIOGRAPHY NECK	07/01/2014	RBRVS	$379.83	$379.83			Y	Y					
70498	26	CT ANGIOGRAPHY NECK	07/01/2014	RBRVS	$89.54	$89.54				Y					
71010		CHEST X-RAY 1 VIEW FRONTAL	07/01/2014	RBRVS	$24.13	$24.13									
71010	TC	CHEST X-RAY 1 VIEW FRONTAL	07/01/2014	RBRVS	$14.77	$14.77									
71010	26	CHEST X-RAY 1 VIEW FRONTAL	07/01/2014	RBRVS	$9.40	$9.40									
71015		CHEST X-RAY STEREO FRONTAL	07/01/2014	RBRVS	$30.95	$30.95									
71015	TC	CHEST X-RAY STEREO FRONTAL	07/01/2014	RBRVS	$20.15	$20.15									
71015	26	CHEST X-RAY STEREO FRONTAL	07/01/2014	RBRVS	$10.83	$10.83									
71020		CHEST X-RAY 2VW FRONTAL&LATL	07/01/2014	RBRVS	$31.31	$31.31									
71020	TC	CHEST X-RAY 2VW FRONTAL&LATL	07/01/2014	RBRVS	$20.15	$20.15									
71020	26	CHEST X-RAY 2VW FRONTAL&LATL	07/01/2014	RBRVS	$11.19	$11.19									
71021		CHEST X-RAY FRNT LAT LORDOTC	07/01/2014	RBRVS	$38.48	$38.48									
71021	TC	CHEST X-RAY FRNT LAT LORDOTC	07/01/2014	RBRVS	$24.46	$24.46									
71021	26	CHEST X-RAY FRNT LAT LORDOTC	07/01/2014	RBRVS	$14.06	$14.06									
71022		CHEST X-RAY FRNT LAT OBLIQUE	07/01/2014	RBRVS	$47.80	$47.80									
71022	TC	CHEST X-RAY FRNT LAT OBLIQUE	07/01/2014	RBRVS	$30.91	$30.91									
71022	26	CHEST X-RAY FRNT LAT OBLIQUE	07/01/2014	RBRVS	$16.93	$16.93									
71023		CHEST X-RAY AND FLUOROSCOPY	07/01/2014	RBRVS	$67.52	$67.52									
71023	TC	CHEST X-RAY AND FLUOROSCOPY	07/01/2014	RBRVS	$48.48	$48.48									
71023	26	CHEST X-RAY AND FLUOROSCOPY	07/01/2014	RBRVS	$19.08	$19.08									
71030		CHEST X-RAY 4/> VIEWS	07/01/2014	RBRVS	$47.44	$47.44									
71030	TC	CHEST X-RAY 4/> VIEWS	07/01/2014	RBRVS	$31.99	$31.99									
71030	26	CHEST X-RAY 4/> VIEWS	07/01/2014	RBRVS	$15.49	$15.49									
71034		CHEST X-RAY&FLUORO 4/> VIEWS	07/01/2014	RBRVS	$89.04	$89.04									
71034	TC	CHEST X-RAY&FLUORO 4/> VIEWS	07/01/2014	RBRVS	$66.05	$66.05									
71034	26	CHEST X-RAY&FLUORO 4/> VIEWS	07/01/2014	RBRVS	$23.02	$23.02									
71035		CHEST X-RAY SPECIAL VIEWS	07/01/2014	RBRVS	$37.40	$37.40									
71035	TC	CHEST X-RAY SPECIAL VIEWS	07/01/2014	RBRVS	$28.04	$28.04									
71035	26	CHEST X-RAY SPECIAL VIEWS	07/01/2014	RBRVS	$9.40	$9.40									
71100		X-RAY EXAM RIBS UNI 2 VIEWS	07/01/2014	RBRVS	$33.82	$33.82									
71100	TC	X-RAY EXAM RIBS UNI 2 VIEWS	07/01/2014	RBRVS	$22.30	$22.30									
71100	26	X-RAY EXAM RIBS UNI 2 VIEWS	07/01/2014	RBRVS	$11.55	$11.55									
71101		X-RAY EXAM UNILAT RIBS/CHEST	07/01/2014	RBRVS	$40.99	$40.99									
71101	TC	X-RAY EXAM UNILAT RIBS/CHEST	07/01/2014	RBRVS	$27.33	$27.33									
71101	26	X-RAY EXAM UNILAT RIBS/CHEST	07/01/2014	RBRVS	$13.70	$13.70									
71110		X-RAY EXAM RIBS BIL 3 VIEWS	07/01/2014	RBRVS	$42.06	$42.06									
71110	TC	X-RAY EXAM RIBS BIL 3 VIEWS	07/01/2014	RBRVS	$28.04	$28.04									
71110	26	X-RAY EXAM RIBS BIL 3 VIEWS	07/01/2014	RBRVS	$14.06	$14.06									
71111		X-RAY EXAM RIBS/CHEST4/> VWS	07/01/2014	RBRVS	$54.97	$54.97									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
71111	TC	X-RAY EXAM RIBS/CHEST4/> VWS	07/01/2014	RBRVS	$38.44	$38.44									
71111	26	X-RAY EXAM RIBS/CHEST4/> VWS	07/01/2014	RBRVS	$16.57	$16.57									
71120		X-RAY EXAM BREASTBONE 2/>VWS	07/01/2014	RBRVS	$32.74	$32.74									
71120	TC	X-RAY EXAM BREASTBONE 2/>VWS	07/01/2014	RBRVS	$22.30	$22.30									
71120	26	X-RAY EXAM BREASTBONE 2/>VWS	07/01/2014	RBRVS	$10.47	$10.47									
71130		X-RAY STRENOCLAVIC JT 3/>VWS	07/01/2014	RBRVS	$38.48	$38.48									
71130	TC	X-RAY STRENOCLAVIC JT 3/>VWS	07/01/2014	RBRVS	$26.97	$26.97									
71130	26	X-RAY STRENOCLAVIC JT 3/>VWS	07/01/2014	RBRVS	$11.55	$11.55									
71250		CT THORAX W/O DYE	07/01/2014	RBRVS	$193.64	$193.64			Y	Y					
71250	TC	CT THORAX W/O DYE	07/01/2014	RBRVS	$141.72	$141.72			Y	Y					
71250	26	CT THORAX W/O DYE	07/01/2014	RBRVS	$51.93	$51.93				Y					
71260		CT THORAX W/DYE	07/01/2014	RBRVS	$242.52	$242.52			Y	Y					
71260	TC	CT THORAX W/DYE	07/01/2014	RBRVS	$178.65	$178.65			Y	Y					
71260	26	CT THORAX W/DYE	07/01/2014	RBRVS	$63.90	$63.90				Y					
71270		CT THORAX W/O & W/DYE	07/01/2014	RBRVS	$292.37	$292.37			Y	Y					
71270	TC	CT THORAX W/O & W/DYE	07/01/2014	RBRVS	$222.05	$222.05			Y	Y					
71270	26	CT THORAX W/O & W/DYE	07/01/2014	RBRVS	$70.36	$70.36				Y					
71275		CT ANGIOGRAPHY CHEST	07/01/2014	RBRVS	$378.32	$378.32			Y	Y					
71275	TC	CT ANGIOGRAPHY CHEST	07/01/2014	RBRVS	$279.78	$279.78			Y	Y					
71275	26	CT ANGIOGRAPHY CHEST	07/01/2014	RBRVS	$98.54	$98.54				Y					
72010		X-RAY EXAM SPINE AP&LAT	07/01/2014	RBRVS	$81.29	$81.29									
72010	TC	X-RAY EXAM SPINE AP&LAT	07/01/2014	RBRVS	$57.09	$57.09									
72010	26	X-RAY EXAM SPINE AP&LAT	07/01/2014	RBRVS	$24.21	$24.21									
72020		X-RAY EXAM OF SPINE 1 VIEW	07/01/2014	RBRVS	$23.78	$23.78									
72020	TC	X-RAY EXAM OF SPINE 1 VIEW	07/01/2014	RBRVS	$15.85	$15.85									
72020	26	X-RAY EXAM OF SPINE 1 VIEW	07/01/2014	RBRVS	$7.96	$7.96									
72040		X-RAY EXAM OF NECK SPINE	07/01/2014	RBRVS	$37.19	$37.19									
72040	TC	X-RAY EXAM OF NECK SPINE	07/01/2014	RBRVS	$24.82	$24.82									
72040	26	X-RAY EXAM OF NECK SPINE	07/01/2014	RBRVS	$12.37	$12.37									
72050		X-RAY EXAM OF NECK SPINE	07/01/2014	RBRVS	$50.10	$50.10									
72050	TC	X-RAY EXAM OF NECK SPINE	07/01/2014	RBRVS	$33.42	$33.42									
72050	26	X-RAY EXAM OF NECK SPINE	07/01/2014	RBRVS	$16.67	$16.67									
72052		X-RAY EXAM OF NECK SPINE	07/01/2014	RBRVS	$64.08	$64.08									
72052	TC	X-RAY EXAM OF NECK SPINE	07/01/2014	RBRVS	$44.90	$44.90									
72052	26	X-RAY EXAM OF NECK SPINE	07/01/2014	RBRVS	$19.19	$19.19									
72069		X-RAY EXAM TRUNK SPINE STAND	07/01/2014	RBRVS	$39.70	$39.70									
72069	TC	X-RAY EXAM TRUNK SPINE STAND	07/01/2014	RBRVS	$27.33	$27.33									
72069	26	X-RAY EXAM TRUNK SPINE STAND	07/01/2014	RBRVS	$12.37	$12.37									
72070		X-RAY EXAM THORAC SPINE 2VWS	07/01/2014	RBRVS	$34.53	$34.53									
72070	TC	X-RAY EXAM THORAC SPINE 2VWS	07/01/2014	RBRVS	$23.02	$23.02									
72070	26	X-RAY EXAM THORAC SPINE 2VWS	07/01/2014	RBRVS	$11.55	$11.55									
72072		X-RAY EXAM THORAC SPINE 3VWS	07/01/2014	RBRVS	$38.48	$38.48									
72072	TC	X-RAY EXAM THORAC SPINE 3VWS	07/01/2014	RBRVS	$27.33	$27.33									
72072	26	X-RAY EXAM THORAC SPINE 3VWS	07/01/2014	RBRVS	$11.19	$11.19									
72074		X-RAY EXAM THORAC SPINE4/>VW	07/01/2014	RBRVS	$45.65	$45.65									
72074	TC	X-RAY EXAM THORAC SPINE4/>VW	07/01/2014	RBRVS	$34.50	$34.50									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
72074	26	X-RAY EXAM THORAC SPINE4/>VW	07/01/2014	RBRVS	$11.19	$11.19									
72080		X-RAY EXAM TRUNK SPINE 2 VWS	07/01/2014	RBRVS	$37.55	$37.55									
72080	TC	X-RAY EXAM TRUNK SPINE 2 VWS	07/01/2014	RBRVS	$25.17	$25.17									
72080	26	X-RAY EXAM TRUNK SPINE 2 VWS	07/01/2014	RBRVS	$12.37	$12.37									
72090		X-RAY EXAM SCLOIOSIS ERECT	07/01/2014	RBRVS	$53.72	$53.72									
72090	TC	X-RAY EXAM SCLOIOSIS ERECT	07/01/2014	RBRVS	$37.72	$37.72									
72090	26	X-RAY EXAM SCLOIOSIS ERECT	07/01/2014	RBRVS	$16.03	$16.03									
72100		X-RAY EXAM L-S SPINE 2/3 VWS	07/01/2014	RBRVS	$37.19	$37.19									
72100	TC	X-RAY EXAM L-S SPINE 2/3 VWS	07/01/2014	RBRVS	$24.82	$24.82									
72100	26	X-RAY EXAM L-S SPINE 2/3 VWS	07/01/2014	RBRVS	$12.37	$12.37									
72110		X-RAY EXAM L-2 SPINE 4/>VWS	07/01/2014	RBRVS	$50.81	$50.81									
72110	TC	X-RAY EXAM L-2 SPINE 4/>VWS	07/01/2014	RBRVS	$34.14	$34.14									
72110	26	X-RAY EXAM L-2 SPINE 4/>VWS	07/01/2014	RBRVS	$16.67	$16.67									
72114		X-RAY EXAM L-S SPINE BENDING	07/01/2014	RBRVS	$66.27	$66.27									
72114	TC	X-RAY EXAM L-S SPINE BENDING	07/01/2014	RBRVS	$48.48	$48.48									
72114	26	X-RAY EXAM L-S SPINE BENDING	07/01/2014	RBRVS	$17.82	$17.82									
72120		X-RAY BEND ONLY L-S SPINE	07/01/2014	RBRVS	$41.85	$41.85									
72120	TC	X-RAY BEND ONLY L-S SPINE	07/01/2014	RBRVS	$29.48	$29.48									
72120	26	X-RAY BEND ONLY L-S SPINE	07/01/2014	RBRVS	$12.37	$12.37									
72125		CT NECK SPINE W/O DYE	07/01/2014	RBRVS	$197.95	$197.95			Y	Y					
72125	TC	CT NECK SPINE W/O DYE	07/01/2014	RBRVS	$143.51	$143.51			Y	Y					
72125	26	CT NECK SPINE W/O DYE	07/01/2014	RBRVS	$54.44	$54.44				Y					
72126		CT NECK SPINE W/DYE	07/01/2014	RBRVS	$242.52	$242.52			Y	Y					
72126	TC	CT NECK SPINE W/DYE	07/01/2014	RBRVS	$179.73	$179.73			Y	Y					
72126	26	CT NECK SPINE W/DYE	07/01/2014	RBRVS	$62.83	$62.83				Y					
72127		CT NECK SPINE W/O & W/DYE	07/01/2014	RBRVS	$288.42	$288.42			Y	Y					
72127	TC	CT NECK SPINE W/O & W/DYE	07/01/2014	RBRVS	$223.48	$223.48			Y	Y					
72127	26	CT NECK SPINE W/O & W/DYE	07/01/2014	RBRVS	$64.98	$64.98				Y					
72128		CT CHEST SPINE W/O DYE	07/01/2014	RBRVS	$194.00	$194.00			Y	Y					
72128	TC	CT CHEST SPINE W/O DYE	07/01/2014	RBRVS	$142.79	$142.79			Y	Y					
72128	26	CT CHEST SPINE W/O DYE	07/01/2014	RBRVS	$51.21	$51.21				Y					
72129		CT CHEST SPINE W/DYE	07/01/2014	RBRVS	$242.52	$242.52			Y	Y					
72129	TC	CT CHEST SPINE W/DYE	07/01/2014	RBRVS	$179.73	$179.73			Y	Y					
72129	26	CT CHEST SPINE W/DYE	07/01/2014	RBRVS	$62.83	$62.83				Y					
72130		CT CHEST SPINE W/O & W/DYE	07/01/2014	RBRVS	$291.65	$291.65			Y	Y					
72130	TC	CT CHEST SPINE W/O & W/DYE	07/01/2014	RBRVS	$226.71	$226.71			Y	Y					
72130	26	CT CHEST SPINE W/O & W/DYE	07/01/2014	RBRVS	$64.98	$64.98				Y					
72131		CT LUMBAR SPINE W/O DYE	07/01/2014	RBRVS	$193.29	$193.29			Y	Y					
72131	TC	CT LUMBAR SPINE W/O DYE	07/01/2014	RBRVS	$142.08	$142.08			Y	Y					
72131	26	CT LUMBAR SPINE W/O DYE	07/01/2014	RBRVS	$51.21	$51.21				Y					
72132		CT LUMBAR SPINE W/DYE	07/01/2014	RBRVS	$241.80	$241.80			Y	Y					
72132	TC	CT LUMBAR SPINE W/DYE	07/01/2014	RBRVS	$179.01	$179.01			Y	Y					
72132	26	CT LUMBAR SPINE W/DYE	07/01/2014	RBRVS	$62.83	$62.83				Y					
72133		CT LUMBAR SPINE W/O & W/DYE	07/01/2014	RBRVS	$288.78	$288.78			Y	Y					
72133	TC	CT LUMBAR SPINE W/O & W/DYE	07/01/2014	RBRVS	$223.84	$223.84			Y	Y					
72133	26	CT LUMBAR SPINE W/O & W/DYE	07/01/2014	RBRVS	$64.98	$64.98				Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
72141		MRI NECK SPINE W/O DYE	07/01/2014	RBRVS	$246.61	$246.61			Y	Y					
72141	TC	MRI NECK SPINE W/O DYE	07/01/2014	RBRVS	$170.05	$170.05			Y	Y					
72141	26	MRI NECK SPINE W/O DYE	07/01/2014	RBRVS	$76.56	$76.56				Y					
72142		MRI NECK SPINE W/DYE	07/01/2014	RBRVS	$338.81	$338.81			Y	Y					
72142	TC	MRI NECK SPINE W/DYE	07/01/2014	RBRVS	$247.15	$247.15			Y	Y					
72142	26	MRI NECK SPINE W/DYE	07/01/2014	RBRVS	$91.69	$91.69				Y					
72146		MRI CHEST SPINE W/O DYE	07/01/2014	RBRVS	$246.61	$246.61			Y	Y					
72146	TC	MRI CHEST SPINE W/O DYE	07/01/2014	RBRVS	$170.05	$170.05			Y	Y					
72146	26	MRI CHEST SPINE W/O DYE	07/01/2014	RBRVS	$76.56	$76.56				Y					
72147		MRI CHEST SPINE W/DYE	07/01/2014	RBRVS	$335.58	$335.58			Y	Y					
72147	TC	MRI CHEST SPINE W/DYE	07/01/2014	RBRVS	$243.92	$243.92			Y	Y					
72147	26	MRI CHEST SPINE W/DYE	07/01/2014	RBRVS	$91.69	$91.69				Y					
72148		MRI LUMBAR SPINE W/O DYE	07/01/2014	RBRVS	$247.00	$247.00			Y	Y					
72148	TC	MRI LUMBAR SPINE W/O DYE	07/01/2014	RBRVS	$170.05	$170.05			Y	Y					
72148	26	MRI LUMBAR SPINE W/O DYE	07/01/2014	RBRVS	$76.99	$76.99				Y					
72149		MRI LUMBAR SPINE W/DYE	07/01/2014	RBRVS	$334.57	$334.57			Y	Y					
72149	TC	MRI LUMBAR SPINE W/DYE	07/01/2014	RBRVS	$242.49	$242.49			Y	Y					
72149	26	MRI LUMBAR SPINE W/DYE	07/01/2014	RBRVS	$92.09	$92.09				Y					
72156		MRI NECK SPINE W/O & W/DYE	07/01/2014	RBRVS	$398.87	$398.87			Y	Y					
72156	TC	MRI NECK SPINE W/O & W/DYE	07/01/2014	RBRVS	$281.21	$281.21			Y	Y					
72156	26	MRI NECK SPINE W/O & W/DYE	07/01/2014	RBRVS	$117.66	$117.66				Y					
72157		MRI CHEST SPINE W/O & W/DYE	07/01/2014	RBRVS	$399.23	$399.23			Y	Y					
72157	TC	MRI CHEST SPINE W/O & W/DYE	07/01/2014	RBRVS	$281.57	$281.57			Y	Y					
72157	26	MRI CHEST SPINE W/O & W/DYE	07/01/2014	RBRVS	$117.66	$117.66				Y					
72158		MRI LUMBAR SPINE W/O & W/DYE	07/01/2014	RBRVS	$397.90	$397.90			Y	Y					
72158	TC	MRI LUMBAR SPINE W/O & W/DYE	07/01/2014	RBRVS	$279.42	$279.42			Y	Y					
72158	26	MRI LUMBAR SPINE W/O & W/DYE	07/01/2014	RBRVS	$118.52	$118.52				Y					
72170		X-RAY EXAM OF PELVIS	07/01/2014	RBRVS	$30.01	$30.01									
72170	TC	X-RAY EXAM OF PELVIS	07/01/2014	RBRVS	$20.15	$20.15									
72170	26	X-RAY EXAM OF PELVIS	07/01/2014	RBRVS	$9.86	$9.86									
72190		X-RAY EXAM OF PELVIS	07/01/2014	RBRVS	$44.36	$44.36									
72190	TC	X-RAY EXAM OF PELVIS	07/01/2014	RBRVS	$32.35	$32.35									
72190	26	X-RAY EXAM OF PELVIS	07/01/2014	RBRVS	$12.01	$12.01									
72191		CT ANGIOGRAPH PELV W/O&W/DYE	07/01/2014	RBRVS	$393.38	$393.38			Y	Y					
72191	TC	CT ANGIOGRAPH PELV W/O&W/DYE	07/01/2014	RBRVS	$300.58	$300.58			Y	Y					
72191	26	CT ANGIOGRAPH PELV W/O&W/DYE	07/01/2014	RBRVS	$92.81	$92.81				Y					
72194		CT PELVIS W/O & W/DYE	07/01/2014	RBRVS	$279.10	$279.10			Y	Y					
72194	TC	CT PELVIS W/O & W/DYE	07/01/2014	RBRVS	$216.67	$216.67			Y	Y					
72194	26	CT PELVIS W/O & W/DYE	07/01/2014	RBRVS	$62.47	$62.47				Y					
72196		MRI PELVIS W/DYE	07/01/2014	RBRVS	$429.53	$429.53			Y	Y					
72196	TC	MRI PELVIS W/DYE	07/01/2014	RBRVS	$340.38	$340.38			Y	Y					
72196	26	MRI PELVIS W/DYE	07/01/2014	RBRVS	$89.18	$89.18				Y					
72220		X-RAY EXAM SACRUM TAILBONE	07/01/2014	RBRVS	$29.87	$29.87									
72220	TC	X-RAY EXAM SACRUM TAILBONE	07/01/2014	RBRVS	$20.87	$20.87									
72220	26	X-RAY EXAM SACRUM TAILBONE	07/01/2014	RBRVS	$9.04	$9.04									
73000		X-RAY EXAM OF COLLAR BONE	07/01/2014	RBRVS	$29.87	$29.87								Y	

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
73000	TC	X-RAY EXAM OF COLLAR BONE	07/01/2014	RBRVS	$21.23	$21.23					Y				
73000	26	X-RAY EXAM OF COLLAR BONE	07/01/2014	RBRVS	$8.68	$8.68					Y				
73010		X-RAY EXAM OF SHOULDER BLADE	07/01/2014	RBRVS	$33.24	$33.24					Y				
73010	TC	X-RAY EXAM OF SHOULDER BLADE	07/01/2014	RBRVS	$23.02	$23.02					Y				
73010	26	X-RAY EXAM OF SHOULDER BLADE	07/01/2014	RBRVS	$10.22	$10.22					Y				
73020		X-RAY EXAM OF SHOULDER	07/01/2014	RBRVS	$24.49	$24.49					Y				
73020	TC	X-RAY EXAM OF SHOULDER	07/01/2014	RBRVS	$16.57	$16.57					Y				
73020	26	X-RAY EXAM OF SHOULDER	07/01/2014	RBRVS	$7.96	$7.96					Y				
73030		X-RAY EXAM OF SHOULDER	07/01/2014	RBRVS	$32.17	$32.17					Y				
73030	TC	X-RAY EXAM OF SHOULDER	07/01/2014	RBRVS	$21.59	$21.59					Y				
73030	26	X-RAY EXAM OF SHOULDER	07/01/2014	RBRVS	$10.58	$10.58					Y				
73040		CONTRAST X-RAY OF SHOULDER	07/01/2014	RBRVS	$107.87	$107.87					Y				
73040	TC	CONTRAST X-RAY OF SHOULDER	07/01/2014	RBRVS	$79.32	$79.32					Y				
73040	26	CONTRAST X-RAY OF SHOULDER	07/01/2014	RBRVS	$28.58	$28.58					Y				
73050		X-RAY EXAM OF SHOULDERS	07/01/2014	RBRVS	$41.13	$41.13									
73050	TC	X-RAY EXAM OF SHOULDERS	07/01/2014	RBRVS	$29.48	$29.48									
73050	26	X-RAY EXAM OF SHOULDERS	07/01/2014	RBRVS	$11.65	$11.65									
73060		X-RAY EXAM OF HUMERUS	07/01/2014	RBRVS	$29.87	$29.87					Y				
73060	TC	X-RAY EXAM OF HUMERUS	07/01/2014	RBRVS	$20.87	$20.87					Y				
73060	26	X-RAY EXAM OF HUMERUS	07/01/2014	RBRVS	$9.04	$9.04					Y				
73070		X-RAY EXAM OF ELBOW	07/01/2014	RBRVS	$29.15	$29.15					Y				
73070	TC	X-RAY EXAM OF ELBOW	07/01/2014	RBRVS	$20.87	$20.87					Y				
73070	26	X-RAY EXAM OF ELBOW	07/01/2014	RBRVS	$8.32	$8.32					Y				
73080		X-RAY EXAM OF ELBOW	07/01/2014	RBRVS	$34.53	$34.53					Y				
73080	TC	X-RAY EXAM OF ELBOW	07/01/2014	RBRVS	$25.53	$25.53					Y				
73080	26	X-RAY EXAM OF ELBOW	07/01/2014	RBRVS	$9.04	$9.04					Y				
73085		CONTRAST X-RAY OF ELBOW	07/01/2014	RBRVS	$104.25	$104.25					Y				
73085	TC	CONTRAST X-RAY OF ELBOW	07/01/2014	RBRVS	$74.66	$74.66					Y				
73085	26	CONTRAST X-RAY OF ELBOW	07/01/2014	RBRVS	$29.58	$29.58					Y				
73090		X-RAY EXAM OF FOREARM	07/01/2014	RBRVS	$28.80	$28.80					Y				
73090	TC	X-RAY EXAM OF FOREARM	07/01/2014	RBRVS	$20.15	$20.15					Y				
73090	26	X-RAY EXAM OF FOREARM	07/01/2014	RBRVS	$8.68	$8.68					Y				
73092		X-RAY EXAM OF ARM INFANT	07/01/2014	RBRVS	$29.15	$29.15					Y				
73092	TC	X-RAY EXAM OF ARM INFANT	07/01/2014	RBRVS	$20.87	$20.87					Y				
73092	26	X-RAY EXAM OF ARM INFANT	07/01/2014	RBRVS	$8.32	$8.32					Y				
73100		X-RAY EXAM OF WRIST	07/01/2014	RBRVS	$32.53	$32.53					Y				
73100	TC	X-RAY EXAM OF WRIST	07/01/2014	RBRVS	$23.02	$23.02					Y				
73100	26	X-RAY EXAM OF WRIST	07/01/2014	RBRVS	$9.50	$9.50					Y				
73110		X-RAY EXAM OF WRIST	07/01/2014	RBRVS	$38.84	$38.84					Y				
73110	TC	X-RAY EXAM OF WRIST	07/01/2014	RBRVS	$29.84	$29.84					Y				
73110	26	X-RAY EXAM OF WRIST	07/01/2014	RBRVS	$9.04	$9.04					Y				
73115		CONTRAST X-RAY OF WRIST	07/01/2014	RBRVS	$113.60	$113.60					Y				
73115	TC	CONTRAST X-RAY OF WRIST	07/01/2014	RBRVS	$84.34	$84.34					Y				
73115	26	CONTRAST X-RAY OF WRIST	07/01/2014	RBRVS	$29.30	$29.30					Y				
73120		X-RAY EXAM OF HAND	07/01/2014	RBRVS	$28.44	$28.44					Y				
73120	TC	X-RAY EXAM OF HAND	07/01/2014	RBRVS	$19.79	$19.79					Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
73120	26	X-RAY EXAM OF HAND	07/01/2014	RBRVS	$8.68	$8.68					Y				
73130		X-RAY EXAM OF HAND	07/01/2014	RBRVS	$33.82	$33.82					Y				
73130	TC	X-RAY EXAM OF HAND	07/01/2014	RBRVS	$24.82	$24.82					Y				
73130	26	X-RAY EXAM OF HAND	07/01/2014	RBRVS	$9.04	$9.04					Y				
73140		X-RAY EXAM OF FINGER(S)	07/01/2014	RBRVS	$34.17	$34.17					Y				
73140	TC	X-RAY EXAM OF FINGER(S)	07/01/2014	RBRVS	$26.97	$26.97					Y				
73140	26	X-RAY EXAM OF FINGER(S)	07/01/2014	RBRVS	$7.24	$7.24					Y				
73200		CT UPPER EXTREMITY W/O DYE	07/01/2014	RBRVS	$193.75	$193.75			Y	Y	Y				
73200	TC	CT UPPER EXTREMITY W/O DYE	07/01/2014	RBRVS	$141.72	$141.72			Y	Y	Y				
73200	26	CT UPPER EXTREMITY W/O DYE	07/01/2014	RBRVS	$52.07	$52.07				Y	Y				
73201		CT UPPER EXTREMITY W/DYE	07/01/2014	RBRVS	$236.78	$236.78			Y	Y	Y				
73201	TC	CT UPPER EXTREMITY W/DYE	07/01/2014	RBRVS	$176.86	$176.86			Y	Y	Y				
73201	26	CT UPPER EXTREMITY W/DYE	07/01/2014	RBRVS	$59.96	$59.96				Y	Y				
73202		CT UPPR EXTREMITY W/O&W/DYE	07/01/2014	RBRVS	$301.69	$301.69			Y	Y	Y				
73202	TC	CT UPPR EXTREMITY W/O&W/DYE	07/01/2014	RBRVS	$239.26	$239.26			Y	Y	Y				
73202	26	CT UPPR EXTREMITY W/O&W/DYE	07/01/2014	RBRVS	$62.47	$62.47				Y	Y				
73206		CT ANGIO UPR EXTRM W/O&W/DYE	07/01/2014	RBRVS	$339.41	$339.41			Y	Y					
73206	TC	CT ANGIO UPR EXTRM W/O&W/DYE	07/01/2014	RBRVS	$247.86	$247.86			Y	Y					
73206	26	CT ANGIO UPR EXTRM W/O&W/DYE	07/01/2014	RBRVS	$91.55	$91.55				Y					
73218		MRI UPPER EXTREMITY W/O DYE	07/01/2014	RBRVS	$371.98	$371.98			Y	Y	Y				
73218	TC	MRI UPPER EXTREMITY W/O DYE	07/01/2014	RBRVS	$302.73	$302.73			Y	Y	Y				
73218	26	MRI UPPER EXTREMITY W/O DYE	07/01/2014	RBRVS	$69.28	$69.28			Y	Y	Y				
73221		MRI JOINT UPR EXTREM W/O DYE	07/01/2014	RBRVS	$258.12	$258.12			Y	Y	Y				
73221	TC	MRI JOINT UPR EXTREM W/O DYE	07/01/2014	RBRVS	$187.26	$187.26			Y	Y	Y				
73221	26	MRI JOINT UPR EXTREM W/O DYE	07/01/2014	RBRVS	$70.90	$70.90				Y	Y				
73222		MRI JOINT UPR EXTREM W/DYE	07/01/2014	RBRVS	$395.11	$395.11			Y	Y	Y				
73222	TC	MRI JOINT UPR EXTREM W/DYE	07/01/2014	RBRVS	$311.34	$311.34			Y	Y	Y				
73222	26	MRI JOINT UPR EXTREM W/DYE	07/01/2014	RBRVS	$83.80	$83.80				Y	Y				
73500		X-RAY EXAM OF HIP	07/01/2014	RBRVS	$28.22	$28.22									
73500	TC	X-RAY EXAM OF HIP	07/01/2014	RBRVS	$18.36	$18.36									
73500	26	X-RAY EXAM OF HIP	07/01/2014	RBRVS	$9.86	$9.86									
73510		X-RAY EXAM OF HIP	07/01/2014	RBRVS	$40.77	$40.77									
73510	TC	X-RAY EXAM OF HIP	07/01/2014	RBRVS	$28.76	$28.76									
73510	26	X-RAY EXAM OF HIP	07/01/2014	RBRVS	$12.01	$12.01									
73520		X-RAY EXAM OF HIPS	07/01/2014	RBRVS	$42.92	$42.92									
73520	TC	X-RAY EXAM OF HIPS	07/01/2014	RBRVS	$28.40	$28.40									
73520	26	X-RAY EXAM OF HIPS	07/01/2014	RBRVS	$14.52	$14.52									
73525		CONTRAST X-RAY OF HIP	07/01/2014	RBRVS	$105.72	$105.72					Y				
73525	TC	CONTRAST X-RAY OF HIP	07/01/2014	RBRVS	$76.09	$76.09					Y				
73525	26	CONTRAST X-RAY OF HIP	07/01/2014	RBRVS	$29.66	$29.66					Y				
73530		X-RAY EXAM OF HIP	07/01/2014	FEE SCHED	$51.86	$0.00									
73530	TC	X-RAY EXAM OF HIP	07/01/2014	FEE SCHED	$37.34	$0.00									
73540		X-RAY EXAM OF PELVIS & HIPS	07/01/2014	RBRVS	$44.72	$44.72									
73540	TC	X-RAY EXAM OF PELVIS & HIPS	07/01/2014	RBRVS	$33.42	$33.42									
73540	26	X-RAY EXAM OF PELVIS & HIPS	07/01/2014	RBRVS	$11.30	$11.30									
73550		X-RAY EXAM OF THIGH	07/01/2014	RBRVS	$29.66	$29.66					Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
73550	TC	X-RAY EXAM OF THIGH	07/01/2014	RBRVS	$19.79	$19.79					Y				
73550	26	X-RAY EXAM OF THIGH	07/01/2014	RBRVS	$9.86	$9.86					Y				
73560		X-RAY EXAM OF KNEE 1 OR 2	07/01/2014	RBRVS	$31.81	$31.81					Y				
73560	TC	X-RAY EXAM OF KNEE 1 OR 2	07/01/2014	RBRVS	$21.95	$21.95					Y				
73560	26	X-RAY EXAM OF KNEE 1 OR 2	07/01/2014	RBRVS	$9.86	$9.86					Y				
73562		X-RAY EXAM OF KNEE 3	07/01/2014	RBRVS	$38.62	$38.62					Y				
73562	TC	X-RAY EXAM OF KNEE 3	07/01/2014	RBRVS	$28.04	$28.04					Y				
73562	26	X-RAY EXAM OF KNEE 3	07/01/2014	RBRVS	$10.58	$10.58					Y				
73564		X-RAY EXAM KNEE 4 OR MORE	07/01/2014	RBRVS	$44.72	$44.72					Y				
73564	TC	X-RAY EXAM KNEE 4 OR MORE	07/01/2014	RBRVS	$32.35	$32.35					Y				
73564	26	X-RAY EXAM KNEE 4 OR MORE	07/01/2014	RBRVS	$12.37	$12.37					Y				
73565		X-RAY EXAM OF KNEES	07/01/2014	RBRVS	$36.83	$36.83									
73565	TC	X-RAY EXAM OF KNEES	07/01/2014	RBRVS	$26.61	$26.61									
73565	26	X-RAY EXAM OF KNEES	07/01/2014	RBRVS	$10.22	$10.22									
73580		CONTRAST X-RAY OF KNEE JOINT	07/01/2014	RBRVS	$129.81	$129.81					Y				
73580	TC	CONTRAST X-RAY OF KNEE JOINT	07/01/2014	RBRVS	$99.76	$99.76					Y				
73580	26	CONTRAST X-RAY OF KNEE JOINT	07/01/2014	RBRVS	$30.05	$30.05					Y				
73590		X-RAY EXAM OF LOWER LEG	07/01/2014	RBRVS	$28.44	$28.44					Y				
73590	TC	X-RAY EXAM OF LOWER LEG	07/01/2014	RBRVS	$19.44	$19.44					Y				
73590	26	X-RAY EXAM OF LOWER LEG	07/01/2014	RBRVS	$9.04	$9.04					Y				
73592		X-RAY EXAM OF LEG INFANT	07/01/2014	RBRVS	$29.15	$29.15					Y				
73592	TC	X-RAY EXAM OF LEG INFANT	07/01/2014	RBRVS	$20.87	$20.87					Y				
73592	26	X-RAY EXAM OF LEG INFANT	07/01/2014	RBRVS	$8.32	$8.32					Y				
73600		X-RAY EXAM OF ANKLE	07/01/2014	RBRVS	$29.51	$29.51					Y				
73600	TC	X-RAY EXAM OF ANKLE	07/01/2014	RBRVS	$20.87	$20.87					Y				
73600	26	X-RAY EXAM OF ANKLE	07/01/2014	RBRVS	$8.68	$8.68					Y				
73610		X-RAY EXAM OF ANKLE	07/01/2014	RBRVS	$34.53	$34.53					Y				
73610	TC	X-RAY EXAM OF ANKLE	07/01/2014	RBRVS	$25.53	$25.53					Y				
73610	26	X-RAY EXAM OF ANKLE	07/01/2014	RBRVS	$9.04	$9.04					Y				
73615		CONTRAST X-RAY OF ANKLE	07/01/2014	RBRVS	$105.72	$105.72					Y				
73615	TC	CONTRAST X-RAY OF ANKLE	07/01/2014	RBRVS	$76.09	$76.09					Y				
73615	26	CONTRAST X-RAY OF ANKLE	07/01/2014	RBRVS	$29.66	$29.66					Y				
73620		X-RAY EXAM OF FOOT	07/01/2014	RBRVS	$28.08	$28.08					Y				
73620	TC	X-RAY EXAM OF FOOT	07/01/2014	RBRVS	$20.15	$20.15					Y				
73620	26	X-RAY EXAM OF FOOT	07/01/2014	RBRVS	$7.96	$7.96					Y				
73630		X-RAY EXAM OF FOOT	07/01/2014	RBRVS	$32.38	$32.38					Y				
73630	TC	X-RAY EXAM OF FOOT	07/01/2014	RBRVS	$23.74	$23.74					Y				
73630	26	X-RAY EXAM OF FOOT	07/01/2014	RBRVS	$8.68	$8.68					Y				
73650		X-RAY EXAM OF HEEL	07/01/2014	RBRVS	$29.15	$29.15					Y				
73650	TC	X-RAY EXAM OF HEEL	07/01/2014	RBRVS	$20.87	$20.87					Y				
73650	26	X-RAY EXAM OF HEEL	07/01/2014	RBRVS	$8.32	$8.32					Y				
73660		X-RAY EXAM OF TOE(S)	07/01/2014	RBRVS	$31.31	$31.31					Y				
73660	TC	X-RAY EXAM OF TOE(S)	07/01/2014	RBRVS	$24.46	$24.46					Y				
73660	26	X-RAY EXAM OF TOE(S)	07/01/2014	RBRVS	$6.89	$6.89					Y				
73700		CT LOWER EXTREMITY W/O DYE	07/01/2014	RBRVS	$193.75	$193.75			Y	Y	Y				
73700	TC	CT LOWER EXTREMITY W/O DYE	07/01/2014	RBRVS	$141.72	$141.72			Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
73700	26	CT LOWER EXTREMITY W/O DYE	07/01/2014	RBRVS	$52.07	$52.07				Y	Y				
73701		CT LOWER EXTREMITY W/DYE	07/01/2014	RBRVS	$239.65	$239.65			Y	Y	Y				
73701	TC	CT LOWER EXTREMITY W/DYE	07/01/2014	RBRVS	$179.73	$179.73			Y	Y	Y				
73701	26	CT LOWER EXTREMITY W/DYE	07/01/2014	RBRVS	$59.96	$59.96				Y	Y				
73702		CT LWR EXTREMITY W/O&W/DYE	07/01/2014	RBRVS	$299.18	$299.18			Y	Y	Y				
73702	TC	CT LWR EXTREMITY W/O&W/DYE	07/01/2014	RBRVS	$236.75	$236.75			Y	Y	Y				
73702	26	CT LWR EXTREMITY W/O&W/DYE	07/01/2014	RBRVS	$62.47	$62.47				Y	Y				
73706		CT ANGIO LWR EXTR W/O&W/DYE	07/01/2014	RBRVS	$377.61	$377.61			Y	Y	Y				
73706	TC	CT ANGIO LWR EXTR W/O&W/DYE	07/01/2014	RBRVS	$280.50	$280.50			Y	Y	Y				
73706	26	CT ANGIO LWR EXTR W/O&W/DYE	07/01/2014	RBRVS	$97.11	$97.11				Y	Y				
73718		MRI LOWER EXTREMITY W/O DYE	07/01/2014	RBRVS	$372.05	$372.05			Y	Y	Y				
73718	TC	MRI LOWER EXTREMITY W/O DYE	07/01/2014	RBRVS	$302.73	$302.73			Y	Y	Y				
73718	26	MRI LOWER EXTREMITY W/O DYE	07/01/2014	RBRVS	$69.32	$69.32			Y	Y	Y				
73721		MRI JNT OF LWR EXTRE W/O DYE	07/01/2014	RBRVS	$258.48	$258.48			Y	Y	Y				
73721	TC	MRI JNT OF LWR EXTRE W/O DYE	07/01/2014	RBRVS	$187.62	$187.62			Y	Y	Y				
73721	26	MRI JNT OF LWR EXTRE W/O DYE	07/01/2014	RBRVS	$70.90	$70.90				Y	Y				
74000		X-RAY EXAM OF ABDOMEN	07/01/2014	RBRVS	$25.21	$25.21									
74000	TC	X-RAY EXAM OF ABDOMEN	07/01/2014	RBRVS	$15.85	$15.85									
74000	26	X-RAY EXAM OF ABDOMEN	07/01/2014	RBRVS	$9.40	$9.40									
74010		X-RAY EXAM OF ABDOMEN	07/01/2014	RBRVS	$39.91	$39.91									
74010	TC	X-RAY EXAM OF ABDOMEN	07/01/2014	RBRVS	$28.04	$28.04									
74010	26	X-RAY EXAM OF ABDOMEN	07/01/2014	RBRVS	$11.91	$11.91									
74020		X-RAY EXAM OF ABDOMEN	07/01/2014	RBRVS	$41.71	$41.71									
74020	TC	X-RAY EXAM OF ABDOMEN	07/01/2014	RBRVS	$28.04	$28.04									
74020	26	X-RAY EXAM OF ABDOMEN	07/01/2014	RBRVS	$13.70	$13.70									
74022		X-RAY EXAM SERIES ABDOMEN	07/01/2014	RBRVS	$50.31	$50.31									
74022	TC	X-RAY EXAM SERIES ABDOMEN	07/01/2014	RBRVS	$34.14	$34.14									
74022	26	X-RAY EXAM SERIES ABDOMEN	07/01/2014	RBRVS	$16.21	$16.21									
74170		CT ABDOMEN W/O & W/DYE	07/01/2014	RBRVS	$280.96	$280.96			Y	Y					
74170	TC	CT ABDOMEN W/O & W/DYE	07/01/2014	RBRVS	$209.14	$209.14			Y	Y					
74170	26	CT ABDOMEN W/O & W/DYE	07/01/2014	RBRVS	$71.83	$71.83				Y					
74174		CT ANGIO ABD&PELV W/O&W/DYE	07/01/2014	RBRVS	$549.84	$549.84			Y	Y					
74174	TC	CT ANGIO ABD&PELV W/O&W/DYE	07/01/2014	RBRVS	$437.21	$437.21			Y	Y					
74174	26	CT ANGIO ABD&PELV W/O&W/DYE	07/01/2014	RBRVS	$112.64	$112.64				Y					
74175		CT ANGIO ABDOM W/O & W/DYE	07/01/2014	RBRVS	$391.59	$391.59			Y	Y					
74175	TC	CT ANGIO ABDOM W/O & W/DYE	07/01/2014	RBRVS	$294.12	$294.12			Y	Y					
74175	26	CT ANGIO ABDOM W/O & W/DYE	07/01/2014	RBRVS	$97.47	$97.47				Y					
74177		CT ABD & PELV W/CONTRAST	07/01/2014	RBRVS	$328.41	$328.41			Y	Y					
74177	TC	CT ABD & PELV W/CONTRAST	07/01/2014	RBRVS	$234.95	$234.95			Y	Y					
74177	26	CT ABD & PELV W/CONTRAST	07/01/2014	RBRVS	$93.49	$93.49				Y					
74240		X-RAY UPPER GI DELAY W/O KUB	07/01/2014	RBRVS	$117.91	$117.91			Y						
74240	TC	X-RAY UPPER GI DELAY W/O KUB	07/01/2014	RBRVS	$82.19	$82.19			Y						
74240	26	X-RAY UPPER GI DELAY W/O KUB	07/01/2014	RBRVS	$35.75	$35.75									
74241		X-RAYUPPER GI DELAY W/KUB	07/01/2014	RBRVS	$122.53	$122.53			Y						
74241	TC	X-RAYUPPER GI DELAY W/KUB	07/01/2014	RBRVS	$87.57	$87.57			Y						
74241	26	X-RAYUPPER GI DELAY W/KUB	07/01/2014	RBRVS	$34.96	$34.96									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
74245		X-RAY UPPER GI&SMALL INTEST	07/01/2014	RBRVS	$183.24	$183.24			Y						
74245	TC	X-RAY UPPER GI&SMALL INTEST	07/01/2014	RBRVS	$136.70	$136.70			Y						
74245	26	X-RAY UPPER GI&SMALL INTEST	07/01/2014	RBRVS	$46.55	$46.55									
74246		CONTRST X-RAY UPPR GI TRACT	07/01/2014	RBRVS	$132.61	$132.61			Y						
74246	TC	CONTRST X-RAY UPPR GI TRACT	07/01/2014	RBRVS	$97.25	$97.25			Y						
74246	26	CONTRST X-RAY UPPR GI TRACT	07/01/2014	RBRVS	$35.39	$35.39									
74247		CONTRST X-RAY UPPR GI TRACT	07/01/2014	RBRVS	$147.31	$147.31			Y						
74247	TC	CONTRST X-RAY UPPR GI TRACT	07/01/2014	RBRVS	$111.95	$111.95			Y						
74247	26	CONTRST X-RAY UPPR GI TRACT	07/01/2014	RBRVS	$35.39	$35.39									
74249		CONTRST X-RAY UPPR GI TRACT	07/01/2014	RBRVS	$197.59	$197.59			Y						
74249	TC	CONTRST X-RAY UPPR GI TRACT	07/01/2014	RBRVS	$151.04	$151.04			Y						
74249	26	CONTRST X-RAY UPPR GI TRACT	07/01/2014	RBRVS	$46.55	$46.55									
74261		CT COLONOGRAPHY DX	07/01/2014	RBRVS	$486.62	$486.62			Y	Y					
74261	TC	CT COLONOGRAPHY DX	07/01/2014	RBRVS	$364.05	$364.05			Y	Y					
74261	26	CT COLONOGRAPHY DX	07/01/2014	RBRVS	$122.57	$122.57				Y					
74300		X-RAY BILE DUCTS/PANCREAS	07/01/2014	FEE SCHED	$64.11	$0.00			Y						
74300	TC	X-RAY BILE DUCTS/PANCREAS	07/01/2014	FEE SCHED	$46.16	$0.00									
74300	26	X-RAY BILE DUCTS/PANCREAS	07/01/2014	RBRVS	$18.83	$18.83									
75557		CARDIAC MRI FOR MORPH	07/01/2014	RBRVS	$332.71	$332.71			Y	Y					
75557	TC	CARDIAC MRI FOR MORPH	07/01/2014	RBRVS	$214.16	$214.16			Y	Y					
75557	26	CARDIAC MRI FOR MORPH	07/01/2014	RBRVS	$118.59	$118.59				Y					
75559		CARDIAC MRI W/STRESS IMG	07/01/2014	RBRVS	$449.68	$449.68			Y	Y					
75559	TC	CARDIAC MRI W/STRESS IMG	07/01/2014	RBRVS	$303.09	$303.09			Y	Y					
75559	26	CARDIAC MRI W/STRESS IMG	07/01/2014	RBRVS	$146.60	$146.60				Y					
75561		CARDIAC MRI FOR MORPH W/DYE	07/01/2014	RBRVS	$438.21	$438.21			Y	Y					
75561	TC	CARDIAC MRI FOR MORPH W/DYE	07/01/2014	RBRVS	$307.39	$307.39			Y	Y					
75561	26	CARDIAC MRI FOR MORPH W/DYE	07/01/2014	RBRVS	$130.82	$130.82				Y					
75563		CARD MRI W/STRESS IMG & DYE	07/01/2014	RBRVS	$516.74	$516.74			Y	Y					
75563	TC	CARD MRI W/STRESS IMG & DYE	07/01/2014	RBRVS	$366.92	$366.92			Y	Y					
75563	26	CARD MRI W/STRESS IMG & DYE	07/01/2014	RBRVS	$149.82	$149.82				Y					
75635		CT ANGIO ABDOMINAL ARTERIES	07/01/2014	RBRVS	$423.26	$423.26			Y	Y					
75635	TC	CT ANGIO ABDOMINAL ARTERIES	07/01/2014	RBRVS	$302.12	$302.12			Y	Y					
75635	26	CT ANGIO ABDOMINAL ARTERIES	07/01/2014	RBRVS	$121.14	$121.14				Y					
75901		REMOVE CVA DEVICE OBSTRUCT	07/01/2014	RBRVS	$179.55	$179.55									
75901	TC	REMOVE CVA DEVICE OBSTRUCT	07/01/2014	RBRVS	$154.99	$154.99									
75901	26	REMOVE CVA DEVICE OBSTRUCT	07/01/2014	RBRVS	$24.56	$24.56									
75902		REMOVE CVA LUMEN OBSTRUCT	07/01/2014	RBRVS	$76.31	$76.31									
75902	TC	REMOVE CVA LUMEN OBSTRUCT	07/01/2014	RBRVS	$56.37	$56.37									
75902	26	REMOVE CVA LUMEN OBSTRUCT	07/01/2014	RBRVS	$19.97	$19.97									
75954		ILIAC ANEURYSM ENDOVAS RPR	07/01/2014	FEE SCHED	$413.32	$0.00									
75954	TC	ILIAC ANEURYSM ENDOVAS RPR	07/01/2014	FEE SCHED	$297.59	$0.00									
75956		XRAY ENDOVASC THOR AO REPR	07/01/2014	FEE SCHED	$1,302.68	$0.00			Y						
75956	TC	XRAY ENDOVASC THOR AO REPR	07/01/2014	FEE SCHED	$937.93	$0.00									
75956	26	XRAY ENDOVASC THOR AO REPR	07/01/2014	RBRVS	$373.95	$373.95									
75957		XRAY ENDOVASC THOR AO REPR	07/01/2014	FEE SCHED	$1,111.11	$0.00			Y						
75957	TC	XRAY ENDOVASC THOR AO REPR	07/01/2014	FEE SCHED	$799.99	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
75957	26	XRAY ENDOVASC THOR AO REPR	07/01/2014	RBRVS	$319.91	$319.91									
75958		XRAY PLACE PROX EXT THOR AO	07/01/2014	FEE SCHED	$740.82	$0.00			Y						
75958	TC	XRAY PLACE PROX EXT THOR AO	07/01/2014	FEE SCHED	$533.39	$0.00									
75958	26	XRAY PLACE PROX EXT THOR AO	07/01/2014	RBRVS	$212.97	$212.97									
75959		XRAY PLACE DIST EXT THOR AO	07/01/2014	FEE SCHED	$645.32	$0.00			Y						
75959	TC	XRAY PLACE DIST EXT THOR AO	07/01/2014	FEE SCHED	$464.68	$0.00									
76000		FLUOROSCOPE EXAMINATION	07/01/2014	RBRVS	$51.39	$51.39									
76000	TC	FLUOROSCOPE EXAMINATION	07/01/2014	RBRVS	$42.75	$42.75									
76000	26	FLUOROSCOPE EXAMINATION	07/01/2014	RBRVS	$8.68	$8.68									
76376		3D RENDER W/O POSTPROCESS	07/01/2014	RBRVS	$29.15	$29.15									
76376	TC	3D RENDER W/O POSTPROCESS	07/01/2014	RBRVS	$19.08	$19.08									
76376	26	3D RENDER W/O POSTPROCESS	07/01/2014	RBRVS	$10.11	$10.11									
76377		3D RENDERING W/POSTPROCESS	07/01/2014	RBRVS	$84.56	$84.56									
76377	TC	3D RENDERING W/POSTPROCESS	07/01/2014	RBRVS	$44.18	$44.18									
76377	26	3D RENDERING W/POSTPROCESS	07/01/2014	RBRVS	$40.41	$40.41									
76380		CAT SCAN FOLLOW-UP STUDY	07/01/2014	RBRVS	$153.41	$153.41									
76380	TC	CAT SCAN FOLLOW-UP STUDY	07/01/2014	RBRVS	$103.71	$103.71									
76380	26	CAT SCAN FOLLOW-UP STUDY	07/01/2014	RBRVS	$49.74	$49.74									
76496		FLUOROSCOPIC PROCEDURE	07/01/2014	FEE SCHED	$177.61	$0.00									
76496	TC	FLUOROSCOPIC PROCEDURE	07/01/2014	FEE SCHED	$127.88	$0.00									
76496	26	FLUOROSCOPIC PROCEDURE	07/01/2014	FEE SCHED	$49.73	$0.00									
76497		CT PROCEDURE	07/01/2014	FEE SCHED	$363.81	$0.00			Y						
76497	TC	CT PROCEDURE	07/01/2014	FEE SCHED	$261.94	$0.00									
76497	26	CT PROCEDURE	07/01/2014	FEE SCHED	$101.87	$0.00									
76498		MRI PROCEDURE	07/01/2014	FEE SCHED	$550.00	$0.00			Y						
76498	TC	MRI PROCEDURE	07/01/2014	FEE SCHED	$396.00	$0.00									
76498	26	MRI PROCEDURE	07/01/2014	FEE SCHED	$154.00	$0.00									
76499		RADIOGRAPHIC PROCEDURE	07/01/2014	FEE SCHED	$311.14	$0.00									
76499	TC	RADIOGRAPHIC PROCEDURE	07/01/2014	FEE SCHED	$224.02	$0.00									
76499	26	RADIOGRAPHIC PROCEDURE	07/01/2014	FEE SCHED	$87.12	$0.00									
76510		OPHTH US B & QUANT A	07/01/2014	RBRVS	$163.72	$163.72					Y				
76510	TC	OPHTH US B & QUANT A	07/01/2014	RBRVS	$81.12	$81.12					Y				
76510	26	OPHTH US B & QUANT A	07/01/2014	RBRVS	$100.80	$100.80					Y				
76513		ECHO EXAM OF EYE WATER BATH	07/01/2014	RBRVS	$97.29	$97.29					Y				
76513	TC	ECHO EXAM OF EYE WATER BATH	07/01/2014	RBRVS	$60.32	$60.32					Y				
76513	26	ECHO EXAM OF EYE WATER BATH	07/01/2014	RBRVS	$37.01	$37.01					Y				
76700		US EXAM ABDOM COMPLETE	07/01/2014	RBRVS	$143.37	$143.37				Y					
76700	TC	US EXAM ABDOM COMPLETE	07/01/2014	RBRVS	$101.91	$101.91				Y					
76700	26	US EXAM ABDOM COMPLETE	07/01/2014	RBRVS	$41.49	$41.49				Y					
76705		ECHO EXAM OF ABDOMEN	07/01/2014	RBRVS	$110.34	$110.34				Y					
76705	TC	ECHO EXAM OF ABDOMEN	07/01/2014	RBRVS	$80.40	$80.40				Y					
76705	26	ECHO EXAM OF ABDOMEN	07/01/2014	RBRVS	$29.94	$29.94				Y					
76770		US EXAM ABDO BACK WALL COMP	07/01/2014	RBRVS	$135.12	$135.12				Y					
76770	TC	US EXAM ABDO BACK WALL COMP	07/01/2014	RBRVS	$97.25	$97.25				Y					
76770	26	US EXAM ABDO BACK WALL COMP	07/01/2014	RBRVS	$37.90	$37.90				Y					
76775		US EXAM ABDO BACK WALL LIM	07/01/2014	RBRVS	$66.59	$66.59				Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
76775	TC	US EXAM ABDO BACK WALL LIM	07/01/2014	RBRVS	$37.01	$37.01				Y					
76775	26	US EXAM ABDO BACK WALL LIM	07/01/2014	RBRVS	$29.58	$29.58				Y					
76776		US EXAM K TRANSPL W/DOPPLER	07/01/2014	RBRVS	$157.00	$157.00				Y					
76776	TC	US EXAM K TRANSPL W/DOPPLER	07/01/2014	RBRVS	$118.05	$118.05				Y					
76776	26	US EXAM K TRANSPL W/DOPPLER	07/01/2014	RBRVS	$38.98	$38.98				Y					
76801		OB US < 14 WKS SINGLE FETUS	07/01/2014	RBRVS	$143.66	$143.66									M
76801	TC	OB US < 14 WKS SINGLE FETUS	07/01/2014	RBRVS	$87.64	$87.64									M
76801	26	OB US < 14 WKS SINGLE FETUS	07/01/2014	RBRVS	$56.02	$56.02									M
76802		OB US < 14 WKS ADDL FETUS	07/01/2014	RBRVS	$76.60	$76.60	ZZZ								M
76802	TC	OB US < 14 WKS ADDL FETUS	07/01/2014	RBRVS	$29.00	$29.00	ZZZ								M
76802	26	OB US < 14 WKS ADDL FETUS	07/01/2014	RBRVS	$47.59	$47.59	ZZZ								M
76805		OB US >/= 14 WKS SNGL FETUS	07/01/2014	RBRVS	$166.15	$166.15									M
76805	TC	OB US >/= 14 WKS SNGL FETUS	07/01/2014	RBRVS	$109.73	$109.73									M
76805	26	OB US >/= 14 WKS SNGL FETUS	07/01/2014	RBRVS	$56.43	$56.43									M
76810		OB US >/= 14 WKS ADDL FETUS	07/01/2014	RBRVS	$110.33	$110.33	ZZZ								M
76810	TC	OB US >/= 14 WKS ADDL FETUS	07/01/2014	RBRVS	$54.30	$54.30	ZZZ								M
76810	26	OB US >/= 14 WKS ADDL FETUS	07/01/2014	RBRVS	$56.02	$56.02	ZZZ								M
76811		OB US DETAILED SNGL FETUS	07/01/2014	RBRVS	$210.46	$210.46									M
76811	TC	OB US DETAILED SNGL FETUS	07/01/2014	RBRVS	$101.70	$101.70									M
76811	26	OB US DETAILED SNGL FETUS	07/01/2014	RBRVS	$108.76	$108.76									M
76812		OB US DETAILED ADDL FETUS	07/01/2014	RBRVS	$238.57	$238.57	ZZZ								M
76812	TC	OB US DETAILED ADDL FETUS	07/01/2014	RBRVS	$136.24	$136.24	ZZZ								M
76812	26	OB US DETAILED ADDL FETUS	07/01/2014	RBRVS	$102.33	$102.33	ZZZ								M
76813		OB US NUCHAL MEAS 1 GEST	07/01/2014	RBRVS	$137.68	$137.68									M
76813	TC	OB US NUCHAL MEAS 1 GEST	07/01/2014	RBRVS	$69.97	$69.97									M
76813	26	OB US NUCHAL MEAS 1 GEST	07/01/2014	RBRVS	$67.76	$67.76									M
76814		OB US NUCHAL MEAS ADD-ON	07/01/2014	RBRVS	$90.65	$90.65									M
76814	TC	OB US NUCHAL MEAS ADD-ON	07/01/2014	RBRVS	$33.81	$33.81									M
76814	26	OB US NUCHAL MEAS ADD-ON	07/01/2014	RBRVS	$56.83	$56.83									M
76815		OB US LIMITED FETUS(S)	07/01/2014	RBRVS	$102.54	$102.54									M
76815	TC	OB US LIMITED FETUS(S)	07/01/2014	RBRVS	$65.95	$65.95									M
76815	26	OB US LIMITED FETUS(S)	07/01/2014	RBRVS	$36.62	$36.62									M
76816		OB US FOLLOW-UP PER FETUS	07/01/2014	RBRVS	$132.42	$132.42									M
76816	TC	OB US FOLLOW-UP PER FETUS	07/01/2014	RBRVS	$83.62	$83.62									M
76816	26	OB US FOLLOW-UP PER FETUS	07/01/2014	RBRVS	$48.80	$48.80									M
76817		TRANSVAGINAL US OBSTETRIC	07/01/2014	RBRVS	$115.55	$115.55									M
76817	TC	TRANSVAGINAL US OBSTETRIC	07/01/2014	RBRVS	$72.37	$72.37									M
76817	26	TRANSVAGINAL US OBSTETRIC	07/01/2014	RBRVS	$43.18	$43.18									M
76818		FETAL BIOPHYS PROFILE W/NST	07/01/2014	RBRVS	$138.85	$138.85									M
76818	TC	FETAL BIOPHYS PROFILE W/NST	07/01/2014	RBRVS	$78.40	$78.40									M
76818	26	FETAL BIOPHYS PROFILE W/NST	07/01/2014	RBRVS	$60.45	$60.45									M
76819		FETAL BIOPHYS PROFIL W/O NST	07/01/2014	RBRVS	$101.90	$101.90									M
76819	TC	FETAL BIOPHYS PROFIL W/O NST	07/01/2014	RBRVS	$57.51	$57.51									M
76819	26	FETAL BIOPHYS PROFIL W/O NST	07/01/2014	RBRVS	$44.39	$44.39									M
76820		UMBILICAL ARTERY ECHO	07/01/2014	RBRVS	$49.98	$49.98									M
76820	TC	UMBILICAL ARTERY ECHO	07/01/2014	RBRVS	$26.99	$26.99									M

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
76820	26	UMBILICAL ARTERY ECHO	07/01/2014	RBRVS	$28.59	$28.59									M
76821		MIDDLE CEREBRAL ARTERY ECHO	07/01/2014	RBRVS	$96.40	$96.40									M
76821	TC	MIDDLE CEREBRAL ARTERY ECHO	07/01/2014	RBRVS	$66.35	$66.35									M
76821	26	MIDDLE CEREBRAL ARTERY ECHO	07/01/2014	RBRVS	$40.77	$40.77									M
76825		ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$310.78	$310.78									M
76825	TC	ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$216.56	$216.56									M
76825	26	ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$94.26	$94.26									M
76826		ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$186.23	$186.23									M
76826	TC	ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$139.05	$139.05									M
76826	26	ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$47.20	$47.20									M
76827		ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$85.67	$85.67									M
76827	TC	ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$53.10	$53.10									M
76827	26	ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$32.61	$32.61									M
76828		ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$59.96	$59.96									M
76828	TC	ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$28.19	$28.19									M
76828	26	ECHO EXAM OF FETAL HEART	07/01/2014	RBRVS	$31.81	$31.81									M
76830		TRANSVAGINAL US NON-OB	07/01/2014	RBRVS	$128.27	$128.27									
76830	TC	TRANSVAGINAL US NON-OB	07/01/2014	RBRVS	$92.95	$92.95									
76830	26	TRANSVAGINAL US NON-OB	07/01/2014	RBRVS	$35.32	$35.32									
76831		ECHO EXAM UTERUS	07/01/2014	RBRVS	$125.76	$125.76				Y					
76831	TC	ECHO EXAM UTERUS	07/01/2014	RBRVS	$88.65	$88.65				Y					
76831	26	ECHO EXAM UTERUS	07/01/2014	RBRVS	$37.12	$37.12				Y					
76856		US EXAM PELVIC COMPLETE	07/01/2014	RBRVS	$126.12	$126.12				Y					
76856	TC	US EXAM PELVIC COMPLETE	07/01/2014	RBRVS	$91.16	$91.16				Y					
76856	26	US EXAM PELVIC COMPLETE	07/01/2014	RBRVS	$34.96	$34.96				Y					
76857		US EXAM PELVIC LIMITED	07/01/2014	RBRVS	$54.76	$54.76				Y					
76857	TC	US EXAM PELVIC LIMITED	07/01/2014	RBRVS	$35.21	$35.21				Y					
76857	26	US EXAM PELVIC LIMITED	07/01/2014	RBRVS	$19.54	$19.54				Y					
76937		US GUIDE VASCULAR ACCESS	07/01/2014	RBRVS	$36.83	$36.83	ZZZ								
76937	TC	US GUIDE VASCULAR ACCESS	07/01/2014	RBRVS	$21.23	$21.23	ZZZ								
76937	26	US GUIDE VASCULAR ACCESS	07/01/2014	RBRVS	$15.60	$15.60	ZZZ								
76942		ECHO GUIDE FOR BIOPSY	07/01/2014	RBRVS	$74.52	$74.52									
76942	TC	ECHO GUIDE FOR BIOPSY	07/01/2014	RBRVS	$40.23	$40.23									
76942	26	ECHO GUIDE FOR BIOPSY	07/01/2014	RBRVS	$34.32	$34.32									
76970		ULTRASOUND EXAM FOLLOW-UP	07/01/2014	RBRVS	$96.03	$96.03									
76970	TC	ULTRASOUND EXAM FOLLOW-UP	07/01/2014	RBRVS	$75.02	$75.02									
76970	26	ULTRASOUND EXAM FOLLOW-UP	07/01/2014	RBRVS	$21.05	$21.05									
76977		US BONE DENSITY MEASURE	07/01/2014	RBRVS	$7.28	$7.28									
76977	TC	US BONE DENSITY MEASURE	07/01/2014	RBRVS	$4.37	$4.37									
76977	26	US BONE DENSITY MEASURE	07/01/2014	RBRVS	$2.94	$2.94									
76998		US GUIDE INTRAOP	07/01/2014	FEE SCHED	$233.75	$0.00									
76998	TC	US GUIDE INTRAOP	07/01/2014	FEE SCHED	$168.30	$0.00									
77001		FLUOROGUIDE FOR VEIN DEVICE	07/01/2014	RBRVS	$80.22	$80.22	ZZZ								
77001	TC	FLUOROGUIDE FOR VEIN DEVICE	07/01/2014	RBRVS	$60.68	$60.68	ZZZ								
77001	26	FLUOROGUIDE FOR VEIN DEVICE	07/01/2014	RBRVS	$19.54	$19.54	ZZZ								
77002		NEEDLE LOCALIZATION BY XRAY	07/01/2014	RBRVS	$103.53	$103.53									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
77002	TC	NEEDLE LOCALIZATION BY XRAY	07/01/2014	RBRVS	$75.02	$75.02									
77002	26	NEEDLE LOCALIZATION BY XRAY	07/01/2014	RBRVS	$28.51	$28.51									
77003		FLUOROGUIDE FOR SPINE INJECT	07/01/2014	RBRVS	$91.34	$91.34									
77003	TC	FLUOROGUIDE FOR SPINE INJECT	07/01/2014	RBRVS	$60.32	$60.32									
77003	26	FLUOROGUIDE FOR SPINE INJECT	07/01/2014	RBRVS	$31.02	$31.02									
77011		CT SCAN FOR LOCALIZATION	07/01/2014	RBRVS	$226.56	$226.56									
77011	TC	CT SCAN FOR LOCALIZATION	07/01/2014	RBRVS	$163.95	$163.95									
77011	26	CT SCAN FOR LOCALIZATION	07/01/2014	RBRVS	$62.65	$62.65									
77012		CT SCAN FOR NEEDLE BIOPSY	07/01/2014	RBRVS	$129.74	$129.74									
77012	TC	CT SCAN FOR NEEDLE BIOPSY	07/01/2014	RBRVS	$71.79	$71.79									
77012	26	CT SCAN FOR NEEDLE BIOPSY	07/01/2014	RBRVS	$57.99	$57.99									
77013		CT GUIDE FOR TISSUE ABLATION	07/01/2014	FEE SCHED	$708.21	$0.00									
77013	TC	CT GUIDE FOR TISSUE ABLATION	07/01/2014	FEE SCHED	$509.91	$0.00									
77014		CT SCAN FOR THERAPY GUIDE	07/01/2014	RBRVS	$124.36	$124.36									
77014	TC	CT SCAN FOR THERAPY GUIDE	07/01/2014	RBRVS	$80.04	$80.04									
77014	26	CT SCAN FOR THERAPY GUIDE	07/01/2014	RBRVS	$44.36	$44.36									
77021		MR GUIDANCE FOR NEEDLE PLACE	07/01/2014	RBRVS	$400.56	$400.56									
77021	TC	MR GUIDANCE FOR NEEDLE PLACE	07/01/2014	RBRVS	$322.45	$322.45									
77021	26	MR GUIDANCE FOR NEEDLE PLACE	07/01/2014	RBRVS	$78.10	$78.10									
77022		MRI FOR TISSUE ABLATION	07/01/2014	FEE SCHED	$748.79	$0.00									
77022	TC	MRI FOR TISSUE ABLATION	07/01/2014	FEE SCHED	$539.13	$0.00									
77051		COMPUTER DX MAMMOGRAM ADD-ON	07/01/2014	RBRVS	$10.51	$10.51	ZZZ								
77051	TC	COMPUTER DX MAMMOGRAM ADD-ON	07/01/2014	RBRVS	$7.24	$7.24	ZZZ								
77051	26	COMPUTER DX MAMMOGRAM ADD-ON	07/01/2014	RBRVS	$3.30	$3.30	ZZZ								
77052		COMP SCREEN MAMMOGRAM ADD-ON	07/01/2014	RBRVS	$10.51	$10.51	ZZZ								
77052	TC	COMP SCREEN MAMMOGRAM ADD-ON	07/01/2014	RBRVS	$7.24	$7.24	ZZZ								
77052	26	COMP SCREEN MAMMOGRAM ADD-ON	07/01/2014	RBRVS	$3.30	$3.30	ZZZ								
77053		X-RAY OF MAMMARY DUCT	07/01/2014	RBRVS	$60.35	$60.35									
77053	TC	X-RAY OF MAMMARY DUCT	07/01/2014	RBRVS	$42.39	$42.39									
77053	26	X-RAY OF MAMMARY DUCT	07/01/2014	RBRVS	$18.00	$18.00									
77054		X-RAY OF MAMMARY DUCTS	07/01/2014	RBRVS	$81.65	$81.65									
77054	TC	X-RAY OF MAMMARY DUCTS	07/01/2014	RBRVS	$58.16	$58.16									
77054	26	X-RAY OF MAMMARY DUCTS	07/01/2014	RBRVS	$23.49	$23.49									
77055		MAMMOGRAM ONE BREAST	07/01/2014	RBRVS	$90.65	$90.65									
77055	TC	MAMMOGRAM ONE BREAST	07/01/2014	RBRVS	$54.58	$54.58									
77055	26	MAMMOGRAM ONE BREAST	07/01/2014	RBRVS	$36.11	$36.11									
77056		MAMMOGRAM BOTH BREASTS	07/01/2014	RBRVS	$116.55	$116.55									
77056	TC	MAMMOGRAM BOTH BREASTS	07/01/2014	RBRVS	$71.79	$71.79									
77056	26	MAMMOGRAM BOTH BREASTS	07/01/2014	RBRVS	$44.75	$44.75									
77057		MAMMOGRAM SCREENING	07/01/2014	RBRVS	$83.12	$83.12									
77057	TC	MAMMOGRAM SCREENING	07/01/2014	RBRVS	$47.05	$47.05									
77057	26	MAMMOGRAM SCREENING	07/01/2014	RBRVS	$36.11	$36.11									
77058		MRI ONE BREAST	07/01/2014	RBRVS	$555.04	$555.04						Y			
77058	TC	MRI ONE BREAST	07/01/2014	RBRVS	$471.27	$471.27						Y			
77058	26	MRI ONE BREAST	07/01/2014	RBRVS	$83.80	$83.80						Y			
77059		MRI BOTH BREASTS	07/01/2014	RBRVS	$552.89	$552.89						Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
77059	TC	MRI BOTH BREASTS	07/01/2014	RBRVS	$469.12	$469.12				Y					
77059	26	MRI BOTH BREASTS	07/01/2014	RBRVS	$83.80	$83.80				Y					
77071		X-RAY STRESS VIEW	07/01/2014	RBRVS	$52.07	$52.07									
77072		X-RAYS FOR BONE AGE	07/01/2014	RBRVS	$24.13	$24.13									
77072	TC	X-RAYS FOR BONE AGE	07/01/2014	RBRVS	$14.42	$14.42									
77072	26	X-RAYS FOR BONE AGE	07/01/2014	RBRVS	$9.75	$9.75									
77073		X-RAYS BONE LENGTH STUDIES	07/01/2014	RBRVS	$39.02	$39.02									
77073	TC	X-RAYS BONE LENGTH STUDIES	07/01/2014	RBRVS	$23.38	$23.38									
77073	26	X-RAYS BONE LENGTH STUDIES	07/01/2014	RBRVS	$15.67	$15.67									
77074		X-RAYS BONE SURVEY LIMITED	07/01/2014	RBRVS	$72.69	$72.69									
77074	TC	X-RAYS BONE SURVEY LIMITED	07/01/2014	RBRVS	$49.20	$49.20									
77074	26	X-RAYS BONE SURVEY LIMITED	07/01/2014	RBRVS	$23.49	$23.49									
77075		X-RAYS BONE SURVEY COMPLETE	07/01/2014	RBRVS	$108.55	$108.55									
77075	TC	X-RAYS BONE SURVEY COMPLETE	07/01/2014	RBRVS	$80.76	$80.76									
77075	26	X-RAYS BONE SURVEY COMPLETE	07/01/2014	RBRVS	$27.79	$27.79									
77076		X-RAYS BONE SURVEY INFANT	07/01/2014	RBRVS	$109.30	$109.30									
77076	TC	X-RAYS BONE SURVEY INFANT	07/01/2014	RBRVS	$73.23	$73.23									
77076	26	X-RAYS BONE SURVEY INFANT	07/01/2014	RBRVS	$36.11	$36.11									
77077		JOINT SURVEY SINGLE VIEW	07/01/2014	RBRVS	$41.17	$41.17									
77077	TC	JOINT SURVEY SINGLE VIEW	07/01/2014	RBRVS	$23.74	$23.74									
77077	26	JOINT SURVEY SINGLE VIEW	07/01/2014	RBRVS	$17.46	$17.46									
77078		CT BONE DENSITY AXIAL	07/01/2014	RBRVS	$114.50	$114.50									
77078	TC	CT BONE DENSITY AXIAL	07/01/2014	RBRVS	$101.91	$101.91									
77078	26	CT BONE DENSITY AXIAL	07/01/2014	RBRVS	$12.62	$12.62									
77080		DXA BONE DENSITY AXIAL	07/01/2014	RBRVS	$49.59	$49.59									
77080	TC	DXA BONE DENSITY AXIAL	07/01/2014	RBRVS	$39.16	$39.16									
77080	26	DXA BONE DENSITY AXIAL	07/01/2014	RBRVS	$10.47	$10.47									
77081		DXA BONE DENSITY/PERIPHERAL	07/01/2014	RBRVS	$28.08	$28.08									
77081	TC	DXA BONE DENSITY/PERIPHERAL	07/01/2014	RBRVS	$16.93	$16.93									
77081	26	DXA BONE DENSITY/PERIPHERAL	07/01/2014	RBRVS	$11.19	$11.19									
77084		MAGNETIC IMAGE BONE MARROW	07/01/2014	RBRVS	$398.69	$398.69									
77084	TC	MAGNETIC IMAGE BONE MARROW	07/01/2014	RBRVS	$316.00	$316.00									
77084	26	MAGNETIC IMAGE BONE MARROW	07/01/2014	RBRVS	$82.73	$82.73									
77085		DXA BONE DENSITY STUDY	01/01/2015	RBRVS	$56.77	$56.77									
77085	TC	DXA BONE DENSITY STUDY	01/01/2015	RBRVS	$41.31	$41.31									
77085	26	DXA BONE DENSITY STUDY	01/01/2015	RBRVS	$15.49	$15.49									
77086		FRACTURE ASSESSMENT VIA DXA	01/01/2015	RBRVS	$35.97	$35.97									
77086	TC	FRACTURE ASSESSMENT VIA DXA	01/01/2015	RBRVS	$26.97	$26.97									
77086	26	FRACTURE ASSESSMENT VIA DXA	01/01/2015	RBRVS	$9.04	$9.04									
77293	TC	RESPIRATOR MOTION MGMT SIMUL	07/01/2014	RBRVS	$328.91	$328.91	ZZZ								
77293	26	RESPIRATOR MOTION MGMT SIMUL	07/01/2014	RBRVS	$104.60	$104.60	ZZZ								
77371		SRS MULTISOURCE	07/01/2014	FEE SCHED	$488.81	$0.00									
77372		SRS LINEAR BASED	07/01/2014	RBRVS	$1,046.68	$1,046.68									
77373		SBRT DELIVERY	07/01/2014	RBRVS	$1,253.38	$1,253.38									
77401		RADIATION TREATMENT DELIVERY	07/01/2014	RBRVS	$20.15	$20.15									
77422		NEUTRON BEAM TX SIMPLE	07/01/2014	RBRVS	$42.03	$42.03									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
77423		NEUTRON BEAM TX COMPLEX	07/01/2014	RBRVS	$49.92	$49.92									
77435		SBRT MANAGEMENT	07/01/2014	RBRVS	$639.99	$639.99									
77469		IO RADIATION TX MANAGEMENT	07/01/2014	RBRVS	$316.43	$316.43									
77785		HDR BRACHYTX 1 CHANNEL	07/01/2014	RBRVS	$238.36	$238.36									
77785	TC	HDR BRACHYTX 1 CHANNEL	07/01/2014	RBRVS	$164.06	$164.06									
77785	26	HDR BRACHYTX 1 CHANNEL	07/01/2014	RBRVS	$74.30	$74.30									
77786		HDR BRACHYTX 2-12 CHANNEL	07/01/2014	RBRVS	$486.37	$486.37									
77786	TC	HDR BRACHYTX 2-12 CHANNEL	07/01/2014	RBRVS	$316.57	$316.57									
77786	26	HDR BRACHYTX 2-12 CHANNEL	07/01/2014	RBRVS	$169.80	$169.80									
77787		HDR BRACHYTX OVER 12 CHAN	07/01/2014	RBRVS	$774.72	$774.72									
77787	TC	HDR BRACHYTX OVER 12 CHAN	07/01/2014	RBRVS	$518.64	$518.64									
77787	26	HDR BRACHYTX OVER 12 CHAN	07/01/2014	RBRVS	$256.08	$256.08									
78012		THYROID UPTAKE MEASUREMENT	07/01/2014	RBRVS	$78.64	$78.64									
78012	TC	THYROID UPTAKE MEASUREMENT	07/01/2014	RBRVS	$69.28	$69.28									
78012	26	THYROID UPTAKE MEASUREMENT	07/01/2014	RBRVS	$9.40	$9.40									
78013		THYROID IMAGING W/BLOOD FLOW	07/01/2014	RBRVS	$198.20	$198.20									
78013	TC	THYROID IMAGING W/BLOOD FLOW	07/01/2014	RBRVS	$179.84	$179.84									
78013	26	THYROID IMAGING W/BLOOD FLOW	07/01/2014	RBRVS	$18.36	$18.36									
78014		THYROID IMAGING W/BLOOD FLOW	07/01/2014	RBRVS	$240.26	$240.26									
78014	TC	THYROID IMAGING W/BLOOD FLOW	07/01/2014	RBRVS	$214.98	$214.98									
78014	26	THYROID IMAGING W/BLOOD FLOW	07/01/2014	RBRVS	$25.28	$25.28									
78071		PARATHYRD PLANAR W/WO SUBTRJ	07/01/2014	RBRVS	$358.06	$358.06									
78071	TC	PARATHYRD PLANAR W/WO SUBTRJ	07/01/2014	RBRVS	$298.18	$298.18									
78071	26	PARATHYRD PLANAR W/WO SUBTRJ	07/01/2014	RBRVS	$59.89	$59.89									
78072		PARATHYRD PLANAR W/SPECT&CT	07/01/2014	RBRVS	$447.25	$447.25	090								
78072	TC	PARATHYRD PLANAR W/SPECT&CT	07/01/2014	RBRVS	$366.67	$366.67	090								
78072	26	PARATHYRD PLANAR W/SPECT&CT	07/01/2014	RBRVS	$80.58	$80.58									
78226		HEPATOBILIARY SYSTEM IMAGING	07/01/2014	RBRVS	$339.31	$339.31									
78226	TC	HEPATOBILIARY SYSTEM IMAGING	07/01/2014	RBRVS	$301.76	$301.76									
78226	26	HEPATOBILIARY SYSTEM IMAGING	07/01/2014	RBRVS	$37.55	$37.55									
78227		HEPATOBIL SYST IMAGE W/DRUG	07/01/2014	RBRVS	$459.47	$459.47									
78227	TC	HEPATOBIL SYST IMAGE W/DRUG	07/01/2014	RBRVS	$414.08	$414.08									
78227	26	HEPATOBIL SYST IMAGE W/DRUG	07/01/2014	RBRVS	$45.43	$45.43									
78579		LUNG VENTILATION IMAGING	07/01/2014	RBRVS	$191.06	$191.06									
78579	TC	LUNG VENTILATION IMAGING	07/01/2014	RBRVS	$166.50	$166.50									
78579	26	LUNG VENTILATION IMAGING	07/01/2014	RBRVS	$24.56	$24.56									
78582		LUNG VENTILAT&PERFUS IMAGING	07/01/2014	RBRVS	$343.65	$343.65									
78582	TC	LUNG VENTILAT&PERFUS IMAGING	07/01/2014	RBRVS	$289.93	$289.93									
78582	26	LUNG VENTILAT&PERFUS IMAGING	07/01/2014	RBRVS	$53.72	$53.72									
78597		LUNG PERFUSION DIFFERENTIAL	07/01/2014	RBRVS	$206.80	$206.80									
78597	TC	LUNG PERFUSION DIFFERENTIAL	07/01/2014	RBRVS	$170.80	$170.80									
78597	26	LUNG PERFUSION DIFFERENTIAL	07/01/2014	RBRVS	$35.97	$35.97									
78598		LUNG PERF&VENTILAT DIFERENTL	07/01/2014	RBRVS	$314.49	$314.49									
78598	TC	LUNG PERF&VENTILAT DIFERENTL	07/01/2014	RBRVS	$272.72	$272.72									
78598	26	LUNG PERF&VENTILAT DIFERENTL	07/01/2014	RBRVS	$41.78	$41.78									
78808		IV INJ RA DRUG DX STUDY	07/01/2014	RBRVS	$47.51	$47.51			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
80047		METABOLIC PANEL IONIZED CA	01/01/2015	MEDICARE	$11.50	$0.00									
80047	QW	METABOLIC PANEL IONIZED CA	01/01/2015	MEDICARE	$11.50	$0.00									
80048		BASIC METABOLIC PANEL	01/01/2015	MEDICARE	$11.50	$0.00									
80048	QW	BASIC METABOLIC PANEL	01/01/2015	MEDICARE	$11.50	$0.00									
80050		GENERAL HEALTH PANEL	07/01/2003	FEE SCHED	$56.77	$0.00									
80051		ELECTROLYTE PANEL	01/01/2015	MEDICARE	$9.55	$0.00									
80051	QW	ELECTROLYTE PANEL	01/01/2015	MEDICARE	$9.55	$0.00									
80053		COMPREHEN METABOLIC PANEL	01/01/2015	MEDICARE	$14.37	$0.00									
80053	QW	COMPREHEN METABOLIC PANEL	01/01/2015	MEDICARE	$14.37	$0.00									
80055		OBSTETRIC PANEL	11/01/2002	FEE SCHED	$44.69	$0.00									
80061		LIPID PANEL	01/01/2015	MEDICARE	$18.22	$0.00									
80061	QW	LIPID PANEL	01/01/2015	MEDICARE	$18.22	$0.00									
80069		RENAL FUNCTION PANEL	01/01/2015	MEDICARE	$11.82	$0.00									
80069	QW	RENAL FUNCTION PANEL	01/01/2015	MEDICARE	$11.82	$0.00									
80074		ACUTE HEPATITIS PANEL	01/01/2015	MEDICARE	$63.94	$0.00									
80076		HEPATIC FUNCTION PANEL	01/01/2015	MEDICARE	$11.11	$0.00									
80150		ASSAY OF AMIKACIN	01/01/2015	MEDICARE	$20.50	$0.00									
80155		DRUG SCREEN QUANT CAFFEINE	01/01/2015	MEDICARE	$19.24	$0.00									
80156		ASSAY CARBAMAZEPINE TOTAL	01/01/2015	MEDICARE	$19.81	$0.00									
80157		ASSAY CARBAMAZEPINE FREE	01/01/2015	MEDICARE	$18.04	$0.00									
80158		ASSAY OF CYCLOSPORINE	01/01/2015	MEDICARE	$24.57	$0.00									
80159		DRUG SCREEN QUANT CLOZAPINE	01/01/2015	MEDICARE	$25.17	$0.00									
80162		ASSAY OF DIGOXIN TOTAL	01/01/2015	MEDICARE	$18.07	$0.00									
80163		ASSAY OF DIGOXIN FREE	01/01/2015	MEDICARE	$18.07	$0.00									
80164		ASSAY DIPROPYLACETIC ACID	01/01/2015	MEDICARE	$18.43	$0.00									
80165		DIPROPYLACETIC ACID FREE	01/01/2015	MEDICARE	$18.43	$0.00									
80168		ASSAY OF ETHOSUXIMIDE	01/01/2015	MEDICARE	$15.55	$0.00									
80169		DRUG SCREEN QUANT EVEROLIMUS	01/01/2015	MEDICARE	$18.69	$0.00									
80170		ASSAY OF GENTAMICIN	01/01/2015	MEDICARE	$22.30	$0.00									
80171		DRUG SCREEN QUANT GABAPENTIN	01/01/2015	MEDICARE	$18.04	$0.00									
80173		ASSAY OF HALOPERIDOL	01/01/2015	MEDICARE	$19.81	$0.00									
80175		DRUG SCREEN QUAN LAMOTRIGINE	01/01/2015	MEDICARE	$18.04	$0.00									
80176		ASSAY OF LIDOCAINE	01/01/2015	MEDICARE	$19.99	$0.00									
80177		DRUG SCRN QUAN LEVETIRACETAM	01/01/2015	MEDICARE	$18.04	$0.00									
80178		ASSAY OF LITHIUM	01/01/2015	MEDICARE	$9.00	$0.00									
80178	QW	ASSAY OF LITHIUM	01/01/2015	MEDICARE	$9.00	$0.00									
80180		DRUG SCRN QUAN MYCOPHENOLATE	01/01/2015	MEDICARE	$24.57	$0.00									
80183		DRUG SCRN QUANT OXCARBAZEPIN	01/01/2015	MEDICARE	$18.04	$0.00									
80184		ASSAY OF PHENOBARBITAL	01/01/2015	MEDICARE	$15.58	$0.00									
80185		ASSAY OF PHENYTOIN TOTAL	01/01/2015	MEDICARE	$18.04	$0.00									
80186		ASSAY OF PHENYTOIN FREE	01/01/2015	MEDICARE	$18.73	$0.00									
80188		ASSAY OF PRIMIDONE	01/01/2015	MEDICARE	$21.55	$0.00									
80190		ASSAY OF PROCAINAMIDE	01/01/2015	MEDICARE	$22.80	$0.00									
80192		ASSAY OF PROCAINAMIDE	01/01/2015	MEDICARE	$22.80	$0.00									
80194		ASSAY OF QUINIDINE	01/01/2015	MEDICARE	$19.87	$0.00									
80195		ASSAY OF SIROLIMUS	01/01/2015	MEDICARE	$18.69	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
80198		ASSAY OF THEOPHYLLINE	01/01/2015	MEDICARE	$19.24	$0.00									
80199		DRUG SCREEN QUANT TIAGABINE	01/01/2015	MEDICARE	$24.58	$0.00									
80200		ASSAY OF TOBRAMYCIN	01/01/2015	MEDICARE	$21.94	$0.00									
80201		ASSAY OF TOPIRAMATE	01/01/2015	MEDICARE	$16.23	$0.00									
80202		ASSAY OF VANCOMYCIN	01/01/2015	MEDICARE	$18.43	$0.00									
80203		DRUG SCREEN QUANT ZONISAMIDE	01/01/2015	MEDICARE	$18.04	$0.00									
80299		QUANTITATIVE ASSAY DRUG	01/01/2015	MEDICARE	$18.64	$0.00									
80400		ACTH STIMULATION PANEL	01/01/2015	MEDICARE	$44.38	$0.00									
80402		ACTH STIMULATION PANEL	01/01/2015	MEDICARE	$118.33	$0.00									
80406		ACTH STIMULATION PANEL	01/01/2015	MEDICARE	$86.26	$0.00									
80408		ALDOSTERONE SUPPRESSION EVAL	01/01/2015	MEDICARE	$170.77	$0.00									
80410		CALCITONIN STIMUL PANEL	01/01/2015	MEDICARE	$109.33	$0.00									
80412		CRH STIMULATION PANEL	01/01/2015	MEDICARE	$448.57	$0.00									
80414		TESTOSTERONE RESPONSE	01/01/2015	MEDICARE	$70.27	$0.00									
80415		ESTRADIOL RESPONSE PANEL	01/01/2015	MEDICARE	$76.05	$0.00									
80418		PITUITARY EVALUATION PANEL	01/01/2015	MEDICARE	$788.74	$0.00									
80420		DEXAMETHASONE PANEL	01/01/2015	MEDICARE	$98.04	$0.00									
80422		GLUCAGON TOLERANCE PANEL	01/01/2015	MEDICARE	$62.70	$0.00									
80424		GLUCAGON TOLERANCE PANEL	01/01/2015	MEDICARE	$68.71	$0.00									
80426		GONADOTROPIN HORMONE PANEL	01/01/2015	MEDICARE	$201.96	$0.00									
80428		GROWTH HORMONE PANEL	01/01/2015	MEDICARE	$90.76	$0.00									
80430		GROWTH HORMONE PANEL	01/01/2015	MEDICARE	$106.80	$0.00									
80432		INSULIN SUPPRESSION PANEL	01/01/2015	MEDICARE	$153.10	$0.00									
80434		INSULIN TOLERANCE PANEL	01/01/2015	MEDICARE	$137.68	$0.00									
80435		INSULIN TOLERANCE PANEL	01/01/2015	MEDICARE	$140.19	$0.00									
80436		METYRAPONE PANEL	01/01/2015	MEDICARE	$124.06	$0.00									
80438		TRH STIMULATION PANEL	01/01/2015	MEDICARE	$68.59	$0.00									
80439		TRH STIMULATION PANEL	01/01/2015	MEDICARE	$91.47	$0.00									
80500		LAB PATHOLOGY CONSULTATION	07/01/2014	RBRVS	$21.34	$19.19									
80502		LAB PATHOLOGY CONSULTATION	07/01/2014	RBRVS	$68.92	$66.77									
81000		URINALYSIS NONAUTO W/SCOPE	01/01/2015	MEDICARE	$4.30	$0.00									
81001		URINALYSIS AUTO W/SCOPE	01/01/2015	MEDICARE	$4.30	$0.00									
81002		URINALYSIS NONAUTO W/O SCOPE	01/01/2015	MEDICARE	$3.48	$0.00									
81003		URINALYSIS AUTO W/O SCOPE	01/01/2014	MEDICARE	$3.06	$0.00									
81003	QW	URINALYSIS AUTO W/O SCOPE	01/01/2014	MEDICARE	$3.06	$0.00									
81005		URINALYSIS	01/01/2015	MEDICARE	$2.95	$0.00									
81007		URINE SCREEN FOR BACTERIA	01/01/2015	MEDICARE	$3.49	$0.00									
81007	QW	URINALYSIS;BACTERIURIA SCREEN BY N	01/01/2015	MEDICARE	$3.49	$0.00									
81015		MICROSCOPIC EXAM OF URINE	01/01/2015	MEDICARE	$4.14	$0.00									
81020		URINALYSIS GLASS TEST	01/01/2015	MEDICARE	$5.02	$0.00									
81025		URINE PREGNANCY TEST	01/01/2015	MEDICARE	$5.40	$0.00									
81050		URINALYSIS VOLUME MEASURE	01/01/2015	MEDICARE	$4.08	$0.00									
81099		URINALYSIS TEST PROCEDURE	07/01/2014	FEE SCHED	$4.09	$0.00									
81203		APC GENE DUP/DELET VARIANTS	07/01/2014	EAC	$0.00	$0.00									
81235		EGFR GENE COM VARIANTS	01/01/2015	MEDICARE	$329.17	$0.00									
81252		GJB2 GENE FULL SEQUENCE	01/01/2013	FEE SCHED	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
81253		GJB2 GENE KNOWN FAM VARIANTS	01/01/2013	FEE SCHED	$0.00	$0.00									
81254		GJB6 GENE COM VARIANTS	01/01/2013	FEE SCHED	$0.00	$0.00									
81321		PTEN GENE FULL SEQUENCE	01/01/2015	MEDICARE	$599.20	$0.00									
81322		PTEN GENE KNOWN FAM VARIANT	01/01/2015	MEDICARE	$58.24	$0.00									
81323		PTEN GENE DUP/DELET VARIANT	01/01/2015	MEDICARE	$87.37	$0.00									
81479		UNLISTED MOLECULAR PATHOLOGY	07/01/2014	FEE SCHED	$992.99	$0.00									
81500		ONCO (OVAR) TWO PROTEINS	01/01/2013	RBRVS	$0.00	$0.00									
81503		ONCO (OVAR) FIVE PROTEINS	01/01/2013	RBRVS	$0.00	$0.00									
81504		ONCOLOGY TISSUE OF ORIGIN	01/01/2014	FEE SCHED	$1,044.85	$0.00									
81506		ENDO ASSAY SEVEN ANAL	01/01/2013	RBRVS	$0.00	$0.00									
81507		FETAL ANEUPLOIDY TRISOM RISK	01/01/2014	FEE SCHED	$1,044.85	$0.00									
81508		FTL CGEN ABNOR TWO PROTEINS	01/01/2013	RBRVS	$0.00	$0.00									
81509		FTL CGEN ABNOR 3 PROTEINS	01/01/2013	RBRVS	$0.00	$0.00									
81510		FTL CGEN ABNOR THREE ANAL	01/01/2013	RBRVS	$0.00	$0.00									
81511		FTL CGEN ABNOR FOUR ANAL	01/01/2013	RBRVS	$0.00	$0.00									
81512		FTL CGEN ABNOR FIVE ANAL	01/01/2013	RBRVS	$0.00	$0.00									
81599		UNLISTED MAAA	01/01/2013	RBRVS	$0.00	$0.00									
82009		TEST FOR ACETONE/KETONES	01/01/2015	MEDICARE	$6.15	$0.00									
82010		ACETONE ASSAY	01/01/2015	MEDICARE	$11.11	$0.00									
82010	QW	ACETONE OR OTHER KETONE BODIES S	01/01/2015	MEDICARE	$11.11	$0.00									
82013		ACETYLCHOLINESTERASE ASSAY	01/01/2015	MEDICARE	$15.19	$0.00									
82016		ACYLCARNITINES QUAL	01/01/2015	MEDICARE	$18.87	$0.00									
82017		ACYLCARNITINES QUANT	01/01/2015	MEDICARE	$22.95	$0.00									
82024		ASSAY OF ACTH	01/01/2015	MEDICARE	$52.56	$0.00									
82030		ASSAY OF ADP & AMP	01/01/2015	MEDICARE	$35.11	$0.00									
82040		ASSAY OF SERUM ALBUMIN	01/01/2015	MEDICARE	$5.70	$0.00									
82040	QW	ASSAY OF SERUM ALBUMIN	01/01/2015	MEDICARE	$5.70	$0.00									
82042		ASSAY OF URINE ALBUMIN	01/01/2015	MEDICARE	$4.06	$0.00									
82042	QW	ASSAY OF URINE ALBUMIN	01/01/2015	MEDICARE	$4.06	$0.00									
82043		MICROALBUMIN QUANTITATIVE	01/01/2015	MEDICARE	$7.87	$0.00									
82043	QW	MICROALBUMIN QUANTITATIVE	01/01/2015	MEDICARE	$7.87	$0.00									
82044		MICROALBUMIN SEMIQUANT	01/01/2015	MEDICARE	$6.22	$0.00									
82044	QW	MICROALBUMIN SEMIQUANT	01/01/2015	MEDICARE	$6.22	$0.00									
82045		ALBUMIN ISCHEMIA MODIFIED	01/01/2015	MEDICARE	$46.18	$0.00									
82055	QW	ALCOHOL (ETHANOL); ANY SPECIMEN EX	01/01/2014	MEDICARE	$14.74	$0.00									
82075		ASSAY OF BREATH ETHANOL	01/01/2015	MEDICARE	$16.39	$0.00									
82085		ASSAY OF ALDOLASE	01/01/2015	MEDICARE	$13.21	$0.00									
82088		ASSAY OF ALDOSTERONE	01/01/2015	MEDICARE	$55.45	$0.00									
82103		ALPHA-1-ANTITRYPSIN TOTAL	01/01/2015	MEDICARE	$18.28	$0.00									
82104		ALPHA-1-ANTITRYPSIN PHENO	01/01/2015	MEDICARE	$19.68	$0.00									
82105		ALPHA-FETOPROTEIN SERUM	01/01/2015	MEDICARE	$22.83	$0.00									
82106		ALPHA-FETOPROTEIN AMNIOTIC	01/01/2015	MEDICARE	$22.83	$0.00									
82107		ALPHA-FETOPROTEIN L3	01/01/2015	MEDICARE	$87.64	$0.00									
82108		ASSAY OF ALUMINUM	01/01/2015	MEDICARE	$34.66	$0.00									
82120		AMINES VAGINAL FLUID QUAL	01/01/2015	MEDICARE	$5.11	$0.00									
82120	QW	AMINES VAGINAL FLUID QUAL	01/01/2015	MEDICARE	$5.11	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82127		AMINO ACID SINGLE QUAL	01/01/2015	MEDICARE	$18.87	$0.00									
82128		AMINO ACIDS MULT QUAL	01/01/2015	MEDICARE	$18.87	$0.00									
82131		AMINO ACIDS SINGLE QUANT	01/01/2015	MEDICARE	$22.95	$0.00									
82135		ASSAY AMINOLEVULINIC ACID	01/01/2015	MEDICARE	$22.39	$0.00									
82136		AMINO ACIDS QUANT 2-5	01/01/2015	MEDICARE	$22.95	$0.00									
82139		AMINO ACIDS QUAN 6 OR MORE	01/01/2015	MEDICARE	$22.95	$0.00									
82140		ASSAY OF AMMONIA	01/01/2015	MEDICARE	$17.88	$0.00									
82143		AMNIOTIC FLUID SCAN	01/01/2015	MEDICARE	$9.34	$0.00									
82150		ASSAY OF AMYLASE	01/01/2015	MEDICARE	$8.82	$0.00									
82150	QW	ASSAY OF AMYLASE	01/01/2015	MEDICARE	$8.82	$0.00									
82154		ANDROSTANEDIOL GLUCURONIDE	01/01/2015	MEDICARE	$39.24	$0.00									
82157		ASSAY OF ANDROSTENEDIONE	01/01/2015	MEDICARE	$39.84	$0.00									
82160		ASSAY OF ANDROSTERONE	01/01/2015	MEDICARE	$34.03	$0.00									
82163		ASSAY OF ANGIOTENSIN II	01/01/2015	MEDICARE	$27.93	$0.00									
82164		ANGIOTENSIN I ENZYME TEST	01/01/2015	MEDICARE	$19.87	$0.00									
82172		ASSAY OF APOLIPOPROTEIN	01/01/2015	MEDICARE	$21.09	$0.00									
82175		ASSAY OF ARSENIC	01/01/2015	MEDICARE	$25.81	$0.00									
82180		ASSAY OF ASCORBIC ACID	01/01/2015	MEDICARE	$13.45	$0.00									
82190		ATOMIC ABSORPTION	01/01/2015	MEDICARE	$20.28	$0.00									
82232		ASSAY OF BETA-2 PROTEIN	01/01/2015	MEDICARE	$22.02	$0.00									
82239		BILE ACIDS TOTAL	01/01/2015	MEDICARE	$23.31	$0.00									
82240		BILE ACIDS CHOLYLGLYCINE	01/01/2015	MEDICARE	$36.16	$0.00									
82247		BILIRUBIN TOTAL	01/01/2015	MEDICARE	$6.82	$0.00									
82247	QW	BILIRUBIN TOTAL	01/01/2015	MEDICARE	$6.82	$0.00									
82248		BILIRUBIN DIRECT	01/01/2015	MEDICARE	$6.82	$0.00									
82252		FECAL BILIRUBIN TEST	01/01/2015	MEDICARE	$6.19	$0.00									
82261		ASSAY OF BIOTINIDASE	01/01/2015	MEDICARE	$22.95	$0.00									
82270		OCCULT BLOOD FECES	01/01/2015	MEDICARE	$4.42	$0.00									
82271		OCCULT BLOOD OTHER SOURCES	01/01/2015	MEDICARE	$4.42	$0.00									
82271	QW	OCCULT BLOOD OTHER SOURCES	01/01/2015	MEDICARE	$4.42	$0.00									
82272		OCCULT BLD FECES 1-3 TESTS	01/01/2015	MEDICARE	$4.42	$0.00									
82272	QW	OCCULT BLD FECES 1-3 TESTS	01/01/2015	MEDICARE	$4.42	$0.00									
82274		ASSAY TEST FOR BLOOD FECAL	01/01/2015	MEDICARE	$21.64	$0.00									
82274	QW	ASSAY TEST FOR BLOOD FECAL	01/01/2015	MEDICARE	$21.64	$0.00									
82286		ASSAY OF BRADYKININ	01/01/2015	MEDICARE	$9.37	$0.00									
82300		ASSAY OF CADMIUM	01/01/2015	MEDICARE	$31.48	$0.00									
82306		VITAMIN D 25 HYDROXY	01/01/2015	MEDICARE	$40.29	$0.00									
82308		ASSAY OF CALCITONIN	01/01/2015	MEDICARE	$36.45	$0.00									
82310		ASSAY OF CALCIUM	01/01/2015	MEDICARE	$7.02	$0.00									
82310	QW	ASSAY OF CALCIUM	01/01/2015	MEDICARE	$7.02	$0.00									
82330		ASSAY OF CALCIUM	01/01/2015	MEDICARE	$18.60	$0.00									
82330	QW	ASSAY OF CALCIUM	01/01/2015	MEDICARE	$18.60	$0.00									
82331		CALCIUM INFUSION TEST	01/01/2015	MEDICARE	$7.03	$0.00									
82340		ASSAY OF CALCIUM IN URINE	01/01/2015	MEDICARE	$8.20	$0.00									
82355		CALCULUS ANALYSIS QUAL	01/01/2015	MEDICARE	$15.75	$0.00									
82360		CALCULUS ASSAY QUANT	01/01/2015	MEDICARE	$17.52	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82365		CALCULUS SPECTROSCOPY	01/01/2015	MEDICARE	$17.55	$0.00									
82370		X-RAY ASSAY CALCULUS	01/01/2015	MEDICARE	$17.05	$0.00									
82373		ASSAY C-D TRANSFER MEASURE	01/01/2015	MEDICARE	$24.58	$0.00									
82374		ASSAY BLOOD CARBON DIOXIDE	01/01/2015	MEDICARE	$6.64	$0.00									
82374	QW	ASSAY BLOOD CARBON DIOXIDE	01/01/2015	MEDICARE	$6.64	$0.00									
82375		ASSAY CARBOXYHB QUANT	01/01/2015	MEDICARE	$11.89	$0.00									
82376		ASSAY CARBOXYHB QUAL	01/01/2015	MEDICARE	$8.14	$0.00									
82378		CARCINOEMBRYONIC ANTIGEN	01/01/2015	MEDICARE	$25.81	$0.00									
82379		ASSAY OF CARNITINE	01/01/2015	MEDICARE	$22.95	$0.00									
82380		ASSAY OF CAROTENE	01/01/2015	MEDICARE	$12.55	$0.00									
82382		ASSAY URINE CATECHOLAMINES	01/01/2015	MEDICARE	$23.40	$0.00									
82383		ASSAY BLOOD CATECHOLAMINES	01/01/2015	MEDICARE	$34.09	$0.00									
82384		ASSAY THREE CATECHOLAMINES	01/01/2015	MEDICARE	$34.36	$0.00									
82387		ASSAY OF CATHEPSIN-D	01/01/2015	MEDICARE	$5.35	$0.00									
82390		ASSAY OF CERULOPLASMIN	01/01/2015	MEDICARE	$14.62	$0.00									
82397		CHEMILUMINESCENT ASSAY	01/01/2015	MEDICARE	$17.83	$0.00									
82415		ASSAY OF CHLORAMPHENICOL	01/01/2015	MEDICARE	$17.23	$0.00									
82435		ASSAY OF BLOOD CHLORIDE	01/01/2015	MEDICARE	$6.25	$0.00									
82435	QW	ASSAY OF BLOOD CHLORIDE	01/01/2015	MEDICARE	$6.25	$0.00									
82436		ASSAY OF URINE CHLORIDE	01/01/2015	MEDICARE	$6.85	$0.00									
82438		ASSAY OTHER FLUID CHLORIDES	01/01/2015	MEDICARE	$6.64	$0.00									
82441		TEST FOR CHLOROHYDROCARBONS	01/01/2015	MEDICARE	$8.17	$0.00									
82465		ASSAY BLD/SERUM CHOLESTEROL	01/01/2015	MEDICARE	$5.92	$0.00									
82465	QW	ASSAY BLD/SERUM CHOLESTEROL	01/01/2015	MEDICARE	$5.92	$0.00									
82480		ASSAY SERUM CHOLINESTERASE	01/01/2015	MEDICARE	$10.72	$0.00									
82482		ASSAY RBC CHOLINESTERASE	01/01/2015	MEDICARE	$10.45	$0.00									
82485		ASSAY CHONDROITIN SULFATE	01/01/2015	MEDICARE	$28.09	$0.00									
82486		GAS/LIQUID CHROMATOGRAPHY	01/01/2015	MEDICARE	$24.58	$0.00									
82487		PAPER CHROMATOGRAPHY	01/01/2015	MEDICARE	$21.73	$0.00									
82488		PAPER CHROMATOGRAPHY	01/01/2015	MEDICARE	$29.07	$0.00									
82489		THIN LAYER CHROMATOGRAPHY	01/01/2015	MEDICARE	$25.17	$0.00									
82491		CHROMOTOGRAPHY QUANT SING	01/01/2015	MEDICARE	$24.58	$0.00									
82492		CHROMOTOGRAPHY QUANT MULT	01/01/2015	MEDICARE	$24.58	$0.00									
82495		ASSAY OF CHROMIUM	01/01/2015	MEDICARE	$27.60	$0.00									
82507		ASSAY OF CITRATE	01/01/2015	MEDICARE	$37.84	$0.00									
82525		ASSAY OF COPPER	01/01/2015	MEDICARE	$16.89	$0.00									
82528		ASSAY OF CORTICOSTERONE	01/01/2015	MEDICARE	$30.64	$0.00									
82530		CORTISOL FREE	01/01/2015	MEDICARE	$22.74	$0.00									
82533		TOTAL CORTISOL	01/01/2015	MEDICARE	$22.18	$0.00									
82540		ASSAY OF CREATINE	01/01/2015	MEDICARE	$6.31	$0.00									
82541		COLUMN CHROMOTOGRAPHY QUAL	01/01/2015	MEDICARE	$24.58	$0.00									
82542		COLUMN CHROMOTOGRAPHY QUANT	01/01/2015	MEDICARE	$24.58	$0.00									
82543		COLUMN CHROMOTOGRAPH/ISOTOPE	01/01/2015	MEDICARE	$24.58	$0.00									
82544		COLUMN CHROMOTOGRAPH/ISOTOPE	01/01/2015	MEDICARE	$24.58	$0.00									
82550		ASSAY OF CK (CPK)	01/01/2015	MEDICARE	$8.86	$0.00									
82550	QW	ASSAY OF CK (CPK)	01/01/2015	MEDICARE	$8.86	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82552		ASSAY OF CPK IN BLOOD	01/01/2015	MEDICARE	$18.22	$0.00									
82553		CREATINE MB FRACTION	01/01/2015	MEDICARE	$15.72	$0.00									
82554		CREATINE ISOFORMS	01/01/2015	MEDICARE	$12.49	$0.00									
82565		ASSAY OF CREATININE	01/01/2015	MEDICARE	$6.97	$0.00									
82565	QW	ASSAY OF CREATININE	01/01/2015	MEDICARE	$6.97	$0.00									
82570		ASSAY OF URINE CREATININE	01/01/2015	MEDICARE	$7.03	$0.00									
82570	QW	CREATININE; OTHER SOURCE	01/01/2015	MEDICARE	$7.03	$0.00									
82575		CREATININE CLEARANCE TEST	01/01/2015	MEDICARE	$12.85	$0.00									
82585		ASSAY OF CRYOFIBRINOGEN	01/01/2015	MEDICARE	$11.68	$0.00									
82595		ASSAY OF CRYOGLOBULIN	01/01/2015	MEDICARE	$8.80	$0.00									
82600		ASSAY OF CYANIDE	01/01/2015	MEDICARE	$26.40	$0.00									
82607		VITAMIN B-12	01/01/2015	MEDICARE	$20.50	$0.00									
82608		B-12 BINDING CAPACITY	01/01/2015	MEDICARE	$19.48	$0.00									
82610		CYSTATIN C	01/01/2015	MEDICARE	$18.49	$0.00									
82615		TEST FOR URINE CYSTINES	01/01/2015	MEDICARE	$11.11	$0.00									
82626		DEHYDROEPIANDROSTERONE	01/01/2015	MEDICARE	$34.39	$0.00									
82627		DEHYDROEPIANDROSTERONE	01/01/2015	MEDICARE	$30.25	$0.00									
82633		DESOXYCORTICOSTERONE	01/01/2015	MEDICARE	$42.16	$0.00									
82634		DEOXYCORTISOL	01/01/2015	MEDICARE	$39.84	$0.00									
82638		ASSAY OF DIBUCAINE NUMBER	01/01/2015	MEDICARE	$16.66	$0.00									
82652		VIT D 1 25-DIHYDROXY	01/01/2015	MEDICARE	$52.39	$0.00									
82656		PANCREATIC ELASTASE FECAL	01/01/2015	MEDICARE	$15.70	$0.00									
82657		ENZYME CELL ACTIVITY	01/01/2015	MEDICARE	$24.58	$0.00									
82658		ENZYME CELL ACTIVITY RA	01/01/2015	MEDICARE	$24.58	$0.00									
82664		ELECTROPHORETIC TEST	01/01/2015	MEDICARE	$46.75	$0.00									
82668		ASSAY OF ERYTHROPOIETIN	01/01/2015	MEDICARE	$25.57	$0.00									
82670		ASSAY OF ESTRADIOL	01/01/2015	MEDICARE	$38.02	$0.00									
82671		ASSAY OF ESTROGENS	01/01/2015	MEDICARE	$43.96	$0.00									
82672		ASSAY OF ESTROGEN	01/01/2015	MEDICARE	$29.53	$0.00									
82677		ASSAY OF ESTRIOL	01/01/2015	MEDICARE	$32.91	$0.00									
82679		ASSAY OF ESTRONE	01/01/2015	MEDICARE	$33.96	$0.00									
82679	QW	ESTRONE	01/01/2015	MEDICARE	$33.96	$0.00									
82693		ASSAY OF ETHYLENE GLYCOL	01/01/2015	MEDICARE	$20.26	$0.00									
82696		ASSAY OF ETIOCHOLANOLONE	01/01/2015	MEDICARE	$32.08	$0.00									
82705		FATS/LIPIDS FECES QUAL	01/01/2015	MEDICARE	$6.93	$0.00									
82710		FATS/LIPIDS FECES QUANT	01/01/2015	MEDICARE	$22.87	$0.00									
82715		ASSAY OF FECAL FAT	01/01/2015	MEDICARE	$23.41	$0.00									
82725		ASSAY OF BLOOD FATTY ACIDS	01/01/2015	MEDICARE	$18.12	$0.00									
82726		LONG CHAIN FATTY ACIDS	01/01/2015	MEDICARE	$24.58	$0.00									
82728		ASSAY OF FERRITIN	01/01/2015	MEDICARE	$18.54	$0.00									
82731		ASSAY OF FETAL FIBRONECTIN	01/01/2015	MEDICARE	$87.64	$0.00									
82735		ASSAY OF FLUORIDE	01/01/2015	MEDICARE	$25.23	$0.00									
82746		ASSAY OF FOLIC ACID SERUM	01/01/2015	MEDICARE	$20.01	$0.00									
82747		ASSAY OF FOLIC ACID RBC	01/01/2015	MEDICARE	$23.56	$0.00									
82757		ASSAY OF SEMEN FRUCTOSE	01/01/2015	MEDICARE	$23.59	$0.00									
82759		ASSAY OF RBC GALACTOKINASE	01/01/2015	MEDICARE	$29.23	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82760		ASSAY OF GALACTOSE	01/01/2015	MEDICARE	$15.24	$0.00									
82775		ASSAY GALACTOSE TRANSFERASE	01/01/2015	MEDICARE	$28.66	$0.00									
82776		GALACTOSE TRANSFERASE TEST	01/01/2015	MEDICARE	$11.41	$0.00									
82777		GALECTIN 3	01/01/2015	MEDICARE	$29.92	$0.00									
82784		ASSAY IGA/IGD/IGG/IGM EACH	01/01/2015	MEDICARE	$12.39	$0.00									
82785		ASSAY OF GAMMAGLOBULIN IGE	01/01/2015	MEDICARE	$22.41	$0.00									
82787		IGG 1 2 3 OR 4 EACH	01/01/2015	MEDICARE	$10.90	$0.00									
82800		BLOOD PH	01/01/2015	MEDICARE	$11.50	$0.00									
82803		BLOOD GASES ANY COMBINATION	01/01/2015	MEDICARE	$26.32	$0.00									
82805		BLOOD GASES W/O2 SATURATION	01/01/2015	MEDICARE	$38.62	$0.00									
82810		BLOOD GASES O2 SAT ONLY	01/01/2015	MEDICARE	$11.88	$0.00									
82820		HEMOGLOBIN-OXYGEN AFFINITY	01/01/2015	MEDICARE	$13.59	$0.00									
82930		GASTRIC ANALY W/PH EA SPEC	01/01/2015	MEDICARE	$7.41	$0.00									
82938		GASTRIN TEST	01/01/2015	MEDICARE	$24.07	$0.00									
82941		ASSAY OF GASTRIN	01/01/2015	MEDICARE	$24.00	$0.00									
82943		ASSAY OF GLUCAGON	01/01/2015	MEDICARE	$19.44	$0.00									
82945		GLUCOSE OTHER FLUID	01/01/2015	MEDICARE	$5.34	$0.00									
82947		ASSAY GLUCOSE BLOOD QUANT	01/01/2015	MEDICARE	$5.34	$0.00									
82947	QW	ASSAY GLUCOSE BLOOD QUANT	01/01/2015	MEDICARE	$5.34	$0.00									
82948		REAGENT STRIP/BLOOD GLUCOSE	01/01/2015	MEDICARE	$4.30	$0.00									
82950		GLUCOSE TEST	01/01/2015	MEDICARE	$6.46	$0.00									
82950	QW	GLUCOSE; POST GLUCOSE DOSE (INCLU	01/01/2015	MEDICARE	$6.46	$0.00									
82951		GLUCOSE TOLERANCE TEST (GTT)	01/01/2015	MEDICARE	$17.52	$0.00									
82951	QW	GLUCOSE; TOLERANCE (GTT) 3 SPECIME	01/01/2015	MEDICARE	$17.52	$0.00									
82952		GTT-ADDED SAMPLES	01/01/2015	MEDICARE	$5.34	$0.00									
82952	QW	GLUCOSE; TOLERANCE TEST EACH ADD	01/01/2015	MEDICARE	$5.34	$0.00									
82955		ASSAY OF G6PD ENZYME	01/01/2015	MEDICARE	$13.18	$0.00									
82960		TEST FOR G6PD ENZYME	01/01/2015	MEDICARE	$8.23	$0.00									
82962		GLUCOSE BLOOD TEST	01/01/2015	MEDICARE	$3.19	$0.00									
82963		ASSAY OF GLUCOSIDASE	01/01/2015	MEDICARE	$29.23	$0.00									
82965		ASSAY OF GDH ENZYME	01/01/2015	MEDICARE	$10.51	$0.00									
82977		ASSAY OF GGT	01/01/2015	MEDICARE	$9.79	$0.00									
82977	QW	ASSAY OF GGT	01/01/2015	MEDICARE	$9.79	$0.00									
82978		ASSAY OF GLUTATHIONE	01/01/2015	MEDICARE	$19.39	$0.00									
82979		ASSAY RBC GLUTATHIONE	01/01/2015	MEDICARE	$9.37	$0.00									
82985		ASSAY OF GLYCATED PROTEIN	01/01/2015	MEDICARE	$15.84	$0.00									
82985	QW	ASSAY OF GLYCATED PROTEIN	01/01/2015	MEDICARE	$15.84	$0.00									
83001		ASSAY OF GONADOTROPIN (FSH)	01/01/2015	MEDICARE	$25.29	$0.00									
83001	QW	ASSAY OF GONADOTROPIN (FSH)	01/01/2015	MEDICARE	$25.29	$0.00									
83002		ASSAY OF GONADOTROPIN (LH)	01/01/2015	MEDICARE	$25.20	$0.00									
83002	QW	ASSAY OF GONADOTROPIN (LH)	01/01/2015	MEDICARE	$25.20	$0.00									
83003		ASSAY GROWTH HORMONE (HGH)	01/01/2015	MEDICARE	$22.69	$0.00									
83006		GROWTH STIMULATION GENE 2	01/01/2015	MEDICARE	$29.92	$0.00									
83009		H PYLORI (C-13) BLOOD	01/01/2015	MEDICARE	$91.66	$0.00									
83010		ASSAY OF HAPTOGLOBIN QUANT	01/01/2015	MEDICARE	$17.11	$0.00									
83012		ASSAY OF HAPTOGLOBINS	01/01/2015	MEDICARE	$23.40	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
83013		H PYLORI (C-13) BREATH	01/01/2015	MEDICARE	$91.66	$0.00									
83014		H PYLORI DRUG ADMIN	01/01/2015	MEDICARE	$10.69	$0.00									
83015		HEAVY METAL SCREEN	01/01/2015	MEDICARE	$25.63	$0.00									
83018		QUANTITATIVE SCREEN METALS	01/01/2015	MEDICARE	$29.89	$0.00									
83020		HEMOGLOBIN ELECTROPHORESIS	01/01/2015	MEDICARE	$17.52	$0.00									
83021		HEMOGLOBIN CHROMOTOGRAPHY	01/01/2015	MEDICARE	$24.58	$0.00									
83026		HEMOGLOBIN COPPER SULFATE	01/01/2015	MEDICARE	$3.22	$0.00									
83030		FETAL HEMOGLOBIN CHEMICAL	01/01/2015	MEDICARE	$11.25	$0.00									
83033		FETAL HEMOGLOBIN ASSAY QUAL	01/01/2015	MEDICARE	$8.11	$0.00									
83036		GLYCOSYLATED HEMOGLOBIN TEST	01/01/2015	MEDICARE	$13.21	$0.00									
83036	QW	HEMOGLOBIN; GLYCATED	01/01/2015	MEDICARE	$13.21	$0.00									
83037		GLYCOSYLATED HB HOME DEVICE	01/01/2015	MEDICARE	$13.21	$0.00									
83037	QW	GLYCOSYLATED HB HOME DEVICE	01/01/2015	MEDICARE	$13.21	$0.00									
83045		BLOOD METHEMOGLOBIN TEST	01/01/2015	MEDICARE	$6.73	$0.00									
83050		BLOOD METHEMOGLOBIN ASSAY	01/01/2015	MEDICARE	$9.97	$0.00									
83051		ASSAY OF PLASMA HEMOGLOBIN	01/01/2015	MEDICARE	$9.94	$0.00									
83060		BLOOD SULFHEMOGLOBIN ASSAY	01/01/2015	MEDICARE	$11.25	$0.00									
83065		ASSAY OF HEMOGLOBIN HEAT	01/01/2015	MEDICARE	$9.37	$0.00									
83068		HEMOGLOBIN STABILITY SCREEN	01/01/2015	MEDICARE	$11.50	$0.00									
83069		ASSAY OF URINE HEMOGLOBIN	01/01/2015	MEDICARE	$5.37	$0.00									
83070		ASSAY OF HEMOSIDERIN QUAL	01/01/2015	MEDICARE	$6.46	$0.00									
83080		ASSAY OF B HEXOSAMINIDASE	01/01/2015	MEDICARE	$22.95	$0.00									
83088		ASSAY OF HISTAMINE	01/01/2015	MEDICARE	$40.18	$0.00									
83090		ASSAY OF HOMOCYSTINE	01/01/2015	MEDICARE	$22.95	$0.00									
83150		ASSAY OF HOMOVANILLIC ACID	01/01/2015	MEDICARE	$26.32	$0.00									
83491		ASSAY OF CORTICOSTEROIDS 17	01/01/2015	MEDICARE	$23.83	$0.00									
83497		ASSAY OF 5-HIAA	01/01/2015	MEDICARE	$17.55	$0.00									
83498		ASSAY OF PROGESTERONE 17-D	01/01/2015	MEDICARE	$36.97	$0.00									
83499		ASSAY OF PROGESTERONE 20-	01/01/2015	MEDICARE	$34.30	$0.00									
83500		ASSAY FREE HYDROXYPROLINE	01/01/2015	MEDICARE	$30.82	$0.00									
83505		ASSAY TOTAL HYDROXYPROLINE	01/01/2015	MEDICARE	$33.09	$0.00									
83516	QW	IMMUNOASSAY NONANTIBODY	01/01/2015	MEDICARE	$15.70	$0.00									
83518		IMMUNOASSAY DIPSTICK	01/01/2015	MEDICARE	$11.53	$0.00									
83518	QW	IMMUNOASSAY DIPSTICK	01/01/2015	MEDICARE	$11.53	$0.00									
83519		IMMUNOASSAY, NONANTIBODY	01/01/2015	MEDICARE	$18.39	$0.00									
83520		IMMUNOASSAY, RIA	01/01/2015	MEDICARE	$17.62	$0.00									
83520	QW	IMMUNOASSAY, RIA	01/01/2015	MEDICARE	$17.62	$0.00									
83525		ASSAY OF INSULIN	01/01/2015	MEDICARE	$15.55	$0.00									
83527		ASSAY OF INSULIN	01/01/2015	MEDICARE	$17.62	$0.00									
83528		ASSAY OF INTRINSIC FACTOR	01/01/2015	MEDICARE	$21.64	$0.00									
83540		ASSAY OF IRON	01/01/2015	MEDICARE	$5.91	$0.00									
83550		IRON BINDING TEST	01/01/2015	MEDICARE	$7.36	$0.00									
83570		ASSAY OF IDH ENZYME	01/01/2015	MEDICARE	$12.04	$0.00									
83582		ASSAY OF KETOGENIC STEROIDS	01/01/2015	MEDICARE	$19.27	$0.00									
83586		ASSAY 17- KETOSTEROIDS	01/01/2015	MEDICARE	$17.43	$0.00									
83593		FRACTIONATION KETOSTEROIDS	01/01/2015	MEDICARE	$35.79	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
83605		ASSAY OF LACTIC ACID	01/01/2015	MEDICARE	$14.53	$0.00									
83605	QW	LACTATE (LACTIC ACID)	01/01/2015	MEDICARE	$14.53	$0.00									
83615		LACTATE (LD) (LDH) ENZYME	01/01/2015	MEDICARE	$8.20	$0.00									
83625		ASSAY OF LDH ENZYMES	01/01/2015	MEDICARE	$17.41	$0.00									
83630		LACTOFERRIN FECAL (QUAL)	01/01/2015	MEDICARE	$26.71	$0.00									
83631		LACTOFERRIN FECAL (QUANT)	01/01/2015	MEDICARE	$26.71	$0.00									
83632		PLACENTAL LACTOGEN	01/01/2015	MEDICARE	$27.51	$0.00									
83633		TEST URINE FOR LACTOSE	01/01/2015	MEDICARE	$7.48	$0.00									
83655		ASSAY OF LEAD	01/01/2015	MEDICARE	$16.47	$0.00									
83655	QW	ASSAY OF LEAD	01/01/2015	MEDICARE	$16.47	$0.00									
83661		L/S RATIO FETAL LUNG	01/01/2015	MEDICARE	$29.92	$0.00									
83662		FOAM STABILITY FETAL LUNG	01/01/2015	MEDICARE	$9.21	$0.00									
83663		FLUORO POLARIZE FETAL LUNG	01/01/2015	MEDICARE	$9.21	$0.00									
83664		LAMELLAR BDY FETAL LUNG	01/01/2015	MEDICARE	$9.21	$0.00									
83670		ASSAY OF LAP ENZYME	01/01/2015	MEDICARE	$12.46	$0.00									
83690		ASSAY OF LIPASE	01/01/2015	MEDICARE	$9.10	$0.00									
83695		ASSAY OF LIPOPROTEIN(A)	01/01/2015	MEDICARE	$17.62	$0.00									
83698		ASSAY LIPOPROTEIN PLA2	01/01/2015	MEDICARE	$46.18	$0.00									
83700		LIPOPRO BLD ELECTROPHORETIC	01/01/2015	MEDICARE	$15.31	$0.00									
83701		LIPOPROTEIN BLD HR FRACTION	01/01/2015	MEDICARE	$33.78	$0.00									
83704		LIPOPROTEIN BLD BY NMR	01/01/2015	MEDICARE	$42.93	$0.00									
83718		ASSAY OF LIPOPROTEIN	01/01/2015	MEDICARE	$11.14	$0.00									
83718	QW	LIPOPROTEIN DIRECT MEASUREMENT; H	01/01/2015	MEDICARE	$11.14	$0.00									
83719		ASSAY OF BLOOD LIPOPROTEIN	01/01/2015	MEDICARE	$15.84	$0.00									
83721		ASSAY OF BLOOD LIPOPROTEIN	01/01/2015	MEDICARE	$12.99	$0.00									
83721	QW	ASSAY OF BLOOD LIPOPROTEIN	01/01/2015	MEDICARE	$12.99	$0.00									
83727		ASSAY OF LRH HORMONE	01/01/2015	MEDICARE	$23.40	$0.00									
83735		ASSAY OF MAGNESIUM	01/01/2015	MEDICARE	$9.10	$0.00									
83775		ASSAY MALATE DEHYDROGENASE	01/01/2015	MEDICARE	$10.03	$0.00									
83785		ASSAY OF MANGANESE	01/01/2015	MEDICARE	$33.46	$0.00									
83788		MASS SPECTROMETRY QUAL	01/01/2015	MEDICARE	$24.58	$0.00									
83789		MASS SPECTROMETRY QUANT	01/01/2015	MEDICARE	$24.58	$0.00									
83825		ASSAY OF MERCURY	01/01/2015	MEDICARE	$22.12	$0.00									
83835		ASSAY OF METANEPHRINES	01/01/2015	MEDICARE	$23.05	$0.00									
83857		ASSAY OF METHEMALBUMIN	01/01/2015	MEDICARE	$14.62	$0.00									
83861		MICROFLUID ANALY TEARS	01/01/2015	MEDICARE	$22.48	$0.00									
83861	QW	MICROFLUID ANALY TEARS	01/01/2015	MEDICARE	$22.48	$0.00									
83864		MUCOPOLYSACCHARIDES	01/01/2015	MEDICARE	$27.10	$0.00									
83872		ASSAY SYNOVIAL FLUID MUCIN	01/01/2015	MEDICARE	$7.98	$0.00									
83873		ASSAY OF CSF PROTEIN	01/01/2015	MEDICARE	$23.41	$0.00									
83874		ASSAY OF MYOGLOBIN	01/01/2015	MEDICARE	$17.58	$0.00									
83876		ASSAY MYELOPEROXIDASE	01/01/2015	MEDICARE	$46.18	$0.00									
83880		ASSAY OF NATRIURETIC PEPTIDE	01/01/2015	MEDICARE	$46.18	$0.00									
83880	QW	ASSAY OF NATRIURETIC PEPTIDE	01/01/2015	MEDICARE	$46.18	$0.00									
83883		ASSAY NEPHELOMETRY NOT SPEC	01/01/2015	MEDICARE	$18.49	$0.00									
83885		ASSAY OF NICKEL	01/01/2015	MEDICARE	$33.34	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
83915		ASSAY OF NUCLEOTIDASE	01/01/2015	MEDICARE	$15.18	$0.00									
83916		OLIGOCLONAL BANDS	01/01/2015	MEDICARE	$27.37	$0.00									
83918		ORGANIC ACIDS TOTAL QUANT	01/01/2015	MEDICARE	$22.39	$0.00									
83919		ORGANIC ACIDS QUAL EACH	01/01/2015	MEDICARE	$22.39	$0.00									
83921		ORGANIC ACID SINGLE QUANT	01/01/2015	MEDICARE	$22.39	$0.00									
83930		ASSAY OF BLOOD OSMOLALITY	01/01/2015	MEDICARE	$9.00	$0.00									
83935		ASSAY OF URINE OSMOLALITY	01/01/2015	MEDICARE	$9.28	$0.00									
83937		ASSAY OF OSTEOCALCIN	01/01/2015	MEDICARE	$40.62	$0.00									
83945		ASSAY OF OXALATE	01/01/2015	MEDICARE	$17.52	$0.00									
83950		ONCOPROTEIN HER-2/NEU	01/01/2015	MEDICARE	$87.64	$0.00									
83951		ONCOPROTEIN DCP	01/01/2015	MEDICARE	$87.64	$0.00									
83970		ASSAY OF PARATHORMONE	01/01/2015	MEDICARE	$56.17	$0.00									
83986		ASSAY OF BODY FLUID ACIDITY	01/01/2015	MEDICARE	$4.87	$0.00									
83986	QW	PH BODY FLUID EXCEPT BLOOD	01/01/2015	MEDICARE	$4.87	$0.00									
83992		ASSAY FOR PHENCYCLIDINE	01/01/2015	MEDICARE	$19.99	$0.00									
83993		ASSAY FOR CALPROTECTIN FECAL	01/01/2015	MEDICARE	$26.71	$0.00									
84030		ASSAY OF BLOOD PKU	01/01/2015	MEDICARE	$7.48	$0.00									
84035		ASSAY OF PHENYLKETONES	01/01/2015	MEDICARE	$4.98	$0.00									
84060		ASSAY ACID PHOSPHATASE	01/01/2015	MEDICARE	$10.05	$0.00									
84061		PHOSPHATASE FORENSIC EXAM	01/01/2015	MEDICARE	$10.75	$0.00									
84066		ASSAY PROSTATE PHOSPHATASE	01/01/2015	MEDICARE	$13.15	$0.00									
84075		ASSAY ALKALINE PHOSPHATASE	01/01/2015	MEDICARE	$7.03	$0.00									
84075	QW	ASSAY ALKALINE PHOSPHATASE	01/01/2015	MEDICARE	$7.03	$0.00									
84078		ASSAY ALKALINE PHOSPHATASE	01/01/2015	MEDICARE	$9.94	$0.00									
84080		ASSAY ALKALINE PHOSPHATASES	01/01/2015	MEDICARE	$20.11	$0.00									
84081		ASSAY PHOSPHATIDYLGLYCEROL	01/01/2015	MEDICARE	$22.48	$0.00									
84085		ASSAY OF RBC PG6D ENZYME	01/01/2015	MEDICARE	$9.18	$0.00									
84087		ASSAY PHOSPHOHEXOSE ENZYMES	01/01/2015	MEDICARE	$14.05	$0.00									
84100		ASSAY OF PHOSPHORUS	01/01/2015	MEDICARE	$6.45	$0.00									
84105		ASSAY OF URINE PHOSPHORUS	01/01/2015	MEDICARE	$7.03	$0.00									
84106		TEST FOR PORPHOBILINOGEN	01/01/2015	MEDICARE	$5.82	$0.00									
84110		ASSAY OF PORPHOBILINOGEN	01/01/2015	MEDICARE	$11.47	$0.00									
84112		PLACENTA ALPHA MICRO IG C/V	01/01/2015	MEDICARE	$87.64	$0.00									
84119		TEST URINE FOR PORPHYRINS	01/01/2015	MEDICARE	$11.71	$0.00									
84120		ASSAY OF URINE PORPHYRINS	01/01/2015	MEDICARE	$20.02	$0.00									
84126		ASSAY OF FECES PORPHYRINS	01/01/2015	MEDICARE	$34.66	$0.00									
84132		ASSAY OF SERUM POTASSIUM	01/01/2015	MEDICARE	$6.25	$0.00									
84132	QW	ASSAY OF SERUM POTASSIUM	01/01/2015	MEDICARE	$6.25	$0.00									
84133		ASSAY OF URINE POTASSIUM	01/01/2015	MEDICARE	$5.85	$0.00									
84134		ASSAY OF PREALBUMIN	01/01/2015	MEDICARE	$19.84	$0.00									
84135		ASSAY OF PREGNANEDIOL	01/01/2015	MEDICARE	$26.02	$0.00									
84138		ASSAY OF PREGNANETRIOL	01/01/2015	MEDICARE	$25.77	$0.00									
84140		ASSAY OF PREGNENOLONE	01/01/2015	MEDICARE	$28.12	$0.00									
84143		ASSAY OF 17-HYDROXYPREGNENO	01/01/2015	MEDICARE	$20.94	$0.00									
84144		ASSAY OF PROGESTERONE	01/01/2015	MEDICARE	$28.39	$0.00									
84145		PROCALCITONIN (PCT)	01/01/2015	MEDICARE	$36.45	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
84146		ASSAY OF PROLACTIN	01/01/2015	MEDICARE	$26.37	$0.00									
84150		ASSAY OF PROSTAGLANDIN	01/01/2015	MEDICARE	$33.96	$0.00									
84152		ASSAY OF PSA COMPLEXED	01/01/2015	MEDICARE	$25.03	$0.00									
84153		ASSAY OF PSA TOTAL	01/01/2015	MEDICARE	$25.03	$0.00									
84154		ASSAY OF PSA FREE	01/01/2015	MEDICARE	$25.03	$0.00									
84155		ASSAY OF PROTEIN SERUM	01/01/2015	MEDICARE	$4.99	$0.00									
84155	QW	ASSAY OF PROTEIN SERUM	01/01/2015	MEDICARE	$4.99	$0.00									
84156		ASSAY OF PROTEIN URINE	01/01/2015	MEDICARE	$4.99	$0.00									
84157		ASSAY OF PROTEIN OTHER	01/01/2015	MEDICARE	$4.99	$0.00									
84157	QW	ASSAY OF PROTEIN OTHER	01/01/2015	MEDICARE	$4.99	$0.00									
84160		ASSAY OF PROTEIN ANY SOURCE	01/01/2015	MEDICARE	$7.03	$0.00									
84163		PAPPA SERUM	01/01/2015	MEDICARE	$20.49	$0.00									
84165		PROTEIN E-PHORESIS SERUM	01/01/2015	MEDICARE	$14.61	$0.00									
84166		PROTEIN E-PHORESIS/URINE/CSF	01/01/2015	MEDICARE	$24.27	$0.00									
84181		WESTERN BLOT TEST	01/01/2015	MEDICARE	$23.17	$0.00									
84182		PROTEIN WESTERN BLOT TEST	01/01/2015	MEDICARE	$24.49	$0.00									
84202		ASSAY RBC PROTOPORPHYRIN	01/01/2015	MEDICARE	$19.51	$0.00									
84203		TEST RBC PROTOPORPHYRIN	01/01/2015	MEDICARE	$11.71	$0.00									
84206		ASSAY OF PROINSULIN	01/01/2015	MEDICARE	$24.24	$0.00									
84207		ASSAY OF VITAMIN B-6	01/01/2015	MEDICARE	$38.23	$0.00									
84210		ASSAY OF PYRUVATE	01/01/2015	MEDICARE	$14.77	$0.00									
84220		ASSAY OF PYRUVATE KINASE	01/01/2015	MEDICARE	$12.85	$0.00									
84228		ASSAY OF QUININE	01/01/2015	MEDICARE	$15.84	$0.00									
84233		ASSAY OF ESTROGEN	01/01/2015	MEDICARE	$87.64	$0.00									
84234		ASSAY OF PROGESTERONE	01/01/2015	MEDICARE	$88.29	$0.00									
84235		ASSAY OF ENDOCRINE HORMONE	01/01/2015	MEDICARE	$71.23	$0.00									
84238		ASSAY NONENDOCRINE RECEPTOR	01/01/2015	MEDICARE	$49.77	$0.00									
84244		ASSAY OF RENIN	01/01/2015	MEDICARE	$29.92	$0.00									
84252		ASSAY OF VITAMIN B-2	01/01/2015	MEDICARE	$27.54	$0.00									
84255		ASSAY OF SELENIUM	01/01/2015	MEDICARE	$34.74	$0.00									
84260		ASSAY OF SEROTONIN	01/01/2015	MEDICARE	$42.16	$0.00									
84270		ASSAY OF SEX HORMONE GLOBUL	01/01/2015	MEDICARE	$29.58	$0.00									
84275		ASSAY OF SIALIC ACID	01/01/2015	MEDICARE	$18.28	$0.00									
84285		ASSAY OF SILICA	01/01/2015	MEDICARE	$32.04	$0.00									
84295		ASSAY OF SERUM SODIUM	01/01/2015	MEDICARE	$6.55	$0.00									
84295	QW	ASSAY OF SERUM SODIUM	01/01/2015	MEDICARE	$6.55	$0.00									
84300		ASSAY OF URINE SODIUM	01/01/2015	MEDICARE	$6.61	$0.00									
84302		ASSAY OF SWEAT SODIUM	01/01/2015	MEDICARE	$6.61	$0.00									
84305		ASSAY OF SOMATOMEDIN	01/01/2015	MEDICARE	$28.93	$0.00									
84307		ASSAY OF SOMATOSTATIN	01/01/2015	MEDICARE	$24.88	$0.00									
84311		SPECTROPHOTOMETRY	01/01/2015	MEDICARE	$9.52	$0.00									
84315		BODY FLUID SPECIFIC GRAVITY	01/01/2015	MEDICARE	$3.42	$0.00									
84375		CHROMATOGRAM ASSAY SUGARS	01/01/2015	MEDICARE	$26.68	$0.00									
84376		SUGARS SINGLE QUAL	01/01/2015	MEDICARE	$7.48	$0.00									
84377		SUGARS MULTIPLE QUAL	01/01/2015	MEDICARE	$7.48	$0.00									
84378		SUGARS SINGLE QUANT	01/01/2015	MEDICARE	$15.69	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
84379		SUGARS MULTIPLE QUANT	01/01/2015	MEDICARE	$15.69	$0.00									
84392		ASSAY OF URINE SULFATE	01/01/2015	MEDICARE	$6.46	$0.00									
84402		ASSAY OF FREE TESTOSTERONE	01/01/2015	MEDICARE	$34.65	$0.00									
84403		ASSAY OF TOTAL TESTOSTERONE	01/01/2015	MEDICARE	$35.13	$0.00									
84425		ASSAY OF VITAMIN B-1	01/01/2015	MEDICARE	$28.89	$0.00									
84430		ASSAY OF THIOCYANATE	01/01/2015	MEDICARE	$15.84	$0.00									
84431		THROMBOXANE URINE	01/01/2015	MEDICARE	$22.87	$0.00									
84432		ASSAY OF THYROGLOBULIN	01/01/2015	MEDICARE	$21.85	$0.00									
84436		ASSAY OF TOTAL THYROXINE	01/01/2015	MEDICARE	$9.34	$0.00									
84437		ASSAY OF NEONATAL THYROXINE	01/01/2015	MEDICARE	$8.80	$0.00									
84439		ASSAY OF FREE THYROXINE	01/01/2015	MEDICARE	$12.27	$0.00									
84442		ASSAY OF THYROID ACTIVITY	01/01/2015	MEDICARE	$20.11	$0.00									
84443		ASSAY THYROID STIM HORMONE	01/01/2015	MEDICARE	$22.87	$0.00									
84443	QW	ASSAY THYROID STIM HORMONE	01/01/2015	MEDICARE	$22.87	$0.00									
84445		ASSAY OF TSI GLOBULIN	01/01/2015	MEDICARE	$69.19	$0.00									
84446		ASSAY OF VITAMIN E	01/01/2015	MEDICARE	$19.29	$0.00									
84449		ASSAY OF TRANSCORTIN	01/01/2015	MEDICARE	$24.49	$0.00									
84450		TRANSFERASE (AST) (SGOT)	01/01/2015	MEDICARE	$7.03	$0.00									
84450	QW	TRANSFERASE (AST) (SGOT)	01/01/2015	MEDICARE	$7.03	$0.00									
84460		ALANINE AMINO (ALT) (SGPT)	01/01/2015	MEDICARE	$7.21	$0.00									
84460	QW	TRANSFERASE; ALANINE AMINO (ALT)(SG	01/01/2015	MEDICARE	$7.21	$0.00									
84466		ASSAY OF TRANSFERRIN	01/01/2015	MEDICARE	$17.38	$0.00									
84478		ASSAY OF TRIGLYCERIDES	01/01/2015	MEDICARE	$7.81	$0.00									
84478	QW	TRIGLYCERIDES	01/01/2015	MEDICARE	$7.81	$0.00									
84479		ASSAY OF THYROID (T3 OR T4)	01/01/2015	MEDICARE	$8.80	$0.00									
84480		ASSAY TRIIODOTHYRONINE (T3)	01/01/2015	MEDICARE	$19.29	$0.00									
84481		FREE ASSAY (FT-3)	01/01/2015	MEDICARE	$23.05	$0.00									
84482		T3 REVERSE	01/01/2015	MEDICARE	$21.45	$0.00									
84484		ASSAY OF TROPONIN QUANT	01/01/2015	MEDICARE	$13.39	$0.00									
84485		ASSAY DUODENAL FLUID TRYPSIN	01/01/2015	MEDICARE	$10.23	$0.00									
84488		TEST FECES FOR TRYPSIN	01/01/2015	MEDICARE	$9.94	$0.00									
84490		ASSAY OF FECES FOR TRYPSIN	01/01/2015	MEDICARE	$10.35	$0.00									
84510		ASSAY OF TYROSINE	01/01/2015	MEDICARE	$14.16	$0.00									
84512		ASSAY OF TROPONIN QUAL	01/01/2015	MEDICARE	$10.48	$0.00									
84520		ASSAY OF UREA NITROGEN	01/01/2015	MEDICARE	$5.37	$0.00									
84520	QW	ASSAY OF UREA NITROGEN	01/01/2015	MEDICARE	$5.37	$0.00									
84525		UREA NITROGEN SEMI-QUANT	01/01/2015	MEDICARE	$5.11	$0.00									
84540		ASSAY OF URINE/UREA-N	01/01/2015	MEDICARE	$6.46	$0.00									
84545		UREA-N CLEARANCE TEST	01/01/2015	MEDICARE	$8.98	$0.00									
84550		ASSAY OF BLOOD/URIC ACID	01/01/2015	MEDICARE	$6.15	$0.00									
84550	QW	ASSAY OF BLOOD/URIC ACID	01/01/2015	MEDICARE	$6.15	$0.00									
84560		ASSAY OF URINE/URIC ACID	01/01/2015	MEDICARE	$6.46	$0.00									
84577		ASSAY OF FECES/UROBILINOGEN	01/01/2015	MEDICARE	$16.98	$0.00									
84578		TEST URINE UROBILINOGEN	01/01/2014	MEDICARE	$4.42	$0.00									
84580		ASSAY OF URINE UROBILINOGEN	01/01/2015	MEDICARE	$9.66	$0.00									
84583		ASSAY OF URINE UROBILINOGEN	01/01/2015	MEDICARE	$6.85	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
84585		ASSAY OF URINE VMA	01/01/2015	MEDICARE	$21.09	$0.00									
84586		ASSAY OF VIP	01/01/2015	MEDICARE	$48.09	$0.00									
84588		ASSAY OF VASOPRESSIN	01/01/2015	MEDICARE	$46.18	$0.00									
84590		ASSAY OF VITAMIN A	01/01/2015	MEDICARE	$15.79	$0.00									
84591		ASSAY OF NOS VITAMIN	01/01/2015	MEDICARE	$15.79	$0.00									
84597		ASSAY OF VITAMIN K	01/01/2015	MEDICARE	$18.66	$0.00									
84600		ASSAY OF VOLATILES	01/01/2015	MEDICARE	$21.88	$0.00									
84620		XYLOSE TOLERANCE TEST	01/01/2015	MEDICARE	$16.12	$0.00									
84630		ASSAY OF ZINC	01/01/2015	MEDICARE	$15.49	$0.00									
84681		ASSAY OF C-PEPTIDE	01/01/2015	MEDICARE	$22.15	$0.00									
84702		CHORIONIC GONADOTROPIN TEST	01/01/2015	MEDICARE	$20.49	$0.00									
84703		CHORIONIC GONADOTROPIN ASSAY	01/01/2015	MEDICARE	$10.23	$0.00									
84703	QW	GONADOTROPIN CHORIONIC (HCG); QU/	01/01/2015	MEDICARE	$10.23	$0.00									
84704		HCG FREE BETACHAIN TEST	01/01/2015	MEDICARE	$20.49	$0.00									
84830		OVULATION TESTS	01/01/2015	MEDICARE	$5.40	$0.00									
84999		CLINICAL CHEMISTRY TEST	07/01/2014	FEE SCHED	$1,606.90	$0.00									
85002		BLEEDING TIME TEST	01/01/2015	MEDICARE	$6.13	$0.00									
85004		AUTOMATED DIFF WBC COUNT	01/01/2015	MEDICARE	$8.80	$0.00									
85007		BL SMEAR W/DIFF WBC COUNT	01/01/2015	MEDICARE	$4.68	$0.00									
85008		BL SMEAR W/O DIFF WBC COUNT	01/01/2015	MEDICARE	$4.68	$0.00									
85009		MANUAL DIFF WBC COUNT B-COAT	01/01/2015	MEDICARE	$3.91	$0.00									
85013		SPUN MICROHEMATOCRIT	01/01/2014	MEDICARE	$3.22	$0.00									
85014		HEMATOCRIT	01/01/2014	MEDICARE	$3.22	$0.00									
85014	QW	BLOOD COUNT; OTHER THAN SPUN HEM	01/01/2014	MEDICARE	$3.22	$0.00									
85018		HEMOGLOBIN	01/01/2014	MEDICARE	$3.22	$0.00									
85018	QW	BLOOD COUNT; HEMOGLOBIN	01/01/2014	MEDICARE	$3.22	$0.00									
85025		COMPLETE CBC W/AUTO DIFF WBC	01/01/2015	MEDICARE	$10.57	$0.00									
85027		COMPLETE CBC AUTOMATED	01/01/2015	MEDICARE	$8.80	$0.00									
85032		MANUAL CELL COUNT EACH	01/01/2015	MEDICARE	$5.85	$0.00									
85041		AUTOMATED RBC COUNT	01/01/2014	MEDICARE	$4.11	$0.00									
85044		MANUAL RETICULOCYTE COUNT	01/01/2015	MEDICARE	$5.85	$0.00									
85045		AUTOMATED RETICULOCYTE COUNT	01/01/2015	MEDICARE	$5.44	$0.00									
85046		RETICYTE/HGB CONCENTRATE	01/01/2015	MEDICARE	$7.59	$0.00									
85048		AUTOMATED LEUKOCYTE COUNT	01/01/2014	MEDICARE	$3.46	$0.00									
85049		AUTOMATED PLATELET COUNT	01/01/2015	MEDICARE	$6.09	$0.00									
85055		RETICULATED PLATELET ASSAY	01/01/2015	MEDICARE	$36.43	$0.00									
85060		BLOOD SMEAR INTERPRETATION	07/01/2014	RBRVS	$24.92	$24.92									
85097		BONE MARROW INTERPRETATION	07/01/2014	RBRVS	$86.71	$49.42									
85130		CHROMOGENIC SUBSTRATE ASSAY	01/01/2015	MEDICARE	$16.18	$0.00									
85170		BLOOD CLOT RETRACTION	01/01/2015	MEDICARE	$4.92	$0.00									
85175		BLOOD CLOT LYSIS TIME	01/01/2015	MEDICARE	$6.19	$0.00									
85210		CLOT FACTOR II PROTHROM SPEC	01/01/2015	MEDICARE	$17.67	$0.00									
85220		BLOOC CLOT FACTOR V TEST	01/01/2015	MEDICARE	$24.01	$0.00									
85230		CLOT FACTOR VII PROCONVERTIN	01/01/2015	MEDICARE	$24.37	$0.00									
85240		CLOT FACTOR VIII AHG 1 STAGE	01/01/2015	MEDICARE	$24.37	$0.00									
85244		CLOT FACTOR VIII RELTD ANTGN	01/01/2015	MEDICARE	$27.79	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
85245		CLOT FACTOR VIII VW RISTOCTN	01/01/2015	MEDICARE	$31.21	$0.00									
85246		CLOT FACTOR VIII VW ANTIGEN	01/01/2015	MEDICARE	$31.21	$0.00									
85247		CLOT FACTOR VIII MULTIMETRIC	01/01/2015	MEDICARE	$31.21	$0.00									
85250		CLOT FACTOR IX PTC/CHRSTMAS	01/01/2015	MEDICARE	$25.90	$0.00									
85260		CLOT FACTOR X STUART-POWER	01/01/2015	MEDICARE	$24.37	$0.00									
85270		CLOT FACTOR XI PTA	01/01/2015	MEDICARE	$24.37	$0.00									
85280		CLOT FACTOR XII HAGEMAN	01/01/2015	MEDICARE	$26.32	$0.00									
85290		CLOT FACTOR XIII FIBRIN STAB	01/01/2015	MEDICARE	$22.24	$0.00									
85291		CLOT FACTOR XIII FIBRIN SCRN	01/01/2015	MEDICARE	$12.10	$0.00									
85292		CLOT FACTOR FLETCHER FACT	01/01/2015	MEDICARE	$25.77	$0.00									
85293		CLOT FACTOR WGHT KININOGEN	01/01/2015	MEDICARE	$25.77	$0.00									
85300		ANTITHROMBIN III ACTIVITY	01/01/2015	MEDICARE	$16.12	$0.00									
85301		ANTITHROMBIN III ANTIGEN	01/01/2015	MEDICARE	$14.71	$0.00									
85302		CLOT INHIBIT PROT C ANTIGEN	01/01/2015	MEDICARE	$16.35	$0.00									
85303		CLOT INHIBIT PROT C ACTIVITY	01/01/2015	MEDICARE	$18.82	$0.00									
85305		CLOT INHIBIT PROT S TOTAL	01/01/2015	MEDICARE	$15.79	$0.00									
85306		CLOT INHIBIT PROT S FREE	01/01/2015	MEDICARE	$20.85	$0.00									
85307		ASSAY ACTIVATED PROTEIN C	01/01/2015	MEDICARE	$20.85	$0.00									
85335		FACTOR INHIBITOR TEST	01/01/2015	MEDICARE	$17.52	$0.00									
85337		THROMBOMODULIN	01/01/2015	MEDICARE	$14.19	$0.00									
85345		COAGULATION TIME LEE & WHITE	01/01/2015	MEDICARE	$5.85	$0.00									
85347		COAGULATION TIME ACTIVATED	01/01/2015	MEDICARE	$5.79	$0.00									
85348		COAGULATION TIME OTR METHOD	01/01/2015	MEDICARE	$5.07	$0.00									
85360		EUGLOBULIN LYSIS	01/01/2015	MEDICARE	$11.43	$0.00									
85362		FIBRIN DEGRADATION PRODUCTS	01/01/2015	MEDICARE	$9.37	$0.00									
85366		FIBRINOGEN TEST	01/01/2015	MEDICARE	$11.71	$0.00									
85370		FIBRINOGEN TEST	01/01/2015	MEDICARE	$15.45	$0.00									
85378		FIBRIN DEGRADE SEMIQUANT	01/01/2015	MEDICARE	$9.70	$0.00									
85379		FIBRIN DEGRADATION QUANT	01/01/2015	MEDICARE	$13.84	$0.00									
85380		FIBRIN DEGRADJ D-DIMER	01/01/2015	MEDICARE	$13.84	$0.00									
85384		FIBRINOGEN ACTIVITY	01/01/2015	MEDICARE	$11.56	$0.00									
85385		FIBRINOGEN ANTIGEN	01/01/2015	MEDICARE	$11.56	$0.00									
85390		FIBRINOLYSINS SCREEN I&R	01/01/2015	MEDICARE	$7.03	$0.00									
85396		CLOTTING ASSAY WHOLE BLOOD	07/01/2014	RBRVS	$20.62	$20.62									
85397		CLOTTING FUNCT ACTIVITY	01/01/2015	MEDICARE	$31.21	$0.00									
85400		FIBRINOLYTIC PLASMIN	01/01/2015	MEDICARE	$12.04	$0.00									
85410		FIBRINOLYTIC ANTIPLASMIN	01/01/2015	MEDICARE	$10.48	$0.00									
85415		FIBRINOLYTIC PLASMINOGEN	01/01/2015	MEDICARE	$23.40	$0.00									
85420		FIBRINOLYTIC PLASMINOGEN	01/01/2015	MEDICARE	$8.89	$0.00									
85421		FIBRINOLYTIC PLASMINOGEN	01/01/2015	MEDICARE	$13.86	$0.00									
85441		HEINZ BODIES DIRECT	01/01/2015	MEDICARE	$5.71	$0.00									
85445		HEINZ BODIES INDUCED	01/01/2015	MEDICARE	$9.28	$0.00									
85460		HEMOGLOBIN FETAL	01/01/2015	MEDICARE	$10.53	$0.00									
85475		HEMOLYSIN ACID	01/01/2015	MEDICARE	$12.07	$0.00									
85520		HEPARIN ASSAY	01/01/2015	MEDICARE	$17.82	$0.00									
85525		HEPARIN NEUTRALIZATION	01/01/2015	MEDICARE	$16.12	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
85530		HEPARIN-PROTAMINE TOLERANCE	01/01/2015	MEDICARE	$19.29	$0.00									
85536		IRON STAIN PERIPHERAL BLOOD	01/01/2015	MEDICARE	$8.80	$0.00									
85540		WBC ALKALINE PHOSPHATASE	01/01/2015	MEDICARE	$11.71	$0.00									
85547		RBC MECHANICAL FRAGILITY	01/01/2015	MEDICARE	$11.71	$0.00									
85549		MURAMIDASE	01/01/2015	MEDICARE	$25.51	$0.00									
85555		RBC OSMOTIC FRAGILITY	01/01/2015	MEDICARE	$9.09	$0.00									
85557		RBC OSMOTIC FRAGILITY	01/01/2015	MEDICARE	$18.18	$0.00									
85576		BLOOD PLATELET AGGREGATION	01/01/2015	MEDICARE	$29.23	$0.00									
85576	QW	BLOOD PLATELET AGGREGATION	01/01/2015	MEDICARE	$29.23	$0.00									
85597		PLATELET NEUTRALIZATION	01/01/2015	MEDICARE	$7.27	$0.00									
85598		HEXAGNAL PHOSPH PLTLT NEUTRL	01/01/2015	MEDICARE	$7.27	$0.00									
85610		PROTHROMBIN TIME	01/01/2015	MEDICARE	$5.35	$0.00									
85610	QW	PROTHROMBIN TIME;	01/01/2015	MEDICARE	$5.35	$0.00									
85611		PROTHROMBIN TEST	01/01/2015	MEDICARE	$5.35	$0.00									
85612		VIPER VENOM PROTHROMBIN TIME	01/01/2015	MEDICARE	$13.03	$0.00									
85613		RUSSELL VIPER VENOM DILUTED	01/01/2015	MEDICARE	$13.03	$0.00									
85635		REPTILASE TEST	01/01/2015	MEDICARE	$13.39	$0.00									
85651		RBC SED RATE NONAUTOMATED	01/01/2015	MEDICARE	$4.81	$0.00									
85652		RBC SED RATE AUTOMATED	01/01/2015	MEDICARE	$3.67	$0.00									
85660		RBC SICKLE CELL TEST	01/01/2015	MEDICARE	$7.50	$0.00									
85670		THROMBIN TIME PLASMA	01/01/2015	MEDICARE	$7.84	$0.00									
85675		THROMBIN TIME TITER	01/01/2015	MEDICARE	$9.31	$0.00									
85705		THROMBOPLASTIN INHIBITION	01/01/2015	MEDICARE	$12.84	$0.00									
85730		THROMBOPLASTIN TIME PARTIAL	01/01/2015	MEDICARE	$8.17	$0.00									
85732		THROMBOPLASTIN TIME PARTIAL	01/01/2015	MEDICARE	$8.80	$0.00									
85810		BLOOD VISCOSITY EXAMINATION	01/01/2015	MEDICARE	$15.88	$0.00									
86000		AGGLUTININS FEBRILE ANTIGEN	01/01/2015	MEDICARE	$9.49	$0.00									
86001		ALLERGEN SPECIFIC IGG	01/01/2015	MEDICARE	$3.94	$0.00									
86003		ALLERGEN SPECIFIC IGE	01/01/2015	MEDICARE	$3.94	$0.00									
86005		ALLERGEN SPECIFIC IGE	01/01/2015	MEDICARE	$10.84	$0.00									
86021		WBC ANTIBODY IDENTIFICATION	01/01/2015	MEDICARE	$20.49	$0.00									
86022		PLATELET ANTIBODIES	01/01/2015	MEDICARE	$25.00	$0.00									
86023		IMMUNOGLOBULIN ASSAY	01/01/2015	MEDICARE	$16.95	$0.00									
86038		ANTINUCLEAR ANTIBODIES	01/01/2015	MEDICARE	$16.45	$0.00									
86039		ANTINUCLEAR ANTIBODIES (ANA)	01/01/2015	MEDICARE	$15.19	$0.00									
86060		ANTISTREPTOLYSIN O TITER	01/01/2015	MEDICARE	$9.94	$0.00									
86063		ANTISTREPTOLYSIN O SCREEN	01/01/2015	MEDICARE	$7.84	$0.00									
86077		PHYS BLOOD BANK SERV XMATCH	07/01/2014	RBRVS	$55.15	$51.57									
86078		PHYS BLOOD BANK SERV REACTJ	07/01/2014	RBRVS	$55.15	$51.57									
86079		PHYS BLOOD BANK SERV AUTHRJ	07/01/2014	RBRVS	$54.79	$50.85									
86140		C-REACTIVE PROTEIN	01/01/2015	MEDICARE	$7.03	$0.00									
86141		C-REACTIVE PROTEIN HS	01/01/2015	MEDICARE	$17.62	$0.00									
86146		BETA-2 GLYCOPROTEIN ANTIBODY	01/01/2015	MEDICARE	$34.62	$0.00									
86147		CARDIOLIPIN ANTIBODY EA IG	01/01/2015	MEDICARE	$34.62	$0.00									
86148		ANTI-PHOSPHOLIPID ANTIBODY	01/01/2015	MEDICARE	$21.87	$0.00									
86152		CELL ENUMERATION & ID	01/01/2015	MEDICARE	$334.36	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86155		CHEMOTAXIS ASSAY	01/01/2015	MEDICARE	$21.76	$0.00									
86156		COLD AGGLUTININ SCREEN	01/01/2015	MEDICARE	$9.12	$0.00									
86157		COLD AGGLUTININ TITER	01/01/2015	MEDICARE	$10.96	$0.00									
86160		COMPLEMENT ANTIGEN	01/01/2015	MEDICARE	$16.33	$0.00									
86161		COMPLEMENT/FUNCTION ACTIVITY	01/01/2015	MEDICARE	$16.33	$0.00									
86162		COMPLEMENT TOTAL (CH50)	01/01/2015	MEDICARE	$26.20	$0.00									
86171		COMPLEMENT FIXATION EACH	01/01/2015	MEDICARE	$13.62	$0.00									
86185		COUNTERIMMUNOELECTROPHORESIS	01/01/2015	MEDICARE	$12.16	$0.00									
86200		CCP ANTIBODY	01/01/2015	MEDICARE	$17.62	$0.00									
86215		DEOXYRIBONUCLEASE ANTIBODY	01/01/2015	MEDICARE	$18.03	$0.00									
86225		DNA ANTIBODY NATIVE	01/01/2015	MEDICARE	$18.69	$0.00									
86226		DNA ANTIBODY SINGLE STRAND	01/01/2015	MEDICARE	$15.04	$0.00									
86235		NUCLEAR ANTIGEN ANTIBODY	01/01/2015	MEDICARE	$24.40	$0.00									
86243		FC RECEPTOR	01/01/2015	MEDICARE	$27.91	$0.00									
86255		FLUORESCENT ANTIBODY SCREEN	01/01/2015	MEDICARE	$16.39	$0.00									
86256		FLUORESCENT ANTIBODY TITER	01/01/2015	MEDICARE	$16.39	$0.00									
86277		GROWTH HORMONE ANTIBODY	01/01/2015	MEDICARE	$21.42	$0.00									
86280		HEMAGGLUTINATION INHIBITION	01/01/2015	MEDICARE	$11.14	$0.00									
86294		IMMUNOASSAY TUMOR QUAL	01/01/2015	MEDICARE	$26.70	$0.00									
86294	QW	IMMUNOASSAY TUMOR QUAL	01/01/2015	MEDICARE	$26.70	$0.00									
86300		IMMUNOASSAY TUMOR CA 15-3	01/01/2015	MEDICARE	$28.32	$0.00									
86301		IMMUNOASSAY TUMOR CA 19-9	01/01/2015	MEDICARE	$28.32	$0.00									
86304		IMMUNOASSAY TUMOR CA 125	01/01/2015	MEDICARE	$28.32	$0.00									
86308		HETEROPHILE ANTIBODY SCREEN	01/01/2015	MEDICARE	$5.59	$0.00									
86308	QW	HETEROPHILE ANTIBODY SCREEN	01/01/2015	MEDICARE	$5.59	$0.00									
86309		HETEROPHILE ANTIBODY TITER	01/01/2015	MEDICARE	$8.80	$0.00									
86310		HETEROPHILE ANTIBODY ABSRBJ	01/01/2015	MEDICARE	$10.03	$0.00									
86316		IMMUNOASSAY TUMOR OTHER	01/01/2015	MEDICARE	$28.32	$0.00									
86317		IMMUNOASSAY INFECTIOUS AGENT	01/01/2015	MEDICARE	$15.07	$0.00									
86318		IMMUNOASSAY INFECTIOUS AGENT	01/01/2015	MEDICARE	$17.62	$0.00									
86318	QW	IMMUNOASSAY INFECTIOUS AGENT	01/01/2015	MEDICARE	$17.62	$0.00									
86320		SERUM IMMUNOELECTROPHORESIS	01/01/2015	MEDICARE	$30.49	$0.00									
86325		OTHER IMMUNOELECTROPHORESIS	01/01/2015	MEDICARE	$30.43	$0.00									
86327		IMMUNOELECTROPHORESIS ASSAY	01/01/2015	MEDICARE	$30.88	$0.00									
86329		IMMUNODIFFUSION NES	01/01/2015	MEDICARE	$19.11	$0.00									
86331		IMMUNODIFFUSION OUCHTERLONY	01/01/2015	MEDICARE	$16.30	$0.00									
86332		IMMUNE COMPLEX ASSAY	01/01/2015	MEDICARE	$33.16	$0.00									
86334		IMMUNOFIX E-PHORESIS SERUM	01/01/2015	MEDICARE	$30.40	$0.00									
86335		IMMUNOGLOBULIN TYPING (GC GM INV)	01/01/2015	MEDICARE	$39.94	$0.00									
86336		INHIBIN A	01/01/2015	MEDICARE	$21.21	$0.00									
86337		INSULIN ANTIBODIES	01/01/2015	MEDICARE	$29.13	$0.00									
86340		INTRINSIC FACTOR ANTIBODY	01/01/2015	MEDICARE	$20.50	$0.00									
86341		ISLET CELL ANTIBODY	01/01/2015	MEDICARE	$26.92	$0.00									
86343		LEUKOCYTE HISTAMINE RELEASE	01/01/2015	MEDICARE	$16.96	$0.00									
86344		LEUKOCYTE PHAGOCYTOSIS	01/01/2015	MEDICARE	$10.87	$0.00									
86353		LYMPHOCYTE TRANSFORMATION	01/01/2015	MEDICARE	$66.72	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86355		B CELLS TOTAL COUNT	01/01/2015	MEDICARE	$51.34	$0.00									
86356		MONONUCLEAR CELL ANTIGEN	01/01/2015	MEDICARE	$36.43	$0.00									
86357		NK CELLS TOTAL COUNT	01/01/2015	MEDICARE	$51.34	$0.00									
86359		T CELLS TOTAL COUNT	01/01/2015	MEDICARE	$51.34	$0.00									
86360		T CELL ABSOLUTE COUNT/RATIO	01/01/2015	MEDICARE	$63.94	$0.00									
86361		T CELL ABSOLUTE COUNT	01/01/2015	MEDICARE	$36.43	$0.00									
86367		STEM CELLS TOTAL COUNT	01/01/2015	MEDICARE	$51.34	$0.00									
86376		MICROSOMAL ANTIBODY EACH	01/01/2015	MEDICARE	$19.80	$0.00									
86378		MIGRATION INHIBITORY FACTOR	01/01/2015	MEDICARE	$26.80	$0.00									
86382		NEUTRALIZATION TEST VIRAL	01/01/2015	MEDICARE	$23.01	$0.00									
86384		NITROBLUE TETRAZOLIUM DYE	01/01/2015	MEDICARE	$15.49	$0.00									
86386	QW	NUCLEAR MATRIX PROTEIN 22	01/01/2015	MEDICARE	$21.73	$0.00									
86403		PARTICLE AGGLUT ANTBDY SCRN	01/01/2015	MEDICARE	$13.87	$0.00									
86430		RHEUMATOID FACTOR TEST QUAL	01/01/2015	MEDICARE	$7.72	$0.00									
86431		RHEUMATOID FACTOR QUANT	01/01/2015	MEDICARE	$7.72	$0.00									
86480		TB TEST, CELL IMMUN MEASURE	01/01/2015	MEDICARE	$84.34	$0.00									
86481		TB AG RESPONSE T-CELL SUSP	01/01/2015	MEDICARE	$101.95	$0.00									
86485		SKIN TEST CANDIDA	07/01/2014	FEE SCHED	$11.00	$0.00									
86486		SKIN TEST NOS ANTIGEN	07/01/2014	RBRVS	$5.09	$5.09									
86490		COCCIDIOIDOMYCOSIS SKIN TEST	07/01/2014	RBRVS	$5.09	$5.09									
86510		HISTOPLASMOSIS SKIN TEST	07/01/2014	RBRVS	$6.53	$6.53									
86580		TB INTRADERMAL TEST	07/01/2014	RBRVS	$7.96	$7.96									
86590		STREPTOKINASE ANTIBODY	01/01/2015	MEDICARE	$15.03	$0.00									
86592		BLOOD SEROLOGY, QUALITATIVE	01/01/2015	MEDICARE	$5.80	$0.00									
86593		BLOOD SEROLOGY, QUANTITATIVE	01/01/2015	MEDICARE	$5.98	$0.00									
86602		ANTINOMYCES ANTIBODY	01/01/2015	MEDICARE	$13.84	$0.00									
86603		ADENOVIRUS ANTIBODY	01/01/2015	MEDICARE	$17.50	$0.00									
86606		ASPERGILLUS ANTIBODY	01/01/2015	MEDICARE	$20.49	$0.00									
86609		BACTERIUM ANTIBODY	01/01/2015	MEDICARE	$17.53	$0.00									
86611		BARTONELLA ANTIBODY	01/01/2015	MEDICARE	$13.84	$0.00									
86612		BLASTOMYCES ANTIBODY	01/01/2015	MEDICARE	$17.56	$0.00									
86615		BORDETELLA ANTIBODY	01/01/2015	MEDICARE	$17.95	$0.00									
86618		LYME DISEASE ANTIBODY	01/01/2015	MEDICARE	$23.17	$0.00									
86618	QW	ANTIBODY; BORRELIA BURGDORFERI (LY	01/01/2015	MEDICARE	$23.17	$0.00									
86619		BORRELIA ANTIBODY	01/01/2015	MEDICARE	$18.21	$0.00									
86622		BRUCELLA ANTIBODY	01/01/2015	MEDICARE	$12.16	$0.00									
86625		CAMPYLOBACTER ANTIBODY	01/01/2015	MEDICARE	$17.86	$0.00									
86628		CANDIDA ANTIBODY	01/01/2015	MEDICARE	$16.33	$0.00									
86631		CHLAMYDIA ANTIBODY	01/01/2015	MEDICARE	$16.09	$0.00									
86632		CHLAMYDIA IGM ANTIBODY	01/01/2015	MEDICARE	$17.26	$0.00									
86635		COCCIDIOIDES ANTIBODY	01/01/2015	MEDICARE	$15.61	$0.00									
86638		Q FEVER ANTIBODY	01/01/2015	MEDICARE	$16.50	$0.00									
86641		CRYPTOCOCCUS ANTIBODY	01/01/2015	MEDICARE	$19.60	$0.00									
86644		CMV ANTIBODY	01/01/2015	MEDICARE	$15.37	$0.00									
86645		CMV ANTIBODY IGM	01/01/2015	MEDICARE	$22.93	$0.00									
86648		DIPHTHERIA ANTIBODY	01/01/2015	MEDICARE	$20.68	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86651		ENCEPHALITIS CALIFORN ANTBDY	01/01/2015	MEDICARE	$17.95	$0.00									
86652		ENCEPHALTIS EAST EQNE ANBDY	01/01/2015	MEDICARE	$17.95	$0.00									
86653		ENCEPHALTIS ST LOUIS ANTBODY	01/01/2015	MEDICARE	$17.95	$0.00									
86654		ENCEPHALTIS WEST EQNE ANTBDY	01/01/2015	MEDICARE	$17.95	$0.00									
86658		ENTEROVIRUS ANTIBODY	01/01/2015	MEDICARE	$17.73	$0.00									
86663		EPSTEIN-BARR ANTIBODY	01/01/2015	MEDICARE	$17.86	$0.00									
86664		EPSTEIN-BARR NUCLEAR ANTIGEN	01/01/2015	MEDICARE	$20.82	$0.00									
86665		EPSTEIN-BARR CAPSID VCA	01/01/2015	MEDICARE	$24.69	$0.00									
86666		EHRLICHIA ANTIBODY	01/01/2015	MEDICARE	$13.84	$0.00									
86668		FRANCISELLA TULARENSIS	01/01/2015	MEDICARE	$14.16	$0.00									
86671		FUNGUS NES ANTIBODY	01/01/2015	MEDICARE	$16.68	$0.00									
86674		GIARDIA LAMBLIA ANTIBODY	01/01/2015	MEDICARE	$20.02	$0.00									
86677		HELICOBACTER PYLORI ANTIBODY	01/01/2015	MEDICARE	$19.74	$0.00									
86682		HELMINTH ANTIBODY	01/01/2015	MEDICARE	$17.70	$0.00									
86684		HEMOPHILUS INFLUENZA ANTIBDY	01/01/2015	MEDICARE	$21.55	$0.00									
86687		HTLV-I ANTIBODY	01/01/2015	MEDICARE	$11.41	$0.00									
86688		HTLV-II ANTIBODY	01/01/2015	MEDICARE	$19.06	$0.00									
86689		HTLV/HIV CONFIRMJ ANTIBODY	01/01/2015	MEDICARE	$26.34	$0.00									
86692		HEPATITIS DELTA AGENT ANTBDY	01/01/2015	MEDICARE	$23.35	$0.00									
86694		HERPES SIMPLEX NES ANTBDY	01/01/2015	MEDICARE	$15.37	$0.00									
86695		HERPES SIMPLEX TYPE 1 TEST	01/01/2015	MEDICARE	$17.95	$0.00									
86696		HERPES SIMPLEX TYPE 2 TEST	01/01/2015	MEDICARE	$26.34	$0.00									
86698		HISTOPLASMA ANTIBODY	01/01/2015	MEDICARE	$17.01	$0.00									
86701		HIV-1ANTIBODY	01/01/2015	MEDICARE	$10.00	$0.00									
86701	QW	HIV-1ANTIBODY	01/01/2015	MEDICARE	$10.00	$0.00									
86702		HIV-2 ANTIBODY	01/01/2015	MEDICARE	$18.39	$0.00									
86703		HIV-1/HIV-2 1 RESULT ANTBDY	01/01/2015	MEDICARE	$18.66	$0.00									
86703	QW	HIV-1/HIV-2 1 RESULT ANTBDY	01/01/2012	MEDICARE	$19.42	$0.00									
86704		HEP B CORE ANTIBODY TOTAL	01/01/2015	MEDICARE	$16.39	$0.00									
86705		HEP B CORE ANTIBODY IGM	01/01/2015	MEDICARE	$16.03	$0.00									
86706		HEP B SURFACE ANTIBODY	01/01/2015	MEDICARE	$12.39	$0.00									
86707		HEPATITIS BE ANTIBODY	01/01/2015	MEDICARE	$15.75	$0.00									
86708		HEPATITIS A TOTAL ANTIBODY	01/01/2015	MEDICARE	$16.86	$0.00									
86709		HEPATITIS A IGM ANTIBODY	01/01/2015	MEDICARE	$15.31	$0.00									
86710		INFLUENZA VIRUS ANTIBODY	01/01/2015	MEDICARE	$18.43	$0.00									
86711		JOHN CUNNINGHAM ANTIBODY	01/01/2015	MEDICARE	$15.37	$0.00									
86713		LEGIONELLA ANTIBODY	01/01/2015	MEDICARE	$20.82	$0.00									
86717		LEISHMANIA ANTIBODY	01/01/2015	MEDICARE	$16.66	$0.00									
86720		LEPTOSPIRA ANTIBODY	01/01/2015	MEDICARE	$17.95	$0.00									
86723		LISTERIA MONOCYTOGENES	01/01/2015	MEDICARE	$17.95	$0.00									
86727		LYMPH CHORIOMENINGITIS AB	01/01/2015	MEDICARE	$17.50	$0.00									
86729		LYMPHO VENEREUM ANTIBODY	01/01/2015	MEDICARE	$16.26	$0.00									
86732		MUCORMYCOSIS ANTIBODY	01/01/2015	MEDICARE	$17.95	$0.00									
86735		MUMPS ANTIBODY	01/01/2015	MEDICARE	$17.76	$0.00									
86738		MYCOPLASMA ANTIBODY	01/01/2015	MEDICARE	$18.01	$0.00									
86741		NEISSERIA MENINGITIDIS	01/01/2015	MEDICARE	$17.95	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86744		NOCARDIA ANTIBODY	01/01/2015	MEDICARE	$17.95	$0.00									
86747		PARVOVIRUS ANTIBODY	01/01/2015	MEDICARE	$20.46	$0.00									
86750		MALARIA ANTIBODY	01/01/2015	MEDICARE	$17.95	$0.00									
86753		PROTOZOA ANTIBODY NOS	01/01/2015	MEDICARE	$16.86	$0.00									
86756		RESPIRATORY VIRUS ANTIBODY	01/01/2015	MEDICARE	$17.53	$0.00									
86757		RICKETTSIA ANTIBODY	01/01/2015	MEDICARE	$26.34	$0.00									
86759		ROTAVIRUS ANTIBODY	01/01/2015	MEDICARE	$17.95	$0.00									
86762		RUBELLA ANTIBODY	01/01/2015	MEDICARE	$15.37	$0.00									
86765		RUBEOLA ANTIBODY	01/01/2015	MEDICARE	$17.53	$0.00									
86768		SALMONELLA ANTIBODY	01/01/2015	MEDICARE	$17.95	$0.00									
86771		SHIGELLA ANTIBODY	01/01/2015	MEDICARE	$17.95	$0.00									
86774		TETANUS ANTIBODY	01/01/2015	MEDICARE	$20.14	$0.00									
86777		TOXOPLASMA ANTIBODY	01/01/2015	MEDICARE	$15.37	$0.00									
86778		TOXOPLASMA ANTIBODY IGM	01/01/2015	MEDICARE	$19.60	$0.00									
86780		TREPONEMA PALLIDUM	01/01/2015	MEDICARE	$18.01	$0.00									
86784		TRICHINELLA ANTIBODY	01/01/2015	MEDICARE	$17.08	$0.00									
86787		VARICELLA-ZOSTER ANTIBODY	01/01/2015	MEDICARE	$17.53	$0.00									
86788		WEST NILE VIRUS AB IGM	01/01/2015	MEDICARE	$22.93	$0.00									
86789		WEST NILE VIRUS ANTIBODY	01/01/2015	MEDICARE	$15.37	$0.00									
86790		VIRUS ANTIBODY NOS	01/01/2015	MEDICARE	$17.53	$0.00									
86793		YERSINIA ANTIBODY	01/01/2015	MEDICARE	$17.95	$0.00									
86800		THYROGLOBULIN ANTIBODY	01/01/2015	MEDICARE	$21.64	$0.00									
86803		HEPATITIS C AB TEST	01/01/2015	MEDICARE	$19.42	$0.00									
86803	QW	HEPATITIS C AB TEST	01/01/2015	MEDICARE	$19.42	$0.00									
86804		HEP C AB TEST CONFIRM	01/01/2015	MEDICARE	$21.00	$0.00									
86805		LYMPHOCYTOTOXICITY ASSAY	01/01/2015	MEDICARE	$71.16	$0.00									
86806		LYMPHOCYTOTOXICITY ASSAY	01/01/2015	MEDICARE	$64.75	$0.00									
86807		CYTOTOXIC ANTIBODY SCREENING	01/01/2015	MEDICARE	$53.86	$0.00									
86808		CYTOTOXIC ANTIBODY SCREENING	01/01/2015	MEDICARE	$40.39	$0.00									
86812		HLA TYPING A B OR C	01/01/2015	MEDICARE	$35.11	$0.00									
86813		HLA TYPING A B OR C	01/01/2015	MEDICARE	$78.91	$0.00									
86816		HLA TYPING DR/DQ	01/01/2015	MEDICARE	$37.90	$0.00									
86817		HLA TYPING DR/DQ	01/01/2015	MEDICARE	$87.61	$0.00									
86821		LYMPHOCYTE CULTURE MIXED	01/01/2015	MEDICARE	$76.83	$0.00									
86822		LYMPHOCYTE CULTURE PRIMED	01/01/2015	MEDICARE	$49.75	$0.00									
86825		HLA X-MATH NON-CYTOTOXIC	01/01/2015	MEDICARE	$109.30	$0.00									
86826		HLA X-MATCH NONCYTOTOXC ADDL	01/01/2015	MEDICARE	$36.43	$0.00									
86828		HLA CLASS I&II ANTIBODY QUAL	01/01/2015	MEDICARE	$53.86	$0.00									
86829		HLA CLASS I/II ANTIBODY QUAL	01/01/2015	MEDICARE	$40.39	$0.00									
86830		HLA CLASS I PHENOTYPE QUAL	01/01/2015	MEDICARE	$109.87	$0.00									
86831		HLA CLASS II PHENOTYPE QUAL	01/01/2015	MEDICARE	$94.18	$0.00									
86832		HLA CLASS I HIGH DEFIN QUAL	01/01/2015	MEDICARE	$172.66	$0.00									
86833		HLA CLASS II HIGH DEFIN QUAL	01/01/2015	MEDICARE	$156.97	$0.00									
86834		HLA CLASS I SEMIQUANT PANEL	01/01/2015	MEDICARE	$486.58	$0.00									
86835		HLA CLASS II SEMIQUANT PANEL	01/01/2015	MEDICARE	$439.48	$0.00									
86849		IMMUNOLOGY PROCEDURE	07/01/2014	FEE SCHED	$49.61	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86850		RBC ANTIBODY SCREEN	07/01/2014	FEE SCHED	$16.30	$0.00									
86870		RBC ANTIBODY IDENTIFICATION	07/01/2014	FEE SCHED	$45.76	$0.00									
86880		COOMBS TEST DIRECT	01/01/2015	MEDICARE	$7.33	$0.00									
86885		COOMBS TEST INDIRECT QUAL	01/01/2015	MEDICARE	$7.78	$0.00									
86886		COOMBS TEST INDIRECT TITER	01/01/2015	MEDICARE	$7.03	$0.00									
86891		AUTOLOGOUS BLOOD OP SALVAGE	07/01/2014	FEE SCHED	$132.00	$0.00									
86900		BLOOD TYPING SEROLOGIC ABO	01/01/2015	MEDICARE	$4.06	$0.00									
86901		BLOOD TYPING SEROLOGIC RH(D)	01/01/2015	MEDICARE	$4.06	$0.00									
86902		BLOOD TYPE ANTIGEN DONOR EA	01/01/2015	MEDICARE	$5.20	$0.00									
86904		BLOOD TYPING PATIENT SERUM	01/01/2015	MEDICARE	$12.94	$0.00									
86905		BLOOD TYPING RBC ANTIGENS	01/01/2015	MEDICARE	$5.20	$0.00									
86906		BLD TYPING SEROLOGIC RH PHNT	01/01/2015	MEDICARE	$10.54	$0.00									
86920		COMPATIBILITY TEST SPIN	07/01/2014	FEE SCHED	$37.84	$0.00									
86940		HEMOLYSINS/AGGLUTININS AUTO	01/01/2015	MEDICARE	$11.16	$0.00									
86941		HEMOLYSINS/AGGLUTININS	01/01/2015	MEDICARE	$16.48	$0.00									
87003		SMALL ANIMAL INOCULATION	01/01/2015	MEDICARE	$22.90	$0.00									
87015		SPECIMEN INFECT AGNT CONCNTJ	01/01/2015	MEDICARE	$9.09	$0.00									
87040		BLOOD CULTURE FOR BACTERIA	01/01/2015	MEDICARE	$14.05	$0.00									
87045		FECES CULTURE AEROBIC BACT	01/01/2015	MEDICARE	$12.85	$0.00									
87046		STOOL CULTR AEROBIC BACT EA	01/01/2015	MEDICARE	$12.85	$0.00									
87070		CULTURE OTHR SPECIMN AEROBIC	01/01/2015	MEDICARE	$11.71	$0.00									
87071		CULTURE AEROBIC QUANT OTHER	01/01/2015	MEDICARE	$12.85	$0.00									
87073		CULTURE BACTERIA ANAEROBIC	01/01/2015	MEDICARE	$12.85	$0.00									
87075		CULTR BACTERIA EXCEPT BLOOD	01/01/2015	MEDICARE	$12.88	$0.00									
87076		CULTURE ANAEROBE IDENT EACH	01/01/2015	MEDICARE	$10.99	$0.00									
87077		CULTURE AEROBIC IDENTIFY	01/01/2015	MEDICARE	$10.99	$0.00									
87077	QW	CULTURE BACTERIAL; AEROBIC ISOLATE	01/01/2015	MEDICARE	$10.99	$0.00									
87081		CULTURE SCREEN ONLY	01/01/2015	MEDICARE	$7.72	$0.00									
87084		CULTURE OF SPECIMEN BY KIT	01/01/2015	MEDICARE	$11.71	$0.00									
87086		URINE CULTURE/COLONY COUNT	01/01/2015	MEDICARE	$10.99	$0.00									
87088		URINE BACTERIA CULTURE	01/01/2015	MEDICARE	$7.72	$0.00									
87101		SKIN FUNGI CULTURE	01/01/2015	MEDICARE	$10.48	$0.00									
87102		FUNGUS ISOLATION CULTURE	01/01/2015	MEDICARE	$9.52	$0.00									
87103		BLOOD FUNGUS CULTURE	01/01/2015	MEDICARE	$12.27	$0.00									
87106		FUNGI IDENTIFICATION YEAST	01/01/2015	MEDICARE	$7.47	$0.00									
87107		FUNGI IDENTIFICATION MOLD	01/01/2015	MEDICARE	$7.47	$0.00									
87109		MYCOPLASMA	01/01/2015	MEDICARE	$20.94	$0.00									
87110		CHLAMYDIA CULTURE	01/01/2015	MEDICARE	$26.65	$0.00									
87116		MYCOBACTERIA CULTURE	01/01/2015	MEDICARE	$14.70	$0.00									
87118		MYCOBACTERIC IDENTIFICATION	01/01/2015	MEDICARE	$14.89	$0.00									
87140		CULTURE TYPE IMMUNOFLUORESC	01/01/2015	MEDICARE	$7.59	$0.00									
87143		CULTURE TYPING GLC/HPLC	01/01/2015	MEDICARE	$17.05	$0.00									
87147		CULTURE TYPE IMMUNOLOGIC	01/01/2015	MEDICARE	$7.03	$0.00									
87149		CULTURE TYPE, NUCLEIC ACID	01/01/2015	MEDICARE	$27.28	$0.00									
87150		DNA/RNA AMPLIFIED PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87152		CULTURE TYPE PULSE FIELD GEL	01/01/2015	MEDICARE	$7.12	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87153		DNA/RNA SEQUENCING	01/01/2015	MEDICARE	$156.97	$0.00									
87158		CULTURE TYPING ADDED METHOD	01/01/2015	MEDICARE	$7.12	$0.00									
87164		DARK FIELD EXAMINATION	01/01/2015	MEDICARE	$14.62	$0.00									
87166		DARK FIELD EXAMINATION	01/01/2015	MEDICARE	$15.37	$0.00									
87168		MACROSCOPIC EXAM ARTHROPOD	01/01/2015	MEDICARE	$5.80	$0.00									
87169		MACROSCOPIC EXAM PARASITE	01/01/2015	MEDICARE	$5.80	$0.00									
87172		PINWORM EXAM	01/01/2015	MEDICARE	$5.80	$0.00									
87176		TISSUE HOMOGENIZATION, CULTR	01/01/2015	MEDICARE	$8.01	$0.00									
87177		OVA AND PARASITES SMEARS	01/01/2015	MEDICARE	$12.10	$0.00									
87181		MICROBE SUSCEPTIBLE DIFFUSE	01/01/2015	MEDICARE	$5.59	$0.00									
87184		MICROBE SUSCEPTIBLE DISK	01/01/2015	MEDICARE	$9.39	$0.00									
87185		MICROBE SUSCEPTIBLE ENZYME	01/01/2015	MEDICARE	$5.59	$0.00									
87186		MICROBE SUSCEPTIBLE MIC	01/01/2015	MEDICARE	$11.77	$0.00									
87188		MICROBE SUSCEPT MACROBROTH	01/01/2015	MEDICARE	$9.04	$0.00									
87190		MICROBE SUSCEPT MYCOBACTERI	01/01/2015	MEDICARE	$7.69	$0.00									
87197		BACTERICIDAL LEVEL SERUM	01/01/2015	MEDICARE	$20.44	$0.00									
87205		SMEAR GRAM STAIN	01/01/2015	MEDICARE	$5.80	$0.00									
87206		SMEAR FLUORESCENT/ACID STAI	01/01/2015	MEDICARE	$7.33	$0.00									
87207		SMEAR SPECIAL STAIN	01/01/2015	MEDICARE	$8.14	$0.00									
87209		SMEAR COMPLEX STAIN	01/01/2015	MEDICARE	$24.46	$0.00									
87210		SMEAR WET MOUNT SALINE/INK	01/01/2015	MEDICARE	$5.80	$0.00									
87210	QW	SMEAR WET MOUNT SALINE/INK	01/01/2015	MEDICARE	$5.80	$0.00									
87220		TISSUE EXAM FOR FUNGI	01/01/2015	MEDICARE	$5.80	$0.00									
87230		ASSAY TOXIN OR ANTITOXIN	01/01/2015	MEDICARE	$26.86	$0.00									
87250		VIRUS INOCULATE EGGS/ANIMAL	01/01/2015	MEDICARE	$26.62	$0.00									
87252		VIRUS INOCULATION TISSUE	01/01/2015	MEDICARE	$33.96	$0.00									
87253		VIRUS INOCULATE TISSUE ADDL	01/01/2015	MEDICARE	$27.49	$0.00									
87254		VIRUS INOCULATION SHELL VIA	01/01/2015	MEDICARE	$26.62	$0.00									
87255		GENET VIRUS ISOLATE HSV	01/01/2015	MEDICARE	$46.08	$0.00									
87260		ADENOVIRUS AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87265		PERTUSSIS AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87267		ENTEROVIRUS ANTIBODY DFA	01/01/2015	MEDICARE	$16.32	$0.00									
87269		GIARDIA AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87270		CHLAMYDIA TRACHOMATIS AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87271		CYTOMEGALOVIRUS DFA	01/01/2015	MEDICARE	$16.32	$0.00									
87272		CRYPTOSPORIDIUM AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87273		HERPES SIMPLEX 2 AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87274		HERPES SIMPLEX 1 AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87275		INFLUENZA B AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87276		INFLUENZA A AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87277		LEGIONELLA MICDADEI AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87278		LEGION PNEUMOPHILIA AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87279		PARAINFLUENZA AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87280		RESPIRATORY SYNCYTIAL AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87281		PNEUMOCYSTIS CARINII AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87283		RUBEOLA AG IF	01/01/2015	MEDICARE	$16.32	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87285		TREPONEMA PALLIDUM AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87290		VARICELLA ZOSTER AG IF	01/01/2015	MEDICARE	$16.32	$0.00									
87299		ANTIBODY DETECTION NOS IF	01/01/2015	MEDICARE	$16.32	$0.00									
87300		AG DETECTION POLYVAL IF	01/01/2015	MEDICARE	$16.32	$0.00									
87301		ADENOVIRUS AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87305		ASPERGILLUS AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87320		CHYLMD TRACH AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87324		CLOSTRIDIUM AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87327		CRYPTOCOCCUS NEOFORM AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87328		CRYPTOSPORIDIUM AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87329		GIARDIA AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87332		CYTOMEGALOVIRUS AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87335		E COLI 0157 AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87336		ENTAMOEB HIST DISPR AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87337		ENTAMOEB HIST GROUP AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87338		HPYLORI STOOL EIA	01/01/2015	MEDICARE	$16.33	$0.00									
87339		H PYLORI AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87340		HEPATITIS B SURFACE AG EIA	01/01/2015	MEDICARE	$13.18	$0.00									
87341		HEPATITIS B SURFACE AG EIA	01/01/2015	MEDICARE	$13.18	$0.00									
87350		HEPATITIS BE AG EIA	01/01/2015	MEDICARE	$13.30	$0.00									
87380		HEPATITIS DELTA AG EIA	01/01/2015	MEDICARE	$22.33	$0.00									
87385		HISTOPLASMA CAPSUL AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87390		HIV-1 AG EIA	01/01/2015	MEDICARE	$24.01	$0.00									
87391		HIV-2 AG EIA	01/01/2015	MEDICARE	$24.01	$0.00									
87400		INFLUENZA A/B AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87420		RESP SYNCYTIAL AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87425		ROTAVIRUS AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87427		SHIGA-LIKE TOXIN AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87430		STREP A AG EIA	01/01/2015	MEDICARE	$16.32	$0.00									
87449		AG DETECT NOS EIA MULT	01/01/2015	MEDICARE	$16.32	$0.00									
87449	QW	AG DETECT NOS EIA MULT	01/01/2015	MEDICARE	$16.32	$0.00									
87450		AG DETECT NOS EIA SINGLE	01/01/2015	MEDICARE	$13.05	$0.00									
87451		AG DETECT POLYVAL EIA MULT	01/01/2015	MEDICARE	$13.05	$0.00									
87470		BARTONELLA DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87471		BARTONELLA DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87472		BARTONELLA DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87475		LYME DIS DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87476		LYME DIS DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87477		LYME DIS DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87480		CANDIDA DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87481		CANDIDA DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87482		CANDIDA DNA QUANT	01/01/2015	MEDICARE	$56.82	$0.00									
87485		CHYLMD PNEUM DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87486		CHYLMD PNEUM DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87487		CHYLMD PNEUM DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87490		CHYLMD TRACH DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87491		CHYLMD TRACH DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87492		CHYLMD TRACH DNA QUANT	01/01/2015	MEDICARE	$47.56	$0.00									
87493		C DIFF AMPLIFIED PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87495		CYTOMEG DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87496		CYTOMEG DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87497		CYTOMEG DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87498		ENTEROVIRUS DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87500		VANOMYCIN DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87501		INFLUENZA DNA AMP PROB 1+	01/01/2015	MEDICARE	$69.82	$0.00									
87502		INFLUENZA DNA AMP PROBE	01/01/2015	MEDICARE	$115.80	$0.00									
87503		INFLUENZA DNA AMP PROB ADDL	01/01/2015	MEDICARE	$28.26	$0.00									
87505		NFCT AGENT DETECTION GI	01/01/2015	MEDICARE	$174.58	$0.00									
87506		IADNA-DNA/RNA PROBE TQ 6-11	01/01/2015	MEDICARE	$290.44	$0.00									
87507		IADNA-DNA/RNA PROBE TQ 12-25	01/01/2015	MEDICARE	$567.18	$0.00									
87510		GARDNER VAG DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87511		GARDNER VAG DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87512		GARDNER VAG DNA QUANT	01/01/2015	MEDICARE	$56.82	$0.00									
87515		HEPATITIS B DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87516		HEPATITIS B DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87517		HEPATITIS B DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87520		HEPATITIS C RNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87521		HEPATITIS C RNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87522		HEPATITIS C RNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87525		HEPATITIS G DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87526		HEPATITIS G DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87527		HEPATITIS G DNA QUANT	01/01/2015	MEDICARE	$56.82	$0.00									
87528		HSV DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87529		HSV DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87530		HSV DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87531		HHV-6 DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87532		HHV-6 DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87533		HHV-6 DNA QUANT	01/01/2015	MEDICARE	$56.82	$0.00									
87534		HIV-1 DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87535		HIV-1 DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87536		HIV-1 DNA QUANT	01/01/2015	MEDICARE	$115.80	$0.00									
87537		HIV-2 DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87538		HIV-2 DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87539		HIV-2 DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87540		LEGION PNEUMO DNA DIR PROB	01/01/2015	MEDICARE	$27.28	$0.00									
87541		LEGION PNEUMO DNA AMP PROB	01/01/2015	MEDICARE	$47.76	$0.00									
87542		LEGION PNEUMO DNA QUANT	01/01/2015	MEDICARE	$56.82	$0.00									
87550		MYCOBACTERIA DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87551		MYCOBACTERIA DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87552		MYCOBACTERIA DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87555		M.TUBERCULO DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87556		M.TUBERCULO DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87557		M.TUBERCULO DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87560		M.AVIUM-INTRA DNA DIR PROB	01/01/2015	MEDICARE	$27.28	$0.00									
87561		M.AVIUM-INTRA DNA AMP PROB	01/01/2015	MEDICARE	$47.76	$0.00									
87562		M.AVIUM-INTRA DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87580		M.PNEUMON DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87581		M.PNEUMON DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87582		M.PNEUMON DNA QUANT	01/01/2015	MEDICARE	$56.82	$0.00									
87590		N.GONORRHOEAE DNA DIR PROB	01/01/2015	MEDICARE	$27.28	$0.00									
87591		N.GONORRHOEAE DNA AMP PROB	01/01/2015	MEDICARE	$47.76	$0.00									
87592		N.GONORRHOEAE DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87623		HPV LOW-RISK TYPES	01/01/2015	MEDICARE	$47.76	$0.00									
87624		HPV HIGH-RISK TYPES	01/01/2015	MEDICARE	$47.76	$0.00									
87625		HPV TYPES 16 & 18 ONLY	01/01/2015	MEDICARE	$47.76	$0.00									
87631		RESP VIRUS 3-5 TARGETS	01/01/2015	MEDICARE	$174.58	$0.00									
87632		RESP VIRUS 6-11 TARGETS	01/01/2015	MEDICARE	$290.44	$0.00									
87633		RESP VIRUS 12-25 TARGETS	01/01/2015	MEDICARE	$567.18	$0.00									
87640		STAPH A DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87641		MR-STAPH DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87650		STREP A DNA DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87651		STREP A DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87652		STREP A DNA QUANT	01/01/2015	MEDICARE	$56.82	$0.00									
87653		STREP B DNA AMP PROBE	01/01/2015	MEDICARE	$47.76	$0.00									
87660		TRICHOMONAS VAGIN DIR PROBE	01/01/2015	MEDICARE	$27.28	$0.00									
87661		TRICHOMONAS VAGINALIS AMPLIF	01/01/2015	MEDICARE	$47.76	$0.00									
87797		DETECT AGENT NOS DNA DIR	01/01/2015	MEDICARE	$27.28	$0.00									
87798		DETECT AGENT NOS DNA AMP	01/01/2015	MEDICARE	$47.76	$0.00									
87799		DETECT AGENT NOS DNA QUANT	01/01/2015	MEDICARE	$58.29	$0.00									
87800		DETECT AGNT MULT DNA DIREC	01/01/2015	MEDICARE	$54.58	$0.00									
87801		DETECT AGNT MULT DNA AMPLI	01/01/2015	MEDICARE	$95.52	$0.00									
87802		STREP B ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87803		CLOSTRIDIUM TOXIN A W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87804		INFLUENZA ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87804	QW	INFLUENZA ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87806		HIV ANTIGEN W/HIV ANTIBODIES	01/01/2015	MEDICARE	$32.77	$0.00									
87807		RSV ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87807	QW	RSV ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87808		TRICHOMONAS ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87808	QW	TRICHOMONAS ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87809		ADENOVIRUS ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87809	QW	ADENOVIRUS ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87810		CHYLMD TRACH ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87850		N. GONORRHOEAE ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87880		STREP A ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87880	QW	INFEC. AGENT ANTIGEN DETEC/ASSAY W	01/01/2015	MEDICARE	$16.32	$0.00									
87899		AGENT NOS ASSAY W/OPTIC	01/01/2015	MEDICARE	$16.32	$0.00									
87899	QW	INFEC AGENT ANTIGEN DETEC/ASSAY W	01/01/2015	MEDICARE	$16.32	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87900		PHENOTYPE INFECT AGENT DRUG	01/01/2015	MEDICARE	$169.81	$0.00									
87901		GENOTYPE DNA HIV REVERSE T	01/01/2015	MEDICARE	$350.35	$0.00									
87902		GENOTYPE DNA/RNA HEP C	01/01/2015	MEDICARE	$350.35	$0.00									
87903		PHENOTYPE DNA HIV W/CULTURE	01/01/2015	MEDICARE	$664.98	$0.00									
87904		PHENOTYPE DNA HIV W/CLT ADD	01/01/2015	MEDICARE	$33.96	$0.00									
87905		SIALIDASE ENZYME ASSAY	01/01/2015	MEDICARE	$16.63	$0.00									
87905	QW	SIALIDASE ENZYME ASSAY	01/01/2015	MEDICARE	$16.63	$0.00									
87906		GENOTYPE DNA HIV REVERSE T	01/01/2015	MEDICARE	$175.18	$0.00									
87910		GENOTYPE CYTOMEGALOVIRUS	01/01/2015	MEDICARE	$350.35	$0.00									
87912		GENOTYPE DNA HEPATITIS B	01/01/2015	MEDICARE	$350.35	$0.00									
88104		CYTOPATH FL NONGYN SMEARS	07/01/2014	RBRVS	$74.34	$74.34									
88104	TC	CYTOPATH FL NONGYN SMEARS	07/01/2014	RBRVS	$44.90	$44.90									
88104	26	CYTOPATH FL NONGYN SMEARS	07/01/2014	RBRVS	$29.48	$29.48									
88106		CYTOPATH FL NONGYN FILTER	07/01/2014	RBRVS	$84.74	$84.74									
88106	TC	CYTOPATH FL NONGYN FILTER	07/01/2014	RBRVS	$64.98	$64.98									
88106	26	CYTOPATH FL NONGYN FILTER	07/01/2014	RBRVS	$19.79	$19.79									
88108		CYTOPATH CONCENTRATE TECH	07/01/2014	RBRVS	$79.00	$79.00									
88108	TC	CYTOPATH CONCENTRATE TECH	07/01/2014	RBRVS	$56.01	$56.01									
88108	26	CYTOPATH CONCENTRATE TECH	07/01/2014	RBRVS	$23.02	$23.02									
88112		CYTOPATH CELL ENHANCE TECH	07/01/2014	RBRVS	$63.22	$63.22									
88112	TC	CYTOPATH CELL ENHANCE TECH	07/01/2014	RBRVS	$34.86	$34.86									
88112	26	CYTOPATH CELL ENHANCE TECH	07/01/2014	RBRVS	$28.40	$28.40									
88120		CYTP URNE 3-5 PROBES EA SPEC	07/01/2014	RBRVS	$619.66	$619.66									
88120	TC	CYTP URNE 3-5 PROBES EA SPEC	07/01/2014	RBRVS	$560.31	$560.31									
88120	26	CYTP URNE 3-5 PROBES EA SPEC	07/01/2014	RBRVS	$59.35	$59.35									
88121		CYTP URINE 3-5 PROBES CMPTR	07/01/2014	RBRVS	$536.00	$536.00									
88121	TC	CYTP URINE 3-5 PROBES CMPTR	07/01/2014	RBRVS	$484.90	$484.90									
88121	26	CYTP URINE 3-5 PROBES CMPTR	07/01/2014	RBRVS	$51.10	$51.10									
88125		FORENSIC CYTOPATHOLOGY	07/01/2014	RBRVS	$22.34	$22.34									
88125	TC	FORENSIC CYTOPATHOLOGY	07/01/2014	RBRVS	$9.04	$9.04									
88125	26	FORENSIC CYTOPATHOLOGY	07/01/2014	RBRVS	$13.34	$13.34									
88130		SEX CHROMATIN IDENTIFICATION	01/01/2015	MEDICARE	$20.47	$0.00									
88140		SEX CHROMATIN IDENTIFICATION	01/01/2015	MEDICARE	$10.87	$0.00									
88141		CYTOPATH C/V INTERPRET	07/01/2014	RBRVS	$32.09	$32.09									
88142		CYTOPATH C/V THIN LAYER	01/01/2015	MEDICARE	$27.57	$0.00									
88143		CYTOPATH C/V THIN LAYER REDO	01/01/2015	MEDICARE	$27.57	$0.00									
88147		CYTOPATH C/V AUTOMATED	01/01/2015	MEDICARE	$15.49	$0.00									
88148		CYTOPATH C/V AUTO RESCREEN	01/01/2015	MEDICARE	$20.68	$0.00									
88150		CYTOPATH C/V MANUAL	01/01/2015	MEDICARE	$14.38	$0.00									
88152		CYTOPATH C/V AUTO REDO	01/01/2015	MEDICARE	$14.38	$0.00									
88153		CYTOPATH C/V REDO	01/01/2015	MEDICARE	$14.38	$0.00									
88154		CYTOPATH C/V SELECT	01/01/2015	MEDICARE	$14.38	$0.00									
88155		CYTOPATH C/V INDEX ADD-ON	01/01/2015	MEDICARE	$8.14	$0.00									
88160		CYTOPATH SMEAR OTHER SOURCE	07/01/2014	RBRVS	$64.66	$64.66									
88160	TC	CYTOPATH SMEAR OTHER SOURCE	07/01/2014	RBRVS	$38.08	$38.08									
88160	26	CYTOPATH SMEAR OTHER SOURCE	07/01/2014	RBRVS	$26.61	$26.61									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88161		CYTOPATH SMEAR OTHER SOURCE	07/01/2014	RBRVS	$58.92	$58.92									
88161	TC	CYTOPATH SMEAR OTHER SOURCE	07/01/2014	RBRVS	$33.42	$33.42									
88161	26	CYTOPATH SMEAR OTHER SOURCE	07/01/2014	RBRVS	$25.53	$25.53									
88162		CYTOPATH SMEAR OTHER SOURCE	07/01/2014	RBRVS	$96.71	$96.71									
88162	TC	CYTOPATH SMEAR OTHER SOURCE	07/01/2014	RBRVS	$56.01	$56.01									
88162	26	CYTOPATH SMEAR OTHER SOURCE	07/01/2014	RBRVS	$40.70	$40.70									
88164		CYTOPATH TBS C/V MANUAL	01/01/2015	MEDICARE	$14.38	$0.00									
88165		CYTOPATH TBS C/V REDO	01/01/2015	MEDICARE	$14.38	$0.00									
88166		CYTOPATH TBS C/V AUTO REDO	01/01/2015	MEDICARE	$14.38	$0.00									
88167		CYTOPATH TBS C/V SELECT	01/01/2015	MEDICARE	$14.38	$0.00									
88172		CYTOPATHOLOGY EVAL OF FNA	07/01/2014	RBRVS	$54.61	$54.61									
88172	TC	CYTOPATHOLOGY EVAL OF FNA	07/01/2014	RBRVS	$18.36	$18.36									
88172	26	CYTOPATHOLOGY EVAL OF FNA	07/01/2014	RBRVS	$36.29	$36.29									
88173		CYTOPATH EVAL FNA REPORT	07/01/2014	RBRVS	$147.31	$147.31									
88173	TC	CYTOPATH EVAL FNA REPORT	07/01/2014	RBRVS	$75.02	$75.02									
88173	26	CYTOPATH EVAL FNA REPORT	07/01/2014	RBRVS	$72.33	$72.33									
88174		CYTOPATH C/V AUTO IN FLUID	01/01/2015	MEDICARE	$29.08	$0.00									
88175		CYTOPATH C/V AUTO FLUID REDO	01/01/2015	MEDICARE	$36.04	$0.00									
88177		CYTP FNA EVAL EA ADDL	07/01/2014	RBRVS	$29.87	$29.87	ZZZ								
88177	TC	CYTP FNA EVAL EA ADDL	07/01/2014	RBRVS	$7.60	$7.60	ZZZ								
88177	26	CYTP FNA EVAL EA ADDL	07/01/2014	RBRVS	$22.30	$22.30	ZZZ								
88182		CELL MARKER STUDY	07/01/2014	RBRVS	$110.45	$110.45									
88182	TC	CELL MARKER STUDY	07/01/2014	RBRVS	$73.33	$73.33									
88182	26	CELL MARKER STUDY	07/01/2014	RBRVS	$37.12	$37.12									
88184		FLOWCYTOMETRY/ TC 1 MARKER	07/01/2014	RBRVS	$87.93	$87.93									
88185		FLOWCYTOMETRY/TC ADD-ON	07/01/2014	RBRVS	$53.86	$53.86	ZZZ								
88187		FLOWCYTOMETRY/READ 2-8	07/01/2014	RBRVS	$72.19	$72.19									
88188		FLOWCYTOMETRY/READ 9-15	07/01/2014	RBRVS	$90.98	$90.98									
88189		FLOWCYTOMETRY/READ 16 & >	07/01/2014	RBRVS	$111.45	$111.45									
88230		TISSUE CULTURE LYMPHOCYTE	01/01/2015	MEDICARE	$158.53	$0.00									
88233		TISSUE CULTURE SKIN/BIOPSY	01/01/2015	MEDICARE	$191.50	$0.00									
88235		TISSUE CULTURE PLACENTA	01/01/2015	MEDICARE	$200.40	$0.00									
88237		TISSUE CULTURE BONE MARROW	01/01/2015	MEDICARE	$171.88	$0.00									
88239		TISSUE CULTURE TUMOR	01/01/2015	MEDICARE	$200.74	$0.00									
88240		CELL CRYOPRESERVE/STORAGE	01/01/2015	MEDICARE	$13.74	$0.00									
88241		FROZEN CELL PREPARATION	01/01/2015	MEDICARE	$13.74	$0.00									
88245		CHROMOSOME ANALYSIS 20-25	01/01/2015	MEDICARE	$202.57	$0.00									
88248		CHROMOSOME ANALYSIS 50-100	01/01/2015	MEDICARE	$235.66	$0.00									
88249		CHROMOSOME ANALYSIS 100	01/01/2015	MEDICARE	$235.66	$0.00									
88261		CHROMOSOME ANALYSIS 5	01/01/2015	MEDICARE	$240.51	$0.00									
88262		CHROMOSOME ANALYSIS 15-20	01/01/2015	MEDICARE	$169.62	$0.00									
88263		CHROMOSOME ANALYSIS 45	01/01/2015	MEDICARE	$204.52	$0.00									
88264		CHROMOSOME ANALYSIS 20-25	01/01/2015	MEDICARE	$169.62	$0.00									
88267		CHROMOSOME ANALYS PLACENTA	01/01/2015	MEDICARE	$244.63	$0.00									
88269		CHROMOSOME ANALYS AMNIOTIC	01/01/2015	MEDICARE	$226.33	$0.00									
88271		CYTOGENETICS DNA PROBE	01/01/2015	MEDICARE	$19.69	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88272		CYTOGENETICS 3-5	01/01/2015	MEDICARE	$24.63	$0.00									
88273		CYTOGENETICS 10-30	01/01/2015	MEDICARE	$34.47	$0.00									
88274		CYTOGENETICS 25-99	01/01/2015	MEDICARE	$39.37	$0.00									
88275		CYTOGENETICS 100-300	01/01/2015	MEDICARE	$44.32	$0.00									
88280		CHROMOSOME KARYOTYPE STUDY	01/01/2015	MEDICARE	$34.15	$0.00									
88283		CHROMOSOME BANDING STUDY	01/01/2015	MEDICARE	$25.24	$0.00									
88285		CHROMOSOME COUNT ADDITIONAL	01/01/2015	MEDICARE	$25.86	$0.00									
88289		CHROMOSOME STUDY ADDITIONAL	01/01/2015	MEDICARE	$4.33	$0.00									
88291		CYTO/MOLECULAR REPORT	07/01/2014	RBRVS	$31.38	$31.38									
88300		SURGICAL PATH GROSS	07/01/2014	RBRVS	$14.81	$14.81									
88300	TC	SURGICAL PATH GROSS	07/01/2014	RBRVS	$10.11	$10.11									
88300	26	SURGICAL PATH GROSS	07/01/2014	RBRVS	$4.73	$4.73									
88302		TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$30.23	$30.23									
88302	TC	TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$23.02	$23.02									
88302	26	TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$7.24	$7.24									
88304		TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$43.50	$43.50									
88304	TC	TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$31.99	$31.99									
88304	26	TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$11.55	$11.55									
88305		TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$70.75	$70.75									
88305	TC	TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$32.35	$32.35									
88305	26	TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$38.44	$38.44									
88307		TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$288.96	$288.96									
88307	TC	TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$204.47	$204.47									
88307	26	TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$84.52	$84.52									
88309		TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$439.93	$439.93									
88309	TC	TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$290.29	$290.29									
88309	26	TISSUE EXAM BY PATHOLOGIST	07/01/2014	RBRVS	$149.64	$149.64									
88311		DECALCIFY TISSUE	07/01/2014	RBRVS	$20.55	$20.55									
88311	TC	DECALCIFY TISSUE	07/01/2014	RBRVS	$7.96	$7.96									
88311	26	DECALCIFY TISSUE	07/01/2014	RBRVS	$12.62	$12.62									
88312		SPECIAL STAINS	07/01/2014	RBRVS	$94.78	$94.78									
88312	TC	SPECIAL STAINS	07/01/2014	RBRVS	$67.13	$67.13									
88312	26	SPECIAL STAINS	07/01/2014	RBRVS	$27.68	$27.68									
88313		SPECIAL STAINS	07/01/2014	RBRVS	$66.09	$66.09									
88313	TC	SPECIAL STAINS	07/01/2014	RBRVS	$53.86	$53.86									
88313	26	SPECIAL STAINS	07/01/2014	RBRVS	$12.26	$12.26									
88314		HISTOCHEMICAL STAINS ADD-ON	07/01/2014	RBRVS	$78.28	$78.28									
88314	TC	HISTOCHEMICAL STAINS ADD-ON	07/01/2014	RBRVS	$55.30	$55.30									
88314	26	HISTOCHEMICAL STAINS ADD-ON	07/01/2014	RBRVS	$23.02	$23.02									
88319		ENZYME HISTOCHEMISTRY	07/01/2014	RBRVS	$86.32	$86.32									
88319	TC	ENZYME HISTOCHEMISTRY	07/01/2014	RBRVS	$57.81	$57.81									
88319	26	ENZYME HISTOCHEMISTRY	07/01/2014	RBRVS	$28.51	$28.51									
88321		MICROSLIDE CONSULTATION	07/01/2014	RBRVS	$96.00	$86.67									
88323		MICROSLIDE CONSULTATION	07/01/2014	RBRVS	$148.03	$148.03									
88323	TC	MICROSLIDE CONSULTATION	07/01/2014	RBRVS	$59.60	$59.60									
88323	26	MICROSLIDE CONSULTATION	07/01/2014	RBRVS	$88.47	$88.47									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88325		COMPREHENSIVE REVIEW OF DATA	07/01/2014	RBRVS	$213.65	$135.48									
88329		PATH CONSULT INTROP	07/01/2014	RBRVS	$57.63	$36.83									
88331		PATH CONSULT INTRAOP 1 BLOC	07/01/2014	RBRVS	$99.08	$99.08									
88331	TC	PATH CONSULT INTRAOP 1 BLOC	07/01/2014	RBRVS	$36.29	$36.29									
88331	26	PATH CONSULT INTRAOP 1 BLOC	07/01/2014	RBRVS	$62.83	$62.83									
88332		PATH CONSULT INTRAOP, ADDL	07/01/2014	RBRVS	$43.86	$43.86									
88332	TC	PATH CONSULT INTRAOP, ADDL	07/01/2014	RBRVS	$12.62	$12.62									
88332	26	PATH CONSULT INTRAOP, ADDL	07/01/2014	RBRVS	$31.27	$31.27									
88333		INTRAOP CYTO PATH CONSULT 1	07/01/2014	RBRVS	$105.00	$105.00									
88333	TC	INTRAOP CYTO PATH CONSULT 1	07/01/2014	RBRVS	$40.95	$40.95									
88333	26	INTRAOP CYTO PATH CONSULT 1	07/01/2014	RBRVS	$64.08	$64.08									
88334		INTRAOP CYTO PATH CONSULT 2	07/01/2014	RBRVS	$65.52	$65.52									
88334	TC	INTRAOP CYTO PATH CONSULT 2	07/01/2014	RBRVS	$25.89	$25.89									
88334	26	INTRAOP CYTO PATH CONSULT 2	07/01/2014	RBRVS	$39.63	$39.63									
88341		IMMUNOHISTO ANTIBODY SLIDE	01/01/2015	RBRVS	$67.52	$67.52	ZZZ								
88341	TC	IMMUNOHISTO ANTIBODY SLIDE	01/01/2015	RBRVS	$45.61	$45.61	ZZZ								
88341	26	IMMUNOHISTO ANTIBODY SLIDE	01/01/2015	RBRVS	$21.95	$21.95	ZZZ								
88344		IMMUNOHISTO ANTIBODY SLIDE	01/01/2015	RBRVS	$117.37	$117.37									
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	01/01/2015	RBRVS	$77.17	$77.17									
88344	26	IMMUNOHISTO ANTIBODY SLIDE	01/01/2015	RBRVS	$40.23	$40.23									
88346		IMMUNOFLUORESCENT STUDY	07/01/2014	RBRVS	$106.61	$106.61									
88346	TC	IMMUNOFLUORESCENT STUDY	07/01/2014	RBRVS	$63.54	$63.54									
88346	26	IMMUNOFLUORESCENT STUDY	07/01/2014	RBRVS	$43.10	$43.10									
88347		IMMUNOFLUORESCENT STUDY	07/01/2014	RBRVS	$89.04	$89.04									
88347	TC	IMMUNOFLUORESCENT STUDY	07/01/2014	RBRVS	$47.05	$47.05									
88347	26	IMMUNOFLUORESCENT STUDY	07/01/2014	RBRVS	$42.03	$42.03									
88348		ELECTRON MICROSCOPY	07/01/2014	RBRVS	$703.93	$703.93									
88348	TC	ELECTRON MICROSCOPY	07/01/2014	RBRVS	$626.94	$626.94									
88348	26	ELECTRON MICROSCOPY	07/01/2014	RBRVS	$76.99	$76.99									
88355		ANALYSIS SKELETAL MUSCLE	07/01/2014	RBRVS	$176.79	$176.79									
88355	TC	ANALYSIS SKELETAL MUSCLE	07/01/2014	RBRVS	$91.87	$91.87									
88355	26	ANALYSIS SKELETAL MUSCLE	07/01/2014	RBRVS	$84.92	$84.92									
88356		ANALYSIS NERVE	07/01/2014	RBRVS	$281.07	$281.07									
88356	TC	ANALYSIS NERVE	07/01/2014	RBRVS	$146.20	$146.20									
88356	26	ANALYSIS NERVE	07/01/2014	RBRVS	$134.87	$134.87									
88358		ANALYSIS TUMOR	07/01/2014	RBRVS	$83.80	$83.80									
88358	TC	ANALYSIS TUMOR	07/01/2014	RBRVS	$38.08	$38.08									
88358	26	ANALYSIS TUMOR	07/01/2014	RBRVS	$45.72	$45.72									
88360		SPECIAL WHOLE ORGAN SECT	07/01/2014	RBRVS	$130.42	$130.42									
88360	TC	SPECIAL WHOLE ORGAN SECT	07/01/2014	RBRVS	$75.38	$75.38									
88360	26	SPECIAL WHOLE ORGAN SECT	07/01/2014	RBRVS	$55.05	$55.05									
88361		TUMOR IMMUNOHISTOCHEM/COMPUT	07/01/2014	RBRVS	$158.43	$158.43									
88361	TC	TUMOR IMMUNOHISTOCHEM/COMPUT	07/01/2014	RBRVS	$98.69	$98.69									
88361	26	TUMOR IMMUNOHISTOCHEM/COMPUT	07/01/2014	RBRVS	$59.78	$59.78									
88362		NERVE TEASING PREPARATIONS	07/01/2014	RBRVS	$309.22	$309.22									
88362	TC	NERVE TEASING PREPARATIONS	07/01/2014	RBRVS	$194.97	$194.97									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88362	26	NERVE TEASING PREPARATIONS	07/01/2014	RBRVS	$114.29	$114.29									
88363		XM ARCHIVE TISSUE MOLEC ANAL	07/01/2014	RBRVS	$20.16	$17.58									
88364		INSITU HYBRIDIZATION (FISH)	01/01/2015	RBRVS	$97.65	$97.65	ZZZ								
88364	TC	INSITU HYBRIDIZATION (FISH)	01/01/2015	RBRVS	$70.36	$70.36	ZZZ								
88364	26	INSITU HYBRIDIZATION (FISH)	01/01/2015	RBRVS	$27.33	$27.33	ZZZ								
88365		INSITU HYBRIDIZATION (FISH)	07/01/2014	RBRVS	$177.76	$177.76									
88365	TC	INSITU HYBRIDIZATION (FISH)	07/01/2014	RBRVS	$117.33	$117.33									
88365	26	INSITU HYBRIDIZATION (FISH)	07/01/2014	RBRVS	$60.42	$60.42									
88366		INSITU HYBRIDIZATION (FISH)	01/01/2015	RBRVS	$149.64	$149.64									
88366	TC	INSITU HYBRIDIZATION (FISH)	01/01/2015	RBRVS	$86.49	$86.49									
88366	26	INSITU HYBRIDIZATION (FISH)	01/01/2015	RBRVS	$63.19	$63.19									
88367		INSITU HYBRIDIZATION AUTO	07/01/2014	RBRVS	$256.40	$256.40									
88367	TC	INSITU HYBRIDIZATION AUTO	07/01/2014	RBRVS	$193.36	$193.36									
88367	26	INSITU HYBRIDIZATION AUTO	07/01/2014	RBRVS	$63.04	$63.04									
88368		INSITU HYBRIDIZATION MANUAL	07/01/2014	RBRVS	$233.02	$233.02									
88368	TC	INSITU HYBRIDIZATION MANUAL	07/01/2014	RBRVS	$167.90	$167.90									
88368	26	INSITU HYBRIDIZATION MANUAL	07/01/2014	RBRVS	$65.16	$65.16									
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	01/01/2015	RBRVS	$73.98	$73.98	ZZZ								
88369	TC	M/PHMTRC ALYSISHQUANT/SEMIQ	01/01/2015	RBRVS	$48.84	$48.84	ZZZ								
88369	26	M/PHMTRC ALYSISHQUANT/SEMIQ	01/01/2015	RBRVS	$25.17	$25.17	ZZZ								
88371		PROTEIN WESTERN BLOT TISSUE	01/01/2015	MEDICARE	$16.84	$0.00									
88372		PROTEIN ANALYSIS W/PROBE	01/01/2015	MEDICARE	$25.26	$0.00									
88373		M/PHMTRC ALYS ISHQUANT/SEMIQ	01/01/2015	RBRVS	$60.35	$60.35	ZZZ								
88373	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	01/01/2015	RBRVS	$39.16	$39.16	ZZZ								
88373	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	01/01/2015	RBRVS	$21.23	$21.23	ZZZ								
88374		M/PHMTRC ALYS ISHQUANT/SEMIQ	01/01/2015	RBRVS	$205.59	$205.59									
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	01/01/2015	RBRVS	$160.37	$160.37									
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	01/01/2015	RBRVS	$45.26	$45.26									
88377		M/PHMTRC ALYS ISHQUANT/SEMIQ	01/01/2015	RBRVS	$214.91	$214.91									
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	01/01/2015	RBRVS	$149.25	$149.25									
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	01/01/2015	RBRVS	$65.70	$65.70									
88380		MICRODISSECTION LASER	07/01/2014	RBRVS	$191.06	$191.06									
88380	TC	MICRODISSECTION LASER	07/01/2014	RBRVS	$110.52	$110.52									
88380	26	MICRODISSECTION LASER	07/01/2014	RBRVS	$80.58	$80.58									
88381		MICRODISSECTION MANUAL	07/01/2014	RBRVS	$161.26	$161.26									
88381	TC	MICRODISSECTION MANUAL	07/01/2014	RBRVS	$105.86	$105.86									
88381	26	MICRODISSECTION MANUAL	07/01/2014	RBRVS	$55.40	$55.40									
88387		TISS EXAM MOLECULAR STUDY	07/01/2014	RBRVS	$35.97	$35.97									
88387	TC	TISS EXAM MOLECULAR STUDY	07/01/2014	RBRVS	$6.53	$6.53									
88387	26	TISS EXAM MOLECULAR STUDY	07/01/2014	RBRVS	$29.48	$29.48									
88388		TISS EX MOLECUL STUDY ADD-ON	07/01/2014	RBRVS	$33.10	$33.10									
88388	TC	TISS EX MOLECUL STUDY ADD-ON	07/01/2014	RBRVS	$9.04	$9.04									
88388	26	TISS EX MOLECUL STUDY ADD-ON	07/01/2014	RBRVS	$24.10	$24.10									
88720		BILIRUBIN TOTAL TRANSCUT	01/01/2015	MEDICARE	$6.82	$0.00									
88738		HGB QUANT TRANSCUTANEOUS	01/01/2015	MEDICARE	$6.82	$0.00									
88740		0RANSCUTANEOUS CARBOXYHB	01/01/2015	MEDICARE	$6.82	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88741		TRANSCUTANEOUS METHB	01/01/2015	MEDICARE	$6.82	$0.00									
89049		CHCT FOR MAL HYPERTHERMIA	07/01/2014	RBRVS	$259.88	$66.59									
89050		BODY FLUID CELL COUNT	01/01/2015	MEDICARE	$6.43	$0.00									
89051		BODY FLUID CELL COUNT	01/01/2015	MEDICARE	$7.48	$0.00									
89055		LEUKOCYTE ASSESSMENT FECAL	01/01/2015	MEDICARE	$5.80	$0.00									
89060		EXAM SYNOVIAL FLUID CRYSTALS	01/01/2015	MEDICARE	$9.73	$0.00									
89125		SPECIMEN FAT STAIN	01/01/2015	MEDICARE	$5.88	$0.00									
89160		EXAM FECES FOR MEAT FIBERS	01/01/2015	MEDICARE	$5.02	$0.00									
89190		NASAL SMEAR FOR EOSINOPHILS	01/01/2015	MEDICARE	$6.46	$0.00									
89220		SPUTUM SPECIMEN COLLECTION	07/01/2014	RBRVS	$17.28	$17.28									
89230		COLLECT SWEAT FOR TEST	07/01/2014	RBRVS	$5.09	$5.09									
9003F		AORTIC ANRYSM5.5-5.9CM DIAM	01/01/2014	RBRVS	$0.00	$0.00									
9004F		AORTIC ANRYSM 6/> CM DIAM	01/01/2014	RBRVS	$0.00	$0.00									
9006F		SYMPT STEN-TIA/STRK<120DAYS	01/01/2014	RBRVS	$0.00	$0.00									
9007F		OTHER CAROT STEN 120 DAYS/>	01/01/2014	RBRVS	$0.00	$0.00									
90291		CMV IG IV	01/01/2009	#N/A	$0.00	$0.00									
90371		HEP B IG IM	01/01/2015	FEE SCHED	$116.67	$0.00									
90375		RABIES IG IM/SC	01/01/2015	FEE SCHED	$243.58	$0.00									
90376		RABIES IG HEAT TREATED	01/01/2015	FEE SCHED	$225.42	$0.00									
90384		RH IG FULL-DOSE IM	07/01/2009	FEE SCHED	$79.90	$0.00									
90385		RH IG MINIDOSE IM	07/01/2014	FEE SCHED	$34.66	$0.00									
90386		RH IG IV	07/01/2009	FEE SCHED	$79.90	$0.00									
90389		TETANUS IG IM	01/01/2009	#N/A	$0.00	$0.00									
90396		VARICELLA-ZOSTER IG IM	03/01/2013	FEE SCHED	$663.00	$0.00									
90460		IMADM ANY ROUTE 1ST VAC/TOX	01/01/2013	FEE SCHED	$21.32	$0.00									
90460	SL	IMADM ANY ROUTE 1ST VAC/TOX	01/01/2013	FEE SCHED	$21.32	$0.00									
90461		INADM ANY ROUTE ADDL VAC/TOX	01/01/2015	FEE SCHED	$12.69	$0.00									
90461	SL	INADM ANY ROUTE ADDL VAC/TOX	01/01/2011	FEE SCHED	$0.00	$0.00									
90471		IMMUNIZATION ADMIN	01/01/2013	FEE SCHED	$21.32	$0.00									
90471	SL	IMMUNIZATION ADMIN	01/01/2013	FEE SCHED	$21.32	$0.00									
90472		IMMUNIZATION ADMIN EACH ADD	01/01/2015	FEE SCHED	$12.69	$0.00									
90472	SL	IMMUNIZATION ADMIN EACH ADD	01/01/2015	FEE SCHED	$12.69	$0.00									
90473		IMMUNE ADMIN ORAL/NASAL	01/01/2013	FEE SCHED	$21.32	$0.00									
90473	SL	IMMUNE ADMIN ORAL/NASAL	01/01/2013	FEE SCHED	$21.32	$0.00									
90474		IMMUNE ADMIN ORAL/NASAL ADDL	01/01/2015	FEE SCHED	$12.69	$0.00									
90474	SL	IMMUNE ADMIN ORAL/NASAL ADDL	01/01/2015	FEE SCHED	$12.69	$0.00									
90585		BCG VACCINE PERCUT	01/01/2015	FEE SCHED	$120.44	$0.00									
90586		BCG VACCINE INTRAVESICAL	01/01/2015	FEE SCHED	$120.44	$0.00									
90632		HEP A VACCINE ADULT IM	01/01/2015	FEE SCHED	$50.88	$0.00									
90633		HEP A VACC PED/ADOL 2 DOSE	04/01/2013	FEE SCHED	$30.37	$0.00									
90636		HEP A/HEP B VACC ADULT IM	01/01/2013	FEE SCHED	$92.50	$0.00									
90645		HIB VACCINE HBOC IM	07/01/2010	FEE SCHED	$0.00	$0.00									
90647		HIB VACCINE PRP-OMP IM	07/01/2012	FEE SCHED	$22.77	$0.00									
90648		HIB VACCINE PRP-T IM	04/01/2013	FEE SCHED	$26.21	$0.00									
90649		HPV VACCINE 4 VALENT IM	04/01/2014	FEE SCHED	$141.38	$0.00									
90650		HPV TYP BIVAL 3 DOSE IM	10/16/2009	FEE SCHED	$128.75	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
90651		HPV VACCINE NON VALENT IM	01/01/2015	FEE SCHED	$165.59	$0.00									
90654		FLU VACCINE NO PRESERV, ID	10/01/2013	FEE SCHED	$16.93	$0.00									
90655		FLU VACCINE NO PRESERV 6-35M	10/01/2013	FEE SCHED	$15.43	$0.00									
90656		FLU VACCINE NO PRESERV 3 & >	10/01/2014	FEE SCHED	$12.62	$0.00									
90657		FLU VACCINE 3 YRS IM	10/01/2012	FEE SCHED	$5.39	$0.00									
90658		FLU VACCINE AGE 3 & OVER IM	07/01/2013	FEE SCHED	$12.49	$0.00									
90660		FLU VACCINE NASAL	10/01/2012	FEE SCHED	$20.99	$0.00									
90670		PNEUMOCOCCAL VACC, 13 VAL IM	04/01/2014	FEE SCHED	$137.75	$0.00									
90672		FLU VACCINE 4 VALENT NASAL	10/01/2014	FEE SCHED	$23.03	$0.00									
90673		FLU VACC RIV3 NO PRESERV	01/01/2014	FEE SCHED	$32.64	$0.00									
90675		RABIES VACCINE IM	01/01/2015	FEE SCHED	$234.29	$0.00									
90680		ROTOVIRUS VACC 3 DOSE ORAL	04/01/2013	FEE SCHED	$75.20	$0.00									
90681		ROTAVIRUS VACC 2 DOSE ORAL	10/10/2008	FEE SCHED	$0.00	$0.00									
90685		FLU VAC NO PRSV 4 VAL 6-35 M	10/01/2014	FEE SCHED	$21.38	$0.00									
90686		FLU VAC NO PRSV 4 VAL 3 YRS+	10/01/2014	FEE SCHED	$16.09	$0.00									
90687		FLU VACCINE 4 VAL 6-35 MO IM	01/01/2015	FEE SCHED	$8.17	$0.00									
90688		FLU VACC 4 VAL 3 YRS PLUS IM	01/01/2015	FEE SCHED	$15.07	$0.00									
90690		TYPHOID VACCINE ORAL	07/01/2014	FEE SCHED	$19.24	$0.00									
90691		TYPHOID VACCINE IM	01/01/2015	FEE SCHED	$80.12	$0.00									
90696		DTAP-IPV VACC 4-6 YR IM	10/10/2008	FEE SCHED	$0.00	$0.00									
90698		DTAP-HIB-IP VACCINE IM	10/10/2008	FEE SCHED	$0.00	$0.00									
90700		DTAP VACCINE < 7 YRS IM	07/01/2010	FEE SCHED	$0.00	$0.00									
90702		DT VACCINE < 7 YRS IM	04/01/2013	FEE SCHED	$21.74	$0.00									
90703		TETANUS VACCINE IM	01/01/2015	FEE SCHED	$39.71	$0.00									
90704		MUMPS VACCINE SC	07/01/2010	FEE SCHED	$20.30	$0.00									
90705		MEASLES VACCINE SC	07/01/2010	FEE SCHED	$17.22	$0.00									
90706		RUBELLA VACCINE SC	07/01/2010	FEE SCHED	$17.87	$0.00									
90707		MMR VACCINE SC	10/01/2013	FEE SCHED	$56.14	$0.00									
90713		POLIOVIRUS IPV SC/IM	04/01/2013	FEE SCHED	$27.44	$0.00									
90714		TD VACCINE NO PRSRV 7/> IM	01/01/2015	FEE SCHED	$21.59	$0.00									
90715		TDAP VACCINE 7 YRS/> IM	01/01/2015	FEE SCHED	$36.27	$0.00									
90716		CHICKEN POX VACCINE SC	10/01/2013	FEE SCHED	$94.14	$0.00									
90717		YELLOW FEVER VACCINE SC	04/01/2013	FEE SCHED	$75.06	$0.00									
90720		DTP/HIB VACCINE IM	04/01/2013	FEE SCHED	$41.06	$0.00									
90721		DTAP/HIB VACCINE IM	04/01/2013	FEE SCHED	$41.06	$0.00									
90723		DTAP-HEP B-IPV VACCINE IM	07/01/2004	FEE SCHED	$70.72	$0.00									
90732		PNEUMOCOCCAL VACCINE	04/01/2014	FEE SCHED	$69.66	$0.00									
90733		MENINGOCOCCAL VACCINE SC	04/01/2014	FEE SCHED	$106.49	$0.00									
90734		MENINGOCOCCAL VACCINE IM	04/01/2013	FEE SCHED	$112.93	$0.00									
90735		ENCEPHALITIS VACCINE SC	01/01/2010	FEE SCHED	$102.08	$0.00									
90736		ZOSTER VACC SC	10/01/2014	FEE SCHED	$173.98	$0.00									
90740		HEPB VACC ILL PAT 3 DOSE IM	01/01/2011	FEE SCHED	$106.85	$0.00									
90743		HEP B VACC ADOL 2 DOSE IM	01/01/2011	FEE SCHED	$21.67	$0.00									
90744		HEPB VACC PED/ADOL 3 DOSE IM	01/01/2012	FEE SCHED	$21.67	$0.00									
90746		HEP B VACCINE ADULT IM	01/01/2011	FEE SCHED	$53.42	$0.00									
90747		HEPB VACC ILL PAT 4 DOSE IM	01/01/2011	FEE SCHED	$106.85	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
90785		PSYTX COMPLEX INTERACTIVE	07/01/2014	RBRVS	$12.97	$12.97									
90791		PSYCH DIAGNOSTIC EVALUATION	07/01/2014	RBRVS	$121.28	$117.41									
90792		PSYCH DIAG EVAL W/MED SRVCS	07/01/2014	RBRVS	$130.64	$126.77									
90832		PSYTX PT&/FAMILY 30 MINUTES	07/01/2014	RBRVS	$58.74	$58.09									
90833		PSYTX PT&/FAM W/E&M 30 MIN	07/01/2014	RBRVS	$60.03	$59.70	ZZZ								
90834		PSYTX PT&/FAMILY 45 MINUTES	07/01/2014	RBRVS	$77.87	$77.55									
90836		PSYTX PT&/FAM W/E&M 45 MIN	07/01/2014	RBRVS	$75.90	$75.26	ZZZ								
90837		PSYTX PT&/FAMILY 60 MINUTES	07/01/2014	RBRVS	$116.44	$115.80									
90838		PSYTX PT&/FAM W/E&M 60 MIN	07/01/2014	RBRVS	$100.27	$99.63	ZZZ								
90839		PSYTX CRISIS INITIAL 60 MIN	07/01/2014	RBRVS	$121.60	$120.63									
90840		PSYTX CRISIS EA ADDL 30 MIN	07/01/2014	RBRVS	$58.41	$58.09									
90845		PSYCHOANALYSIS	07/01/2014	RBRVS	$84.00	$83.36									
90846		FAMILY PSYTX W/O PATIENT	07/01/2014	RBRVS	$94.40	$93.75									
90847		FAMILY PSYTX W/PATIENT	07/01/2014	RBRVS	$97.30	$96.66									
90849		MULTIPLE FAMILY GROUP PSYTX	07/01/2014	RBRVS	$31.14	$27.91									
90853		GROUP PSYCHOTHERAPY	07/01/2014	RBRVS	$24.04	$23.40									
90863		PHARMACOLOGIC MGMT W/PSYTX	07/01/2014	FEE SCHED	$33.00	$0.00									
90865		NARCOSYNTHESIS	07/01/2014	RBRVS	$153.23	$117.09									
90870		ELECTROCONVULSIVE THERAPY	07/01/2014	RBRVS	$161.30	$101.92	000								
90880		HYPNOTHERAPY	07/01/2014	RBRVS	$92.40	$85.95									
90885		PSY EVALUATION OF RECORDS	09/01/2011	RBRVS	$0.00	$0.00									
90887		CONSULTATION WITH FAMILY	09/01/2011	RBRVS	$0.00	$0.00									
90889		PREPARATION OF REPORT	07/01/2003	RBRVS	$0.00	$0.00									
90901		BIOFEEDBACK TRAIN ANY METH	07/01/2014	RBRVS	$36.20	$18.45	000		Y						
90911		BIOFEEDBACK PERI/URO/RECTAL	07/01/2014	RBRVS	$77.52	$41.69	000		Y						
90935		HEMODIALYSIS ONE EVALUATION	07/01/2014	RBRVS	$66.58	$66.58	000								
90951		ESRD SERV 4 VISITS P MO <2	07/01/2014	RBRVS	$949.64	$949.64									
90954		ESRD SERV 4 VSTS P MO 2-11	07/01/2014	RBRVS	$824.13	$824.13									
90955		ESRD SRV 2-3 VSTS P MO 2-11	07/01/2014	RBRVS	$464.67	$464.67									
90956		ESRD SRV 1 VISIT P MO 2-11	07/01/2014	RBRVS	$323.60	$323.60									
90957		ESRD SRV 4 VSTS P MO 12-19	07/01/2014	RBRVS	$655.66	$655.66									
90958		ESRD SRV 2-3 VSTS P MO 12-19	07/01/2014	RBRVS	$443.44	$443.44									
90959		ESRD SERV 1 VST P MO 12-19	07/01/2014	RBRVS	$300.15	$300.15									
90960		ESRD SRV 4 VISITS P MO 20+	07/01/2014	RBRVS	$289.03	$289.03									
90961		ESRD SRV 2-3 VSTS P MO 20+	07/01/2014	RBRVS	$243.17	$243.17									
90962		ESRD SERV 1 VISIT P MO 20+	07/01/2014	RBRVS	$187.58	$187.58									
90963		ESRD HOME PT SERV P MO <2YRS	07/01/2014	RBRVS	$555.61	$555.61									
90964		ESRD HOME PT SERV P MO 2-11	07/01/2014	RBRVS	$484.22	$484.22									
90965		ESRD HOME PT SERV P MO 12-19	07/01/2014	RBRVS	$459.29	$459.29									
90966		ESRD HOME PT SERV P MO 20+	07/01/2014	RBRVS	$242.81	$242.81									
90967		ESRD HOME PT SERV P DAY <2	07/01/2014	RBRVS	$16.20	$16.20									
90968		ESRD HOME PT SRV P DAY 2-11	07/01/2014	RBRVS	$13.94	$13.94									
90969		ESRD HOME PT SRV P DAY 12-19	07/01/2014	RBRVS	$13.61	$13.61									
90970		ESRD HOME PT SERV P DAY 20+	07/01/2014	RBRVS	$7.16	$7.16									
91013		ESOPHGL MOTIL W/STIM/PERFUS	07/01/2014	RBRVS	$24.13	$24.13	ZZZ		Y						
91013	TC	ESOPHGL MOTIL W/STIM/PERFUS	07/01/2014	RBRVS	$14.42	$14.42	ZZZ		Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
91013	26	ESOPHGL MOTIL W/STIM/PERFUS	07/01/2014	RBRVS	$9.75	$9.75	ZZZ								
91022		DUODENAL MOTILITY STUDY	07/01/2014	RBRVS	$153.94	$153.94	000		Y						
91022	TC	DUODENAL MOTILITY STUDY	07/01/2014	RBRVS	$93.67	$93.67	000		Y						
91022	26	DUODENAL MOTILITY STUDY	07/01/2014	RBRVS	$77.39	$77.39	000								
91034		GASTROESOPHAGEAL REFLUX TEST	07/01/2014	RBRVS	$172.60	$172.60	000		Y						
91034	TC	GASTROESOPHAGEAL REFLUX TEST	07/01/2014	RBRVS	$139.57	$139.57	000		Y						
91034	26	GASTROESOPHAGEAL REFLUX TEST	07/01/2014	RBRVS	$52.25	$52.25	000								
91035		G-ESOPH REFLX TST W/ELECTROD	07/01/2014	RBRVS	$438.69	$438.69	000		Y						
91035	TC	G-ESOPH REFLX TST W/ELECTROD	07/01/2014	RBRVS	$402.06	$402.06	000		Y						
91035	26	G-ESOPH REFLX TST W/ELECTROD	07/01/2014	RBRVS	$85.42	$85.42	000								
91037		ESOPH IMPED FUNCTION TEST	07/01/2014	RBRVS	$147.59	$147.59	000		Y						
91037	TC	ESOPH IMPED FUNCTION TEST	07/01/2014	RBRVS	$110.52	$110.52	000		Y						
91037	26	ESOPH IMPED FUNCTION TEST	07/01/2014	RBRVS	$53.50	$53.50	000								
91038		ESOPH IMPED FUNCT TEST > 1HR	07/01/2014	RBRVS	$411.17	$411.17	000		Y						
91038	TC	ESOPH IMPED FUNCT TEST > 1HR	07/01/2014	RBRVS	$397.40	$397.40	000		Y						
91038	26	ESOPH IMPED FUNCT TEST > 1HR	07/01/2014	RBRVS	$59.46	$59.46	000								
91040		ESOPH BALLOON DISTENSION TST	07/01/2014	RBRVS	$363.62	$363.62	000		Y						
91040	TC	ESOPH BALLOON DISTENSION TST	07/01/2014	RBRVS	$353.29	$353.29	000		Y						
91040	26	ESOPH BALLOON DISTENSION TST	07/01/2014	RBRVS	$50.74	$50.74	000								
91111		ESOPHAGEAL CAPSULE ENDOSCOPY	07/01/2014	RBRVS	$737.21	$737.21			Y						
91111	TC	ESOPHAGEAL CAPSULE ENDOSCOPY	07/01/2014	RBRVS	$683.20	$683.20			Y						
91111	26	ESOPHAGEAL CAPSULE ENDOSCOPY	07/01/2014	RBRVS	$54.04	$54.04									
91112		GI WIRELESS CAPSULE MEASURE	07/01/2014	RBRVS	$975.87	$975.87			Y						
91112	TC	GI WIRELESS CAPSULE MEASURE	07/01/2014	RBRVS	$970.44	$970.44			Y						
91112	26	GI WIRELESS CAPSULE MEASURE	07/01/2014	RBRVS	$113.86	$113.86									
91120		RECTAL SENSATION TEST	07/01/2014	RBRVS	$363.56	$363.56			Y						
91120	TC	RECTAL SENSATION TEST	07/01/2014	RBRVS	$351.50	$351.50			Y						
91120	26	RECTAL SENSATION TEST	07/01/2014	RBRVS	$52.46	$52.46									
91122		ANAL PRESSURE RECORD	07/01/2014	RBRVS	$202.29	$202.29	000		Y						
91122	TC	ANAL PRESSURE RECORD	07/01/2014	RBRVS	$132.75	$132.75	000		Y						
91122	26	ANAL PRESSURE RECORD	07/01/2014	RBRVS	$92.05	$92.05	000								
92002		EYE EXAM NEW PATIENT	07/01/2014	RBRVS	$75.26	$45.56									
92004		EYE EXAM NEW PATIENT	07/01/2014	RBRVS	$136.77	$93.20									
92012		EYE EXAM ESTABLISH PATIENT	07/01/2014	RBRVS	$78.81	$49.77									
92014		EYE EXAM&TX ESTAB PT 1/>VST	07/01/2014	RBRVS	$114.15	$75.10									
92235	26	EYE EXAM WITH PHOTOS	07/01/2014	RBRVS	$48.59	$48.59						Y			
92240	26	ICG ANGIOGRAPHY	07/01/2014	RBRVS	$65.80	$65.80						Y			
92526		ORAL FUNCTION THERAPY	07/01/2014	RBRVS	$79.46	$79.46			Y						
92540		BSC VSTBLR EVALUATION	07/01/2014	RBRVS	$92.56	$92.56			Y						
92540	TC	BSC VSTBLR EVALUATION	07/01/2014	RBRVS	$21.95	$21.95			Y						
92540	26	BSC VSTBLR EVALUATION	07/01/2014	RBRVS	$80.94	$80.94									
92541		SPONTANEOUS NYSTAGMUS TEST	07/01/2014	RBRVS	$27.85	$27.85			Y						
92541	TC	SPONTANEOUS NYSTAGMUS TEST	07/01/2014	RBRVS	$9.75	$9.75			Y						
92541	26	SPONTANEOUS NYSTAGMUS TEST	07/01/2014	RBRVS	$21.23	$21.23									
92542		POSITIONAL NYSTAGMUS TEST	07/01/2014	RBRVS	$23.97	$23.97			Y						
92542	TC	POSITIONAL NYSTAGMUS TEST	07/01/2014	RBRVS	$9.04	$9.04			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
92542	26	POSITIONAL NYSTAGMUS TEST	07/01/2014	RBRVS	$17.64	$17.64									
92543		CALORIC VESTIBULAR TEST	07/01/2014	RBRVS	$14.61	$14.61			Y						
92543	TC	CALORIC VESTIBULAR TEST	07/01/2014	RBRVS	$10.47	$10.47			Y						
92543	26	CALORIC VESTIBULAR TEST	07/01/2014	RBRVS	$5.81	$5.81									
92544		OPTOKINETIC NYSTAGMUS TEST	07/01/2014	RBRVS	$21.71	$21.71			Y						
92544	TC	OPTOKINETIC NYSTAGMUS TEST	07/01/2014	RBRVS	$10.11	$10.11			Y						
92544	26	OPTOKINETIC NYSTAGMUS TEST	07/01/2014	RBRVS	$14.06	$14.06									
92545		OSCILLATING TRACKING TEST	07/01/2014	RBRVS	$18.81	$18.81			Y						
92545	TC	OSCILLATING TRACKING TEST	07/01/2014	RBRVS	$8.68	$8.68			Y						
92545	26	OSCILLATING TRACKING TEST	07/01/2014	RBRVS	$12.26	$12.26									
92550		TYMPANOMETRY & REFLEX THRESH	07/01/2014	RBRVS	$19.10	$19.10			Y						
92551		PURE TONE HEARING TEST AIR	07/01/2014	RBRVS	$10.71	$10.71			Y						
92552		PURE TONE AUDIOMETRY AIR	07/01/2014	RBRVS	$27.81	$27.81			Y						
92553		AUDIOMETRY AIR & BONE	07/01/2014	RBRVS	$33.30	$33.30			Y						
92555		SPEECH THRESHOLD AUDIOMETRY	07/01/2014	RBRVS	$20.71	$20.71			Y						
92556		SPEECH AUDIOMETRY COMPLETE	07/01/2014	RBRVS	$32.98	$32.98			Y						
92557		COMPREHENSIVE HEARING TEST	07/01/2014	RBRVS	$34.37	$29.85			Y						
92561		BEKESY AUDIOMETRY DIAGNOSIS	07/01/2014	RBRVS	$33.94	$33.94			Y						
92562		LOUDNESS BALANCE TEST	07/01/2014	RBRVS	$41.69	$41.69			Y						
92563		TONE DECAY HEARING TEST	07/01/2014	RBRVS	$27.49	$27.49			Y						
92564		SISI HEARING TEST	07/01/2014	RBRVS	$25.56	$25.56			Y						
92565		STENGER TEST PURE TONE	07/01/2014	RBRVS	$14.91	$14.91			Y						
92567		TYMPANOMETRY	07/01/2014	RBRVS	$13.29	$10.07			Y						
92568		ACOUSTIC REFL THRESHOLD TST	07/01/2014	RBRVS	$14.26	$14.26			Y						
92570		ACOUSTIC IMMITANCE TESTING	07/01/2014	RBRVS	$29.52	$27.59			Y						
92571		FILTERED SPEECH HEARING TEST	07/01/2014	RBRVS	$24.27	$24.27			Y						
92572		STAGGERED SPONDAIC WORD TEST	07/01/2014	RBRVS	$46.21	$46.21			Y						
92575		SENSORINEURAL ACUITY TEST	07/01/2014	RBRVS	$67.51	$67.51			Y						
92576		SYNTHETIC SENTENCE TEST	07/01/2014	RBRVS	$31.37	$31.37			Y						
92577		STENGER TEST SPEECH	07/01/2014	RBRVS	$17.49	$17.49			Y						
92579		VISUAL AUDIOMETRY (VRA)	07/01/2014	RBRVS	$38.56	$34.37			Y						
92582		CONDITIONING PLAY AUDIOMETRY	07/01/2014	RBRVS	$61.70	$61.70			Y						
92583		SELECT PICTURE AUDIOMETRY	07/01/2014	RBRVS	$46.86	$46.86			Y						
92584		ELECTROCOCHLEOGRAPHY	07/01/2014	RBRVS	$63.64	$63.64			Y						
92585		AUDITOR EVOKE POTENT COMPRE	07/01/2014	RBRVS	$118.53	$118.53			Y						
92585	TC	AUDITOR EVOKE POTENT COMPRE	07/01/2014	RBRVS	$104.78	$104.78			Y						
92585	26	AUDITOR EVOKE POTENT COMPRE	07/01/2014	RBRVS	$26.97	$26.97									
92587		EVOKED AUDITORY TEST	07/01/2014	RBRVS	$20.23	$20.23			Y						
92587	TC	EVOKED AUDITORY TEST	07/01/2014	RBRVS	$2.94	$2.94			Y						
92587	26	EVOKED AUDITORY TEST	07/01/2014	RBRVS	$19.54	$19.54									
92588		EVOKED AUDITORY TEST	07/01/2014	RBRVS	$30.50	$30.50			Y						
92588	TC	EVOKED AUDITORY TEST	07/01/2014	RBRVS	$4.02	$4.02			Y						
92588	26	EVOKED AUDITORY TEST	07/01/2014	RBRVS	$29.87	$29.87									
92596		EAR PROTECTOR EVALUATION	07/01/2014	RBRVS	$38.47	$38.47			Y						
92597		ORAL SPEECH DEVICE EVAL	07/01/2014	RBRVS	$66.54	$66.54			Y						
92620		AUDITORY FUNCTION 60 MIN	07/01/2014	RBRVS	$85.91	$76.87									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
92621		AUDITORY FUNCTION + 15 MIN	07/01/2014	RBRVS	$20.39	$17.49	ZZZ								
92625		TINNITUS ASSESSMENT	07/01/2014	RBRVS	$63.83	$57.38									
92626		EVAL AUD REHAB STATUS	07/01/2014	RBRVS	$82.35	$70.42									
92627		EVAL AUD STATUS REHAB ADD-ON	07/01/2014	RBRVS	$19.75	$16.20	ZZZ								
92950		HEART/LUNG RESUSCITATION CPR	07/01/2014	RBRVS	$276.62	$172.37	000								
93000		ELECTROCARDIOGRAM COMPLETE	07/01/2014	RBRVS	$16.96	$16.96			Y						
93005		ELECTROCARDIOGRAM TRACING	07/01/2014	RBRVS	$8.32	$8.32			Y						
93010		ELECTROCARDIOGRAM REPORT	07/01/2014	RBRVS	$8.68	$8.68			Y						
93015		CARDIOVASCULAR STRESS TEST	07/01/2014	RBRVS	$76.20	$76.20			Y						
93016		CARDIOVASCULAR STRESS TEST	07/01/2014	RBRVS	$22.30	$22.30			Y						
93017		CARDIOVASCULAR STRESS TEST	07/01/2014	RBRVS	$39.16	$39.16			Y						
93018		CARDIOVASCULAR STRESS TEST	07/01/2014	RBRVS	$14.77	$14.77			Y						
93224		ECG MONITOR/REPORT, 24 HRS	07/01/2014	RBRVS	$91.98	$91.98			Y						
93225		ECG MONITOR/RECORD, 24 HRS	07/01/2014	RBRVS	$26.97	$26.97			Y						
93226		ECG MONITOR/REPORT, 24 HRS	07/01/2014	RBRVS	$38.08	$38.08			Y						
93227		ECG MONITOR/REVIEW, 24 HRS	07/01/2014	RBRVS	$26.97	$26.97			Y						
93228		REMOTE 30 DAY ECG REV/REPORT	07/01/2014	RBRVS	$26.72	$26.72			Y						
93229		REMOTE 30 DAY ECG TECH SUPP	07/01/2014	RBRVS	$669.94	$669.94			Y						
93260		PRGRMG DEV EVAL IMPLTBL SYS	01/01/2015	RBRVS	$66.59	$66.59			Y						
93260	TC	PRGRMG DEV EVAL IMPLTBL SYS	01/01/2015	RBRVS	$21.23	$21.23			Y						
93260	26	PRGRMG DEV EVAL IMPLTBL SYS	01/01/2015	RBRVS	$45.36	$45.36			Y						
93261		INTERROGATE SUBQ DEFIB	01/01/2015	RBRVS	$60.85	$60.85			Y						
93261	TC	INTERROGATE SUBQ DEFIB	01/01/2015	RBRVS	$21.23	$21.23			Y						
93261	26	INTERROGATE SUBQ DEFIB	01/01/2015	RBRVS	$39.63	$39.63			Y						
93270		ECG RECORDING	07/01/2014	RBRVS	$9.40	$9.40			Y						
93271		ECG/MONITORING AND ANALYSIS	07/01/2014	RBRVS	$170.77	$170.77			Y						
93272		ECG/REVIEW, INTERPRET ONLY	07/01/2014	RBRVS	$25.53	$25.53			Y						
93279		PM DEVICE PROGR EVAL SNGL	07/01/2014	RBRVS	$50.46	$50.46			Y						
93279	TC	PM DEVICE PROGR EVAL SNGL	07/01/2014	RBRVS	$17.28	$17.28			Y						
93279	26	PM DEVICE PROGR EVAL SNGL	07/01/2014	RBRVS	$33.17	$33.17									
93280		PM DEVICE PROGR EVAL DUAL	07/01/2014	RBRVS	$59.06	$59.06			Y						
93280	TC	PM DEVICE PROGR EVAL DUAL	07/01/2014	RBRVS	$19.79	$19.79			Y						
93280	26	PM DEVICE PROGR EVAL DUAL	07/01/2014	RBRVS	$39.27	$39.27									
93281		PM DEVICE PROGR EVAL MULTI	07/01/2014	RBRVS	$68.74	$68.74			Y						
93281	TC	PM DEVICE PROGR EVAL MULTI	07/01/2014	RBRVS	$23.02	$23.02			Y						
93281	26	PM DEVICE PROGR EVAL MULTI	07/01/2014	RBRVS	$45.72	$45.72									
93282		ICD DEVICE PROG EVAL 1 SNGL	07/01/2014	RBRVS	$63.36	$63.36			Y						
93282	TC	ICD DEVICE PROG EVAL 1 SNGL	07/01/2014	RBRVS	$20.15	$20.15			Y						
93282	26	ICD DEVICE PROG EVAL 1 SNGL	07/01/2014	RBRVS	$43.21	$43.21									
93283		ICD DEVICE PROGR EVAL DUAL	07/01/2014	RBRVS	$82.41	$82.41			Y						
93283	TC	ICD DEVICE PROGR EVAL DUAL	07/01/2014	RBRVS	$23.74	$23.74			Y						
93283	26	ICD DEVICE PROGR EVAL DUAL	07/01/2014	RBRVS	$58.70	$58.70									
93284		ICD DEVICE PROGR EVAL MULT	07/01/2014	RBRVS	$90.65	$90.65			Y						
93284	TC	ICD DEVICE PROGR EVAL MULT	07/01/2014	RBRVS	$26.97	$26.97			Y						
93284	26	ICD DEVICE PROGR EVAL MULT	07/01/2014	RBRVS	$63.72	$63.72									
93285		ILR DEVICE EVAL PROGR	07/01/2014	RBRVS	$42.06	$42.06			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
93285	TC	ILR DEVICE EVAL PROGR	07/01/2014	RBRVS	$15.85	$15.85			Y						
93285	26	ILR DEVICE EVAL PROGR	07/01/2014	RBRVS	$26.25	$26.25									
93286		PRE-OP PM DEVICE EVAL	07/01/2014	RBRVS	$27.36	$27.36			Y						
93286	TC	PRE-OP PM DEVICE EVAL	07/01/2014	RBRVS	$11.91	$11.91			Y						
93286	26	PRE-OP PM DEVICE EVAL	07/01/2014	RBRVS	$15.49	$15.49									
93287		PRE-OP ICD DEVICE EVAL	07/01/2014	RBRVS	$35.97	$35.97			Y						
93287	TC	PRE-OP ICD DEVICE EVAL	07/01/2014	RBRVS	$12.98	$12.98			Y						
93287	26	PRE-OP ICD DEVICE EVAL	07/01/2014	RBRVS	$23.02	$23.02									
93288		PM DEVICE EVAL IN PERSON	07/01/2014	RBRVS	$37.04	$37.04			Y						
93288	TC	PM DEVICE EVAL IN PERSON	07/01/2014	RBRVS	$15.85	$15.85			Y						
93288	26	PM DEVICE EVAL IN PERSON	07/01/2014	RBRVS	$21.23	$21.23									
93289		ICD DEVICE INTERROGATE	07/01/2014	RBRVS	$65.87	$65.87			Y						
93289	TC	ICD DEVICE INTERROGATE	07/01/2014	RBRVS	$19.44	$19.44			Y						
93289	26	ICD DEVICE INTERROGATE	07/01/2014	RBRVS	$46.44	$46.44									
93290		ICM DEVICE EVAL	07/01/2014	RBRVS	$30.95	$30.95			Y						
93290	TC	ICM DEVICE EVAL	07/01/2014	RBRVS	$9.40	$9.40			Y						
93290	26	ICM DEVICE EVAL	07/01/2014	RBRVS	$21.59	$21.59									
93291		ILR DEVICE INTERROGATE	07/01/2014	RBRVS	$36.33	$36.33			Y						
93291	TC	ILR DEVICE INTERROGATE	07/01/2014	RBRVS	$14.77	$14.77			Y						
93291	26	ILR DEVICE INTERROGATE	07/01/2014	RBRVS	$21.59	$21.59									
93292		WCD DEVICE INTERROGATE	07/01/2014	RBRVS	$32.02	$32.02			Y						
93292	TC	WCD DEVICE INTERROGATE	07/01/2014	RBRVS	$10.83	$10.83			Y						
93292	26	WCD DEVICE INTERROGATE	07/01/2014	RBRVS	$21.23	$21.23									
93293		PM PHONE R-STRIP DEVICE EVAL	07/01/2014	RBRVS	$53.90	$53.90			Y						
93293	TC	PM PHONE R-STRIP DEVICE EVAL	07/01/2014	RBRVS	$37.72	$37.72			Y						
93293	26	PM PHONE R-STRIP DEVICE EVAL	07/01/2014	RBRVS	$16.21	$16.21									
93294		PM DEVICE INTERROGATE REMOTE	07/01/2014	RBRVS	$34.32	$34.32			Y						
93295		ICD DEVICE INTERROGAT REMOTE	07/01/2014	RBRVS	$68.24	$68.24			Y						
93296		PM/ICD REMOTE TECH SERV	07/01/2014	RBRVS	$25.89	$25.89			Y						
93297		ICM DEVICE INTERROGAT REMOTE	07/01/2014	RBRVS	$26.72	$26.72			Y						
93298		ILR DEVICE INTERROGAT REMOTE	07/01/2014	RBRVS	$27.07	$27.07			Y						
93299		ICM/ILR REMOTE TECH SERV	07/01/2014	FEE SCHED	$29.22	$0.00			Y						
93303		ECHO TRANSTHORACIC	07/01/2014	RBRVS	$239.83	$239.83			Y						
93303	TC	ECHO TRANSTHORACIC	07/01/2014	RBRVS	$175.07	$175.07			Y						
93303	26	ECHO TRANSTHORACIC	07/01/2014	RBRVS	$64.80	$64.80									
93304		ECHO TRANSTHORACIC	07/01/2014	RBRVS	$159.11	$159.11			Y						
93304	TC	ECHO TRANSTHORACIC	07/01/2014	RBRVS	$121.64	$121.64			Y						
93304	26	ECHO TRANSTHORACIC	07/01/2014	RBRVS	$37.47	$37.47									
93306		TTE W/DOPPLER COMPLETE	07/01/2014	RBRVS	$229.79	$229.79			Y						
93306	TC	TTE W/DOPPLER COMPLETE	07/01/2014	RBRVS	$165.03	$165.03			Y						
93306	26	TTE W/DOPPLER COMPLETE	07/01/2014	RBRVS	$64.80	$64.80									
93307		TTE W/O DOPPLER COMPLETE	07/01/2014	RBRVS	$132.93	$132.93			Y						
93307	TC	TTE W/O DOPPLER COMPLETE	07/01/2014	RBRVS	$86.85	$86.85			Y						
93307	26	TTE W/O DOPPLER COMPLETE	07/01/2014	RBRVS	$46.08	$46.08									
93308		TTE F-UP OR LMTD	07/01/2014	RBRVS	$123.82	$123.82			Y						
93308	TC	TTE F-UP OR LMTD	07/01/2014	RBRVS	$97.97	$97.97			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
93308	26	TTE F-UP OR LMTD	07/01/2014	RBRVS	$25.89	$25.89									
93312		ECHO TRANSESOPHAGEAL	07/01/2014	RBRVS	$334.47	$334.47			Y						
93312	TC	ECHO TRANSESOPHAGEAL	07/01/2014	RBRVS	$227.89	$227.89			Y						
93312	26	ECHO TRANSESOPHAGEAL	07/01/2014	RBRVS	$106.58	$106.58									
93313		ECHO TRANSESOPHAGEAL	07/01/2014	RBRVS	$43.10	$43.10			Y						
93314		ECHO TRANSESOPHAGEAL	07/01/2014	RBRVS	$309.90	$309.90			Y						
93314	TC	ECHO TRANSESOPHAGEAL	07/01/2014	RBRVS	$249.05	$249.05			Y						
93314	26	ECHO TRANSESOPHAGEAL	07/01/2014	RBRVS	$60.85	$60.85									
93315		ECHO TRANSESOPHAGEAL	07/01/2014	FEE SCHED	$750.05	$0.00			Y						
93315	TC	ECHO TRANSESOPHAGEAL	07/01/2014	FEE SCHED	$587.29	$0.00									
93315	26	ECHO TRANSESOPHAGEAL	07/01/2014	RBRVS	$141.86	$141.86									
93316		ECHO TRANSESOPHAGEAL	07/01/2014	RBRVS	$43.82	$43.82			Y						
93317		ECHO TRANSESOPHAGEAL	07/01/2014	FEE SCHED	$490.21	$0.00			Y						
93317	TC	ECHO TRANSESOPHAGEAL	07/01/2014	FEE SCHED	$397.07	$0.00									
93317	26	ECHO TRANSESOPHAGEAL	07/01/2014	RBRVS	$96.68	$96.68									
93318		ECHO TRANSESOPHAGEAL INTRAOP	07/01/2014	FEE SCHED	$587.42	$0.00			Y						
93318	TC	ECHO TRANSESOPHAGEAL INTRAOP	07/01/2014	FEE SCHED	$475.81	$0.00									
93318	26	ECHO TRANSESOPHAGEAL INTRAOP	07/01/2014	RBRVS	$115.83	$115.83									
93320		DOPPLER ECHO EXAM HEART	07/01/2014	RBRVS	$54.97	$54.97	ZZZ		Y						
93320	TC	DOPPLER ECHO EXAM HEART	07/01/2014	RBRVS	$36.29	$36.29	ZZZ		Y						
93320	26	DOPPLER ECHO EXAM HEART	07/01/2014	RBRVS	$18.72	$18.72	ZZZ								
93321		DOPPLER ECHO EXAM HEART	07/01/2014	RBRVS	$31.31	$31.31	ZZZ		Y						
93321	TC	DOPPLER ECHO EXAM HEART	07/01/2014	RBRVS	$23.74	$23.74	ZZZ		Y						
93321	26	DOPPLER ECHO EXAM HEART	07/01/2014	RBRVS	$7.60	$7.60	ZZZ								
93325		DOPPLER COLOR FLOW ADD-ON	07/01/2014	RBRVS	$26.29	$26.29	ZZZ		Y						
93325	TC	DOPPLER COLOR FLOW ADD-ON	07/01/2014	RBRVS	$22.66	$22.66	ZZZ		Y						
93325	26	DOPPLER COLOR FLOW ADD-ON	07/01/2014	RBRVS	$3.66	$3.66	ZZZ								
93350		ECHO TRANSTHORACIC	07/01/2014	RBRVS	$242.77	$242.77			Y						
93350	TC	ECHO TRANSTHORACIC	07/01/2014	RBRVS	$170.05	$170.05			Y						
93350	26	ECHO TRANSTHORACIC	07/01/2014	RBRVS	$72.72	$72.72									
93351		STRESS TTE COMPLETE	07/01/2014	RBRVS	$282.33	$282.33			Y						
93351	TC	STRESS TTE COMPLETE	07/01/2014	RBRVS	$195.62	$195.62			Y						
93351	26	STRESS TTE COMPLETE	07/01/2014	RBRVS	$86.71	$86.71									
93352		ADMIN ECG CONTRAST AGENT	07/01/2014	RBRVS	$33.78	$33.78	ZZZ		Y						
93355		ECHO TRANSESOPHAGEAL (TEE)	01/01/2015	RBRVS	$230.58	$230.58			Y						
93463		DRUG ADMIN & HEMODYNMIC MEAS	07/01/2014	RBRVS	$100.40	$100.40	ZZZ		Y						
93464		EXERCISE W/HEMODYNAMIC MEAS	07/01/2014	RBRVS	$258.06	$258.06	ZZZ		Y						
93464	TC	EXERCISE W/HEMODYNAMIC MEAS	07/01/2014	RBRVS	$186.19	$186.19	ZZZ		Y						
93464	26	EXERCISE W/HEMODYNAMIC MEAS	07/01/2014	RBRVS	$100.55	$100.55	ZZZ								
93745		SET-UP CARDIOVERT-DEFIBRILL	07/01/2014	FEE SCHED	$286.63	$0.00			Y						
93745	TC	SET-UP CARDIOVERT-DEFIBRILL	07/01/2014	FEE SCHED	$232.17	$0.00									
93745	26	SET-UP CARDIOVERT-DEFIBRILL	07/01/2014	FEE SCHED	$54.46	$0.00									
93750		INTERROGATION VAD IN PERSON	07/01/2014	RBRVS	$49.63	$41.57			Y						
93886		INTRACRANIAL COMPLETE STUDY	07/01/2014	RBRVS	$362.11	$362.11			Y						
93886	TC	INTRACRANIAL COMPLETE STUDY	07/01/2014	RBRVS	$312.77	$312.77			Y						
93886	26	INTRACRANIAL COMPLETE STUDY	07/01/2014	RBRVS	$49.38	$49.38									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
93888		INTRACRANIAL LIMITED STUDY	07/01/2014	RBRVS	$190.67	$190.67			Y						
93888	TC	INTRACRANIAL LIMITED STUDY	07/01/2014	RBRVS	$179.73	$179.73			Y						
93888	26	INTRACRANIAL LIMITED STUDY	07/01/2014	RBRVS	$32.17	$32.17									
93890		TCD VASOREACTIVITY STUDY	07/01/2014	RBRVS	$262.64	$262.64			Y						
93890	TC	TCD VASOREACTIVITY STUDY	07/01/2014	RBRVS	$239.98	$239.98			Y						
93890	26	TCD VASOREACTIVITY STUDY	07/01/2014	RBRVS	$51.89	$51.89									
93892		TCD EMBOLI DETECT W/O INJ	07/01/2014	RBRVS	$305.95	$305.95			Y						
93892	TC	TCD EMBOLI DETECT W/O INJ	07/01/2014	RBRVS	$279.78	$279.78			Y						
93892	26	TCD EMBOLI DETECT W/O INJ	07/01/2014	RBRVS	$60.17	$60.17									
93893		TCD EMBOLI DETECT W/INJ	07/01/2014	RBRVS	$315.96	$315.96			Y						
93893	TC	TCD EMBOLI DETECT W/INJ	07/01/2014	RBRVS	$290.54	$290.54			Y						
93893	26	TCD EMBOLI DETECT W/INJ	07/01/2014	RBRVS	$60.53	$60.53									
93971		EXTREMITY STUDY	07/01/2014	RBRVS	$115.04	$115.04			Y						
93971	TC	EXTREMITY STUDY	07/01/2014	RBRVS	$91.87	$91.87			Y						
93971	26	EXTREMITY STUDY	07/01/2014	RBRVS	$23.20	$23.20									
93976		VASCULAR STUDY	07/01/2014	RBRVS	$192.83	$192.83			Y						
93976	TC	VASCULAR STUDY	07/01/2014	RBRVS	$152.12	$152.12			Y						
93976	26	VASCULAR STUDY	07/01/2014	RBRVS	$62.15	$62.15									
93982		ANEURYSM PRESSURE SENS STUDY	07/01/2014	RBRVS	$44.04	$44.04			Y						
93990		DOPPLER FLOW TESTING	07/01/2014	RBRVS	$176.79	$176.79			Y						
93990	TC	DOPPLER FLOW TESTING	07/01/2014	RBRVS	$183.32	$183.32			Y						
93990	26	DOPPLER FLOW TESTING	07/01/2014	RBRVS	$13.16	$13.16									
94002		VENT MGMT INPAT INIT DAY	07/01/2014	RBRVS	$95.57	$95.57			Y						
94003		VENT MGMT INPAT SUBQ DAY	07/01/2014	RBRVS	$68.74	$68.74			Y						
94004		VENT MGMT NF PER DAY	07/01/2014	RBRVS	$50.63	$50.63			Y						
94005		HOME VENT MGMT SUPERVISION	09/01/2011	RBRVS	$0.00	$0.00			Y						
94010		BREATHING CAPACITY TEST	07/01/2014	RBRVS	$32.69	$32.69			Y						
94010	TC	BREATHING CAPACITY TEST	07/01/2014	RBRVS	$27.68	$27.68			Y						
94010	26	BREATHING CAPACITY TEST	07/01/2014	RBRVS	$8.68	$8.68									
94011		SPIROMETRY UP TO 2 YRS OLD	07/01/2014	RBRVS	$94.27	$94.27			Y						
94012		SPIRMTRY W/BRNCHDIL INF-2 YR	07/01/2014	RBRVS	$147.69	$147.69			Y						
94013		MEAS LUNG VOL THRU 2 YRS	07/01/2014	RBRVS	$29.27	$29.27			Y						
94014		PATIENT RECORDED SPIROMETRY	07/01/2014	RBRVS	$47.21	$47.21			Y						
94015		PATIENT RECORDED SPIROMETRY	07/01/2014	RBRVS	$24.27	$24.27			Y						
94016		REVIEW PATIENT SPIROMETRY	07/01/2014	RBRVS	$22.97	$22.97			Y						
94060		EVALUATION OF WHEEZING	07/01/2014	RBRVS	$54.96	$54.96			Y						
94060	TC	EVALUATION OF WHEEZING	07/01/2014	RBRVS	$47.77	$47.77			Y						
94060	26	EVALUATION OF WHEEZING	07/01/2014	RBRVS	$13.34	$13.34									
94070	26	EVALUATION OF WHEEZING	07/01/2014	RBRVS	$29.58	$29.58									
94150		VITAL CAPACITY TEST	09/01/2011	RBRVS	$0.00	$0.00									
94150	TC	VITAL CAPACITY TEST	09/01/2011	RBRVS	$0.00	$0.00									
94150	26	VITAL CAPACITY TEST	09/01/2011	RBRVS	$0.00	$0.00									
94453		HAST W/OXYGEN TITRATE	07/01/2014	RBRVS	$72.71	$72.71			Y						
94453	TC	HAST W/OXYGEN TITRATE	07/01/2014	RBRVS	$61.75	$61.75			Y						
94453	26	HAST W/OXYGEN TITRATE	07/01/2014	RBRVS	$19.08	$19.08									
94610		SURFACTANT ADMIN THRU TUBE	07/01/2014	RBRVS	$61.03	$61.03			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
94640		AIRWAY INHALATION TREATMENT	07/01/2014	RBRVS	$16.52	$16.52			Y						
94644		CBT 1ST HOUR	07/01/2014	RBRVS	$44.18	$44.18			Y						
94645		CBT EACH ADDL HOUR	07/01/2014	RBRVS	$14.42	$14.42			Y						
94660		POS AIRWAY PRESSURE CPAP	07/01/2014	RBRVS	$63.76	$38.66			Y						
94664		EVALUATE PT USE OF INHALER	07/01/2014	RBRVS	$15.55	$15.55			Y						
94680		EXHALED AIR ANALYSIS O2	07/01/2014	RBRVS	$58.20	$58.20			Y						
94680	TC	EXHALED AIR ANALYSIS O2	07/01/2014	RBRVS	$45.26	$45.26			Y						
94680	26	EXHALED AIR ANALYSIS O2	07/01/2014	RBRVS	$12.98	$12.98									
94681		EXHALED AIR ANALYSIS O2/CO2	07/01/2014	RBRVS	$51.39	$51.39			Y						
94681	TC	EXHALED AIR ANALYSIS O2/CO2	07/01/2014	RBRVS	$41.31	$41.31			Y						
94681	26	EXHALED AIR ANALYSIS O2/CO2	07/01/2014	RBRVS	$10.11	$10.11									
94690		EXHALED AIR ANALYSIS	07/01/2014	RBRVS	$49.24	$49.24			Y						
94690	TC	EXHALED AIR ANALYSIS	07/01/2014	RBRVS	$45.26	$45.26			Y						
94690	26	EXHALED AIR ANALYSIS	07/01/2014	RBRVS	$4.02	$4.02									
94750	26	PULMONARY COMPLIANCE STUDY	07/01/2014	RBRVS	$11.55	$11.55									
94760		MEASURE BLOOD OXYGEN LEVEL	09/01/2011	RBRVS	$0.00	$0.00			Y						
94761		MEASURE BLOOD OXYGEN LEVEL	09/01/2011	RBRVS	$0.00	$0.00			Y						
94762		MEASURE BLOOD OXYGEN LEVEL	07/01/2014	RBRVS	$22.33	$22.33			Y						
94777		PED HOME APNEA REC REPORT	07/01/2014	FEE SCHED	$37.40	$0.00			Y						
95004		PERCUT ALLERGY SKIN TESTS	07/01/2014	RBRVS	$5.87	$5.87			Y						
95012		EXHALED NITRIC OXIDE MEAS	07/01/2014	RBRVS	$19.44	$19.44			Y						
95017		PERQ & ICUT ALLG TEST VENOMS	07/01/2014	RBRVS	$7.48	$3.61			Y						
95018		PERQ&IC ALLG TEST DRUGS/BIOL	07/01/2014	RBRVS	$18.13	$6.51			Y						
95024		ID ALLERGY TEST DRUG/BUG	07/01/2014	RBRVS	$7.16	$1.03			Y						
95027		ID ALLERGY TITRATE-AIRBORNE	07/01/2014	RBRVS	$4.25	$4.25			Y						
95028		ICUT ALLERGY TEST-DELAYED	07/01/2014	RBRVS	$12.33	$12.33			Y						
95044		ALLERGY PATCH TESTS	07/01/2014	RBRVS	$4.90	$4.90			Y						
95115		IMMUNOTHERAPY ONE INJECTION	07/01/2014	RBRVS	$8.13	$8.13			Y						
95117		IMMUNOTHERAPY INJECTIONS	07/01/2014	RBRVS	$9.42	$9.42			Y						
95165		ANTIGEN THERAPY SERVICES	07/01/2014	RBRVS	$11.68	$2.97			Y						
95250		GLUCOSE MONITORING CONT	07/01/2014	RBRVS	$141.75	$141.75			Y						
95251		GLUC MONITOR CONT PHYS I&R	07/01/2014	RBRVS	$39.92	$39.92			Y						
95782	26	POLYSOM <6 YRS 4/> PARAMTRS	07/01/2014	RBRVS	$133.29	$133.29									
95783	26	POLYSOM <6 YRS CPAP/BILVL	07/01/2014	RBRVS	$145.16	$145.16									
95800		SLP STDY UNATTENDED	07/01/2014	RBRVS	$161.95	$161.95			Y						
95800	TC	SLP STDY UNATTENDED	07/01/2014	RBRVS	$127.02	$127.02			Y						
95800	26	SLP STDY UNATTENDED	07/01/2014	RBRVS	$52.97	$52.97									
95801		SLP STDY UNATND W/ANAL	07/01/2014	RBRVS	$86.10	$86.10			Y						
95801	TC	SLP STDY UNATND W/ANAL	07/01/2014	RBRVS	$45.97	$45.97			Y						
95801	26	SLP STDY UNATND W/ANAL	07/01/2014	RBRVS	$49.74	$49.74									
95803		ACTIGRAPHY TESTING	07/01/2014	RBRVS	$136.45	$136.45			Y						
95803	TC	ACTIGRAPHY TESTING	07/01/2014	RBRVS	$107.29	$107.29			Y						
95803	26	ACTIGRAPHY TESTING	07/01/2014	RBRVS	$44.36	$44.36									
95805		MULTIPLE SLEEP LATENCY TEST	07/01/2014	RBRVS	$423.97	$423.97			Y						
95805	TC	MULTIPLE SLEEP LATENCY TEST	07/01/2014	RBRVS	$363.51	$363.51			Y						
95805	26	MULTIPLE SLEEP LATENCY TEST	07/01/2014	RBRVS	$60.50	$60.50									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
95810		POLYSOMNOGRAPHY 4 OR MORE	07/01/2014	RBRVS	$623.07	$623.07			Y						
95810	TC	POLYSOMNOGRAPHY 4 OR MORE	07/01/2014	RBRVS	$498.38	$498.38			Y						
95810	26	POLYSOMNOGRAPHY 4 OR MORE	07/01/2014	RBRVS	$124.69	$124.69									
95811		POLYSOMNOGRAPHY W/CPAP	07/01/2014	RBRVS	$588.22	$588.22			Y						
95811	TC	POLYSOMNOGRAPHY W/CPAP	07/01/2014	RBRVS	$523.84	$523.84			Y						
95811	26	POLYSOMNOGRAPHY W/CPAP	07/01/2014	RBRVS	$129.74	$129.74									
95812		EEG 41-60 MINUTES	07/01/2014	RBRVS	$391.22	$391.22			Y						
95812	TC	EEG 41-60 MINUTES	07/01/2014	RBRVS	$376.35	$376.35			Y						
95812	26	EEG 41-60 MINUTES	07/01/2014	RBRVS	$58.34	$58.34									
95813		EEG OVER 1 HOUR	07/01/2014	RBRVS	$457.90	$457.90			Y						
95813	TC	EEG OVER 1 HOUR	07/01/2014	RBRVS	$415.15	$415.15			Y						
95813	26	EEG OVER 1 HOUR	07/01/2014	RBRVS	$93.67	$93.67									
95865		MUSCLE TEST LARYNX	07/01/2014	RBRVS	$123.86	$123.86			Y						
95865	TC	MUSCLE TEST LARYNX	07/01/2014	RBRVS	$53.86	$53.86			Y						
95865	26	MUSCLE TEST LARYNX	07/01/2014	RBRVS	$83.80	$83.80									
95866		MUSCLE TEST HEMIDIAPHRAGM	07/01/2014	RBRVS	$119.73	$119.73			Y		Y				
95866	TC	MUSCLE TEST HEMIDIAPHRAGM	07/01/2014	RBRVS	$64.26	$64.26			Y		Y				
95866	26	MUSCLE TEST HEMIDIAPHRAGM	07/01/2014	RBRVS	$68.78	$68.78					Y				
95873		GUIDE NERV DESTR ELEC STIM	07/01/2014	RBRVS	$67.54	$67.54	ZZZ		Y						
95873	TC	GUIDE NERV DESTR ELEC STIM	07/01/2014	RBRVS	$54.22	$54.22	ZZZ		Y						
95873	26	GUIDE NERV DESTR ELEC STIM	07/01/2014	RBRVS	$20.87	$20.87	ZZZ								
95874		GUIDE NERV DESTR NEEDLE EMG	07/01/2014	RBRVS	$65.28	$65.28	ZZZ		Y						
95874	TC	GUIDE NERV DESTR NEEDLE EMG	07/01/2014	RBRVS	$52.43	$52.43	ZZZ		Y						
95874	26	GUIDE NERV DESTR NEEDLE EMG	07/01/2014	RBRVS	$20.15	$20.15	ZZZ								
95905		MOTOR &/ SENS NRVE CNDJ TEST	07/01/2014	RBRVS	$61.74	$61.74			Y						
95905	TC	MOTOR &/ SENS NRVE CNDJ TEST	07/01/2014	RBRVS	$65.70	$65.70			Y						
95905	26	MOTOR &/ SENS NRVE CNDJ TEST	07/01/2014	RBRVS	$2.94	$2.94									
95907		NVR CNDJ TST 1-2 STUDIES	07/01/2014	RBRVS	$86.17	$86.17			Y						
95907	TC	NVR CNDJ TST 1-2 STUDIES	07/01/2014	RBRVS	$41.78	$41.78			Y						
95907	26	NVR CNDJ TST 1-2 STUDIES	07/01/2014	RBRVS	$53.97	$53.97									
95908		NRV CNDJ TST 3-4 STUDIES	07/01/2014	RBRVS	$106.24	$106.24			Y						
95908	TC	NRV CNDJ TST 3-4 STUDIES	07/01/2014	RBRVS	$50.74	$50.74			Y						
95908	26	NRV CNDJ TST 3-4 STUDIES	07/01/2014	RBRVS	$67.31	$67.31									
95909		NRV CNDJ TST 5-6 STUDIES	07/01/2014	RBRVS	$127.96	$127.96			Y						
95909	TC	NRV CNDJ TST 5-6 STUDIES	07/01/2014	RBRVS	$61.61	$61.61			Y						
95909	26	NRV CNDJ TST 5-6 STUDIES	07/01/2014	RBRVS	$80.58	$80.58									
95910		NRV CNDJ TEST 7-8 STUDIES	07/01/2014	RBRVS	$168.14	$168.14			Y						
95910	TC	NRV CNDJ TEST 7-8 STUDIES	07/01/2014	RBRVS	$79.25	$79.25			Y						
95910	26	NRV CNDJ TEST 7-8 STUDIES	07/01/2014	RBRVS	$107.58	$107.58									
95911		NRV CNDJ TEST 9-10 STUDIES	07/01/2014	RBRVS	$204.45	$204.45			Y						
95911	TC	NRV CNDJ TEST 9-10 STUDIES	07/01/2014	RBRVS	$92.63	$92.63			Y						
95911	26	NRV CNDJ TEST 9-10 STUDIES	07/01/2014	RBRVS	$134.55	$134.55									
95912		NRV CNDJ TEST 11-12 STUDIES	07/01/2014	RBRVS	$240.44	$240.44			Y						
95912	TC	NRV CNDJ TEST 11-12 STUDIES	07/01/2014	RBRVS	$105.61	$105.61			Y						
95912	26	NRV CNDJ TEST 11-12 STUDIES	07/01/2014	RBRVS	$161.55	$161.55									
95913		NRV CNDJ TEST 13/> STUDIES	07/01/2014	RBRVS	$278.36	$278.36			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
95913	TC	NRV CNDJ TEST 13/> STUDIES	07/01/2014	RBRVS	$117.91	$117.91			Y						
95913	26	NRV CNDJ TEST 13/> STUDIES	07/01/2014	RBRVS	$191.38	$191.38									
95924	26	ANS PARASYMP & SYMP W/TILT	07/01/2014	RBRVS	$90.12	$90.12									
95926		SOMATOSENSORY TESTING	07/01/2014	RBRVS	$131.58	$131.58			Y						
95926	TC	SOMATOSENSORY TESTING	07/01/2014	RBRVS	$117.69	$117.69			Y						
95926	26	SOMATOSENSORY TESTING	07/01/2014	RBRVS	$28.51	$28.51									
95927		SOMATOSENSORY TESTING	07/01/2014	RBRVS	$146.61	$146.61			Y						
95927	TC	SOMATOSENSORY TESTING	07/01/2014	RBRVS	$134.91	$134.91			Y						
95927	26	SOMATOSENSORY TESTING	07/01/2014	RBRVS	$28.04	$28.04									
95928		C MOTOR EVOKED UPPR LIMBS	07/01/2014	RBRVS	$229.37	$229.37			Y						
95928	TC	C MOTOR EVOKED UPPR LIMBS	07/01/2014	RBRVS	$173.02	$173.02			Y						
95928	26	C MOTOR EVOKED UPPR LIMBS	07/01/2014	RBRVS	$81.83	$81.83									
95929		C MOTOR EVOKED LWR LIMBS	07/01/2014	RBRVS	$223.56	$223.56			Y						
95929	TC	C MOTOR EVOKED LWR LIMBS	07/01/2014	RBRVS	$167.29	$167.29			Y						
95929	26	C MOTOR EVOKED LWR LIMBS	07/01/2014	RBRVS	$81.12	$81.12									
95930		VISUAL EVOKED POTENTIAL TEST	07/01/2014	RBRVS	$120.79	$120.79			Y						
95930	TC	VISUAL EVOKED POTENTIAL TEST	07/01/2014	RBRVS	$115.54	$115.54			Y						
95930	26	VISUAL EVOKED POTENTIAL TEST	07/01/2014	RBRVS	$18.72	$18.72									
95943	26	PARASYMP&SYMP HRT RATE TEST	07/01/2014	FEE SCHED	$39.30	$0.00									
95957		EEG DIGITAL ANALYSIS	07/01/2014	RBRVS	$399.49	$399.49			Y						
95957	TC	EEG DIGITAL ANALYSIS	07/01/2014	RBRVS	$336.08	$336.08			Y						
95957	26	EEG DIGITAL ANALYSIS	07/01/2014	RBRVS	$107.83	$107.83									
95970		ANALYZE NEUROSTIM NO PROG	07/01/2014	RBRVS	$62.51	$22.49			Y						
95971		ANALYZE NEUROSTIM SIMPLE	07/01/2014	RBRVS	$55.25	$37.82			Y						
95972		ANALYZE NEUROSTIM COMPLEX	07/01/2014	RBRVS	$99.75	$72.32			Y						
95973		ANALYZE NEUROSTIM COMPLEX	07/01/2014	RBRVS	$57.87	$45.27	ZZZ		Y						
95974		CRANIAL NEUROSTIM COMPLEX	07/01/2014	RBRVS	$189.80	$150.75			Y						
95975		CRANIAL NEUROSTIM COMPLEX	07/01/2014	RBRVS	$101.27	$84.81	ZZZ		Y						
95978		ANALYZE NEUROSTIM BRAIN/1H	07/01/2014	RBRVS	$229.43	$179.09			Y						
95979		ANALYZ NEUROSTIM BRAIN ADDON	07/01/2014	RBRVS	$99.11	$82.65	ZZZ		Y						
95980		IO ANAL GAST N-STIM INIT	07/01/2014	RBRVS	$41.79	$41.79			Y						
95981		IO ANAL GAST N-STIM SUBSQ	07/01/2014	RBRVS	$29.20	$16.29			Y						
95982		IO GA N-STIM SUBSQ W/REPROG	07/01/2014	RBRVS	$47.05	$32.85			Y						
95990		SPIN/BRAIN PUMP REFIL & MAIN	07/01/2014	RBRVS	$83.75	$83.75			Y						
95992		CANALITH REPOSITIONING PROC	07/01/2014	RBRVS	$39.95	$35.11			Y						
96000		MOTION ANALYSIS VIDEO/3D	07/01/2014	RBRVS	$87.07	$87.07			Y						
96001		MOTION TEST W/FT PRESS MEAS	07/01/2014	RBRVS	$90.62	$90.62			Y						
96002		DYNAMIC SURFACE EMG	07/01/2014	RBRVS	$19.53	$19.53			Y						
96003		DYNAMIC FINE WIRE EMG	07/01/2014	RBRVS	$18.23	$18.23			Y						
96004		PHYS REVIEW OF MOTION TESTS	07/01/2014	RBRVS	$107.50	$107.50			Y						
96020		FUNCTIONAL BRAIN MAPPING	07/01/2014	FEE SCHED	$876.21	$0.00			Y						
96020	TC	FUNCTIONAL BRAIN MAPPING	07/01/2014	FEE SCHED	$711.35	$0.00									
96020	26	FUNCTIONAL BRAIN MAPPING	07/01/2014	RBRVS	$175.00	$175.00									
96101		PSYCHO TESTING BY PSYCH/PHYS	07/01/2014	RBRVS	$73.32	$72.68									
96102		PSYCHO TESTING BY TECHNICIAN	07/01/2014	RBRVS	$59.86	$21.46									
96103		PSYCHO TESTING ADMIN BY COMP	07/01/2014	RBRVS	$25.33	$24.36									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
96105		ASSESSMENT OF APHASIA	07/01/2014	RBRVS	$91.88	$91.88									
96110		DEVELOPMENTAL SCREEN W/SCORE	07/01/2014	RBRVS	$7.48	$7.48									
96111		DEVELOPMENTAL TEST EXTEND	07/01/2014	RBRVS	$117.96	$111.51									
96116		NEUROBEHAVIORAL STATUS EXAM	07/01/2014	RBRVS	$86.07	$80.58									
96118		NEUROPSYCH TST BY PSYCH/PHYS	07/01/2014	RBRVS	$89.78	$72.36									
96119		NEUROPSYCH TESTING BY TECH	07/01/2014	RBRVS	$73.32	$21.36									
96120		NEUROPSYCH TST ADMIN W/COMP	07/01/2014	RBRVS	$43.40	$23.72									
96150		ASSESS HLTH/BEHAVE INIT	07/01/2014	RBRVS	$19.43	$19.10			Y						
96151		ASSESS HLTH/BEHAVE SUBSEQ	07/01/2014	RBRVS	$18.78	$18.45			Y						
96152		INTERVENE HLTH/BEHAVE INDIV	07/01/2014	RBRVS	$17.81	$17.49			Y						
96153		INTERVENE HLTH/BEHAVE GROUP	07/01/2014	RBRVS	$4.25	$4.25			Y						
96154		INTERV HLTH/BEHAV FAM W/PT	07/01/2014	RBRVS	$17.49	$17.17			Y						
96155		INTERV HLTH/BEHAV FAM NO PT	07/01/2014	RBRVS	$20.81	$20.81			Y						
96360		HYDRATION IV INFUSION INIT	07/01/2014	RBRVS	$57.20	$57.20			Y						
96361		HYDRATE IV INFUSION ADD-ON	07/01/2014	RBRVS	$15.13	$15.13	ZZZ		Y						
96365		THER/PROPH/DIAG IV INF INIT	07/01/2014	RBRVS	$69.03	$69.03			Y						
96366		THER/PROPH/DIAG IV INF ADDON	07/01/2014	RBRVS	$18.72	$18.72	ZZZ		Y						
96367		TX/PROPH/DG ADDL SEQ IV INF	07/01/2014	RBRVS	$30.19	$30.19	ZZZ		Y						
96368		THER/DIAG CONCURRENT INF	07/01/2014	RBRVS	$20.51	$20.51	ZZZ		Y						
96369		SC THER INFUSION UP TO 1 HR	07/01/2014	RBRVS	$195.26	$195.26			Y						
96370		SC THER INFUSION ADDL HR	07/01/2014	RBRVS	$15.49	$15.49	ZZZ		Y						
96371		SC THER INFUSION RESET PUMP	07/01/2014	RBRVS	$91.16	$91.16	ZZZ		Y						
96372		THER/PROPH/DIAG INJ SC/IM	07/01/2014	RBRVS	$25.17	$25.17			Y						
96373		THER/PROPH/DIAG INJ IA	07/01/2014	RBRVS	$19.44	$19.44			Y						
96374		THER/PROPH/DIAG INJ IV PUSH	07/01/2014	RBRVS	$56.48	$56.48			Y						
96375		TX/PRO/DX INJ NEW DRUG ADDON	07/01/2014	RBRVS	$22.30	$22.30	ZZZ		Y						
96379		THER/PROP/DIAG INJ/INF PROC	07/01/2014	FEE SCHED	$40.39	$0.00			Y						
96401		CHEMO ANTI-NEOPL SQ/IM	07/01/2014	RBRVS	$66.70	$66.70			Y						
96402		CHEMO HORMON ANTINEOPL SQ/IM	07/01/2014	RBRVS	$28.79	$28.79			Y						
96409		CHEMO IV PUSH SNGL DRUG	07/01/2014	RBRVS	$98.37	$98.37			Y						
96411		CHEMO IV PUSH ADDL DRUG	07/01/2014	RBRVS	$55.35	$55.35	ZZZ		Y						
96413		CHEMO IV INFUSION 1 HR	07/01/2014	RBRVS	$120.32	$120.32			Y						
96415		CHEMO IV INFUSION ADDL HR	07/01/2014	RBRVS	$25.23	$25.23	ZZZ		Y						
96416		CHEMO PROLONG INFUSE W/PUMP	07/01/2014	RBRVS	$125.61	$125.61			Y						
96417		CHEMO IV INFUS EACH ADDL SEQ	07/01/2014	RBRVS	$55.99	$55.99	ZZZ		Y						
96422		CHEMO IA INFUSION UP TO 1 HR	07/01/2014	RBRVS	$151.46	$151.46			Y						
96423		CHEMO IA INFUSE EACH ADDL HR	07/01/2014	RBRVS	$69.93	$69.93	ZZZ		Y						
96450		CHEMOTHERAPY INTO CNS	07/01/2014	RBRVS	$164.52	$74.48	000		Y						
96521		REFILL/MAINT PORTABLE PUMP	07/01/2014	RBRVS	$121.93	$121.93			Y						
96522		REFILL/MAINT PUMP/RESVR SYST	07/01/2014	RBRVS	$100.30	$100.30			Y						
96523		IRRIG DRUG DELIVERY DEVICE	09/01/2011	RBRVS	$0.00	$0.00			Y						
96567		PHOTODYNAMIC TX SKIN	07/01/2014	RBRVS	$119.16	$119.16			Y						
96900		ULTRAVIOLET LIGHT THERAPY	07/01/2014	RBRVS	$18.45	$18.45			Y						
96902		TRICHOGRAM	09/01/2011	RBRVS	$0.00	$0.00			Y						
96904		WHOLE BODY PHOTOGRAPHY	07/01/2014	RBRVS	$67.13	$67.13			Y						
97001		PT EVALUATION	07/01/2014	RBRVS	$68.67	$68.67			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
97002		PT RE-EVALUATION	07/01/2014	RBRVS	$38.56	$38.56			Y						
97010		HOT OR COLD PACKS THERAPY	09/01/2011	RBRVS	$0.00	$0.00			Y						
97032		ELECTRICAL STIMULATION	07/01/2014	RBRVS	$17.49	$17.49			Y						
97033		ELECTRIC CURRENT THERAPY	07/01/2014	RBRVS	$29.43	$29.43			Y						
97034		CONTRAST BATH THERAPY	07/01/2014	RBRVS	$16.52	$16.52			Y						
97035		ULTRASOUND THERAPY	07/01/2014	RBRVS	$11.68	$11.68			Y						
97036		HYDROTHERAPY	07/01/2014	RBRVS	$29.75	$29.75			Y						
97110		THERAPEUTIC EXERCISES	07/01/2014	RBRVS	$29.11	$29.11			Y						
97112		NEUROMUSCULAR REEDUCATION	07/01/2014	RBRVS	$30.40	$30.40			Y						
97113		AQUATIC THERAPY/EXERCISES	07/01/2014	RBRVS	$39.11	$39.11			Y						
97150		GROUP THERAPEUTIC PROCEDURES	07/01/2014	RBRVS	$15.87	$15.87			Y						
97530		THERAPEUTIC ACTIVITIES	07/01/2014	RBRVS	$31.68	$31.68			Y						
97535		SELF CARE MNGMENT TRAINING	07/01/2014	RBRVS	$31.68	$31.68			Y						
97537		COMMUNITY/WORK REINTEGRATION	07/01/2014	RBRVS	$27.49	$27.49			Y						
97542		WHEELCHAIR MNGMENT TRAINING	07/01/2014	RBRVS	$27.81	$27.81			Y						
97597		ACTIVE WOUND CARE/20 CM OR <	07/01/2014	RBRVS	$69.65	$22.52	000		Y						
97598		RMVL DEVITAL TIS ADDL 20CM/<	07/01/2014	RBRVS	$23.07	$10.80	ZZZ		Y						
97605		NEG PRESS WOUND TX </=50 CM	07/01/2014	RBRVS	$39.15	$25.27			Y						
97606		NEG PRESS WOUND TX >50 CM	07/01/2014	RBRVS	$41.85	$27.98			Y						
97750		PHYSICAL PERFORMANCE TEST	07/01/2014	RBRVS	$30.50	$30.50			Y						
97760		ORTHOTIC MGMT AND TRAINING	07/01/2014	RBRVS	$35.01	$35.01			Y						
97761		PROSTHETIC TRAINING	07/01/2014	RBRVS	$30.50	$30.50			Y						
97762		C/O FOR ORTHOTIC/PROSTH USE	07/01/2014	RBRVS	$43.30	$43.30			Y						
98960		SELF-MGMT EDUC & TRAIN 1 PT	09/01/2011	RBRVS	$0.00	$0.00			Y						
98961		SELF-MGMT EDUC/TRAIN 2-4 PT	09/01/2011	RBRVS	$0.00	$0.00			Y						
98962		SELF-MGMT EDUC/TRAIN 5-8 PT	09/01/2011	RBRVS	$0.00	$0.00			Y						
99000		SPECIMEN HANDLING	07/01/2003	RBRVS	$0.00	$0.00									
99001		SPECIMEN HANDLING	07/01/2003	RBRVS	$0.00	$0.00									
99002		DEVICE HANDLING	07/01/2003	RBRVS	$0.00	$0.00			Y						
99024		POSTOP FOLLOW-UP VISIT	07/01/2003	RBRVS	$0.00	$0.00			Y						
99026		IN-HOSPITAL ON CALL SERVICE	01/01/2003	RBRVS	$0.00	$0.00									
99027		OUT-OF-HOSP ON CALL SERVICE	01/01/2003	RBRVS	$0.00	$0.00			Y						
99050		MEDICAL SERVICES AFTER HRS	07/01/2003	RBRVS	$0.00	$0.00			Y						
99051		MED SERV EVE/WKEND/HOLIDAY	01/01/2006	RBRVS	$0.00	$0.00			Y						
99053		MED SERV 10PM-8AM 24 HR FAC	01/01/2006	RBRVS	$0.00	$0.00			Y						
99056		MED SERVICE OUT OF OFFICE	07/01/2003	RBRVS	$0.00	$0.00			Y						
99058		OFFICE EMERGENCY CARE	07/01/2003	RBRVS	$0.00	$0.00									
99060		OUT OF OFFICE EMERG MED SERV	01/01/2006	RBRVS	$0.00	$0.00			Y						
99070		SPECIAL SUPPLIES	07/01/2003	RBRVS	$0.00	$0.00			Y						
99082		UNUSUAL PHYSICIAN TRAVEL	07/01/2014	FEE SCHED	$66.00	$0.00			Y						
99091		COLLECT/REVIEW DATA FROM PT	09/01/2011	RBRVS	$0.00	$0.00			Y						
99100		SPECIAL ANESTHESIA SERVICE	07/01/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99116		ANESTHESIA WITH HYPOTHERMIA	07/01/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99135		SPECIAL ANESTHESIA PROCEDURE	07/01/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99140		EMERGENCY ANESTHESIA	07/01/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99143		MOD CS BY SAME PHYS < 5 YRS	07/01/2014	FEE SCHED	$68.30	$0.00			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
99144		MOD CS BY SAME PHYS 5 YRS +	07/01/2014	FEE SCHED	$65.24	$0.00			Y						
99145		MOD CS BY SAME PHYS ADD-ON	07/01/2014	FEE SCHED	$29.48	$0.00			Y						
99148		MOD CS DIFF PHYS < 5 YRS	07/01/2014	FEE SCHED	$66.00	$0.00			Y						
99149		MOD CS DIFF PHYS 5 YRS +	07/01/2014	FEE SCHED	$71.04	$0.00			Y						
99150		MOD CS DIFF PHYS ADD-ON	07/01/2014	FEE SCHED	$24.46	$0.00			Y						
99173		VISUAL ACUITY SCREEN	07/01/2014	RBRVS	$2.64	$2.64			Y						
99175		INDUCTION OF VOMITING	07/01/2014	RBRVS	$15.23	$15.23			Y						
99188		APP TOPICAL FLUORIDE VARNISH	01/01/2015	FEE SCHED	$19.52	$0.00									
99195		PHLEBOTOMY	07/01/2014	RBRVS	$89.33	$89.33			Y						
99201		OFFICE/OUTPATIENT VISIT NEW	07/01/2014	RBRVS	$39.27	$24.11			Y						
99202		OFFICE/OUTPATIENT VISIT NEW	07/01/2014	RBRVS	$67.51	$45.89			Y						
99203		OFFICE/OUTPATIENT VISIT NEW	07/01/2014	RBRVS	$98.14	$70.06			Y						
99204		OFFICE/OUTPATIENT VISIT NEW	07/01/2014	RBRVS	$150.91	$119.93			Y						
99205		OFFICE/OUTPATIENT VISIT NEW	07/01/2014	RBRVS	$187.92	$154.69			Y						
99211		OFFICE/OUTPATIENT VISIT EST	07/01/2014	RBRVS	$18.13	$8.46			Y						
99212		OFFICE/OUTPATIENT VISIT EST	07/01/2014	RBRVS	$39.60	$23.13			Y						
99213		OFFICE/OUTPATIENT VISIT EST	07/01/2014	RBRVS	$66.22	$46.86			Y						
99214		OFFICE/OUTPATIENT VISIT EST	07/01/2014	RBRVS	$97.69	$71.87			Y						
99215		OFFICE/OUTPATIENT VISIT EST	07/01/2014	RBRVS	$130.74	$101.05			Y						
99217		OBSERVATION CARE DISCHARGE	07/01/2014	RBRVS	$65.93	$65.93			Y						
99218		INITIAL OBSERVATION CARE	07/01/2014	RBRVS	$90.30	$90.30			Y						
99219		INITIAL OBSERVATION CARE	07/01/2014	RBRVS	$123.48	$123.48			Y						
99220		INITIAL OBSERVATION CARE	07/01/2014	RBRVS	$169.04	$169.04			Y						
99221		INITIAL HOSPITAL CARE	07/01/2014	RBRVS	$92.88	$92.88			Y						
99222		INITIAL HOSPITAL CARE	07/01/2014	RBRVS	$126.02	$126.02			Y						
99223		INITIAL HOSPITAL CARE	07/01/2014	RBRVS	$185.44	$185.44			Y						
99224		SUBSEQUENT OBSERVATION CARE	07/01/2014	RBRVS	$36.46	$36.46			Y						
99225		SUBSEQUENT OBSERVATION CARE	07/01/2014	RBRVS	$65.90	$65.90			Y						
99226		SUBSEQUENT OBSERVATION CARE	07/01/2014	RBRVS	$95.14	$95.14			Y						
99231		SUBSEQUENT HOSPITAL CARE	07/01/2014	RBRVS	$35.75	$35.75			Y						
99232		SUBSEQUENT HOSPITAL CARE	07/01/2014	RBRVS	$65.61	$65.61			Y						
99233		SUBSEQUENT HOSPITAL CARE	07/01/2014	RBRVS	$94.50	$94.50			Y						
99234		OBSERV/HOSP SAME DATE	07/01/2014	RBRVS	$123.44	$123.44			Y						
99235		OBSERV/HOSP SAME DATE	07/01/2014	RBRVS	$154.10	$154.10			Y						
99236		OBSERV/HOSP SAME DATE	07/01/2014	RBRVS	$198.99	$198.99			Y						
99238		HOSPITAL DISCHARGE DAY	07/01/2014	RBRVS	$65.90	$65.90			Y						
99239		HOSPITAL DISCHARGE DAY	07/01/2014	RBRVS	$97.40	$97.40			Y						
99281		EMERGENCY DEPT VISIT	07/01/2014	RBRVS	$19.20	$19.20									
99282		EMERGENCY DEPT VISIT	07/01/2014	RBRVS	$37.82	$37.82									
99283		EMERGENCY DEPT VISIT	07/01/2014	RBRVS	$56.38	$56.38									
99284		EMERGENCY DEPT VISIT	07/01/2014	RBRVS	$107.63	$107.63									
99285		EMERGENCY DEPT VISIT	07/01/2014	RBRVS	$158.07	$158.07									
99288		DIRECT ADVANCED LIFE SUPPORT	07/01/2003	RBRVS	$0.00	$0.00			Y						
99291		CRITICAL CARE FIRST HOUR	07/01/2014	RBRVS	$249.28	$204.10			Y						
99292		CRITICAL CARE ADDL 30 MIN	07/01/2014	RBRVS	$111.92	$102.24	ZZZ		Y						
99304		NURSING FACILITY CARE INIT	07/01/2014	RBRVS	$84.91	$84.91									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
99305		NURSING FACILITY CARE INIT	07/01/2014	RBRVS	$121.05	$121.05									
99306		NURSING FACILITY CARE INIT	07/01/2014	RBRVS	$153.17	$153.17									
99307		NURSING FAC CARE SUBSEQ	07/01/2014	RBRVS	$40.57	$40.57									
99308		NURSING FAC CARE SUBSEQ	07/01/2014	RBRVS	$62.67	$62.67									
99309		NURSING FAC CARE SUBSEQ	07/01/2014	RBRVS	$82.39	$82.39									
99310		NURSING FAC CARE SUBSEQ	07/01/2014	RBRVS	$122.67	$122.67									
99315		NURSING FAC DISCHARGE DAY	07/01/2014	RBRVS	$66.58	$66.58									
99316		NURSING FAC DISCHARGE DAY	07/01/2014	RBRVS	$95.43	$95.43									
99318		ANNUAL NURSING FAC ASSESSMNT	07/01/2014	RBRVS	$87.36	$87.36									
99324		DOMICIL/R-HOME VISIT NEW PAT	07/01/2014	RBRVS	$50.73	$50.73									
99325		DOMICIL/R-HOME VISIT NEW PAT	07/01/2014	RBRVS	$73.80	$73.80									
99326		DOMICIL/R-HOME VISIT NEW PAT	07/01/2014	RBRVS	$126.99	$126.99									
99327		DOMICIL/R-HOME VISIT NEW PAT	07/01/2014	RBRVS	$169.59	$169.59									
99328		DOMICIL/R-HOME VISIT NEW PAT	07/01/2014	RBRVS	$196.48	$196.48									
99334		DOMICIL/R-HOME VISIT EST PAT	07/01/2014	RBRVS	$55.25	$55.25									
99335		DOMICIL/R-HOME VISIT EST PAT	07/01/2014	RBRVS	$86.40	$86.40									
99336		DOMICIL/R-HOME VISIT EST PAT	07/01/2014	RBRVS	$121.70	$121.70									
99337		DOMICIL/R-HOME VISIT EST PAT	07/01/2014	RBRVS	$175.76	$175.76									
99339		DOMICIL/R-HOME CARE SUPERVIS	09/01/2011	RBRVS	$0.00	$0.00									
99340		DOMICIL/R-HOME CARE SUPERVIS	09/01/2011	RBRVS	$0.00	$0.00									
99341		HOME VISIT NEW PATIENT	07/01/2014	RBRVS	$50.40	$50.40			Y						
99342		HOME VISIT NEW PATIENT	07/01/2014	RBRVS	$72.87	$72.87			Y						
99343		HOME VISIT NEW PATIENT	07/01/2014	RBRVS	$119.02	$119.02			Y						
99344		HOME VISIT NEW PATIENT	07/01/2014	RBRVS	$166.05	$166.05			Y						
99345		HOME VISIT NEW PATIENT	07/01/2014	RBRVS	$200.13	$200.13			Y						
99347		HOME VISIT EST PATIENT	07/01/2014	RBRVS	$50.73	$50.73			Y						
99348		HOME VISIT EST PATIENT	07/01/2014	RBRVS	$76.71	$76.71			Y						
99349		HOME VISIT EST PATIENT	07/01/2014	RBRVS	$115.89	$115.89			Y						
99350		HOME VISIT EST PATIENT	07/01/2014	RBRVS	$161.85	$161.85			Y						
99354		PROLONGED SERVICE OFFICE	07/01/2014	RBRVS	$90.94	$84.81	ZZZ		Y						
99355		PROLONGED SERVICE OFFICE	07/01/2014	RBRVS	$89.01	$82.88	ZZZ		Y						
99356		PROLONGED SERVICE INPATIENT	07/01/2014	RBRVS	$83.84	$83.84	ZZZ		Y						
99357		PROLONGED SERVICE INPATIENT	07/01/2014	RBRVS	$83.20	$83.20	ZZZ		Y						
99358		PROLONGED SERV, W/O CONTACT	09/01/2011	RBRVS	$0.00	$0.00			Y						
99359		PROLONGED SERV, W/O CONTACT	09/01/2011	RBRVS	$0.00	$0.00	ZZZ		Y						
99363		ANTICOAGULANT MGMT INITIAL	09/01/2011	RBRVS	$0.00	$0.00			Y						
99364		ANTICOAGULANT MGMT SUBSEQ	09/01/2011	RBRVS	$0.00	$0.00			Y						
99366		TEAM CONF W/PAT BY HC PROF	09/01/2011	RBRVS	$0.00	$0.00			Y						
99367		TEAM CONF W/O PAT BY PHYS	09/01/2011	RBRVS	$0.00	$0.00			Y						
99368		TEAM CONF W/O PAT BY HC PRO	09/01/2011	RBRVS	$0.00	$0.00			Y						
99381		INIT PM E/M NEW PAT INFANT	07/01/2014	RBRVS	$111.78	$78.78			Y						
99382		INIT PM E/M NEW PAT 1-4 YRS	07/01/2014	RBRVS	$116.37	$83.37			Y						
99383		PREV VISIT NEW AGE 5-11	07/01/2014	RBRVS	$121.46	$88.47			Y						
99384		PREV VISIT NEW AGE 12-17	07/01/2014	RBRVS	$137.34	$104.35			Y						
99385		PREV VISIT NEW AGE 18-39	07/01/2014	RBRVS	$120.06	$90.36			Y						
99386		PREV VISIT NEW AGE 40-64	07/01/2014	RBRVS	$138.55	$109.50			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
99387		INIT PM E/M NEW PAT 65+ YRS	07/01/2014	RBRVS	$150.58	$117.67			Y						
99391		PER PM REEVAL EST PAT INFANT	07/01/2014	RBRVS	$100.59	$71.90			Y						
99392		PREV VISIT EST AGE 1-4	07/01/2014	RBRVS	$107.47	$78.78			Y						
99393		PREV VISIT EST AGE 5-11	07/01/2014	RBRVS	$107.11	$78.78			Y						
99394		PREV VISIT EST AGE 12-17	07/01/2014	RBRVS	$117.15	$88.47			Y						
99395		PREV VISIT EST AGE 18-39	07/01/2014	RBRVS	$107.69	$81.88			Y						
99396		PREV VISIT EST AGE 40-64	07/01/2014	RBRVS	$114.83	$89.01			Y						
99397		PREV VISIT, EST, 65 & OVER	07/01/2014	RBRVS	$123.60	$93.91			Y						
99401		PREVENTIVE COUNSELING INDIV	07/01/2014	RBRVS	$36.76	$24.92			Y						
99402		PREVENTIVE COUNSELING INDIV	07/01/2014	RBRVS	$63.19	$51.71			Y						
99403		PREVENTIVE COUNSELING INDIV	07/01/2014	RBRVS	$88.11	$76.63			Y						
99404		PREVENTIVE COUNSELING INDIV	07/01/2014	RBRVS	$112.89	$101.41			Y						
99406		BEHAV CHNG SMOKING 3-10 MIN	07/01/2014	RBRVS	$12.65	$11.03			Y						
99407		BEHAV CHNG SMOKING < 10 MIN	07/01/2014	RBRVS	$25.01	$23.40			Y						
99408		AUDIT/DAST 15-30 MIN	07/01/2014	RBRVS	$35.75	$33.96			Y						
99409		AUDIT/DAST OVER 30 MIN	07/01/2014	RBRVS	$69.68	$67.88			Y						
99411		PREVENTIVE COUNSELING GROUP	07/01/2014	RBRVS	$16.57	$7.96			Y						
99412		PREVENTIVE COUNSELING GROUP	07/01/2014	RBRVS	$21.59	$12.98			Y						
99420		HEALTH RISK ASSESSMENT TEST	07/01/2014	RBRVS	$10.83	$10.83			Y						
99441		PHONE E/M BY PHYS 5-10 MIN	07/01/2014	RBRVS	$12.65	$11.68			Y						
99442		PHONE E/M BY PHYS 11-20 MIN	07/01/2014	RBRVS	$24.68	$23.40			Y						
99443		PHONE E/M BY PHYS 21-30 MIN	07/01/2014	RBRVS	$36.72	$35.43			Y						
99446		INTERPROF PHONE/ONLINE 5-10	01/01/2014	RBRVS	$0.00	$0.00									
99447		INTERPROF PHONE/ONLINE 11-20	01/01/2014	RBRVS	$0.00	$0.00									
99448		INTERPROF PHONE/ONLINE 21-30	01/01/2014	RBRVS	$0.00	$0.00									
99449		INTERPROF PHONE/ONLINE 31/>	01/01/2014	RBRVS	$0.00	$0.00									
99460		INIT NB EM PER DAY HOSP	07/01/2014	RBRVS	$106.96	$106.96									M
99461		INIT NB EM PER DAY NON-FAC	07/01/2014	RBRVS	$110.97	$73.62									M
99462		SBSQ NB EM PER DAY HOSP	07/01/2014	RBRVS	$47.71	$47.71									M
99463		SAME DAY NB DISCHARGE	07/01/2014	RBRVS	$129.65	$129.65									M
99464		ATTENDANCE AT DELIVERY	07/01/2014	RBRVS	$80.40	$80.40									M
99465		NB RESUSCITATION	07/01/2014	RBRVS	$167.69	$167.69									M
99468		NEONATE CRIT CARE INITIAL	07/01/2014	RBRVS	$1,060.27	$1,060.27									M
99469		NEONATE CRIT CARE SUBSQ	07/01/2014	RBRVS	$448.06	$448.06									M
99471		PED CRITICAL CARE INITIAL	07/01/2014	RBRVS	$863.40	$863.40									
99472		PED CRITICAL CARE SUBSQ	07/01/2014	RBRVS	$406.87	$406.87									
99475		PED CRIT CARE AGE 2-5 INIT	07/01/2014	RBRVS	$584.34	$584.34									
99476		PED CRIT CARE AGE 2-5 SUBSQ	07/01/2014	RBRVS	$353.33	$353.33									
99477		INIT DAY HOSP NEONATE CARE	07/01/2014	RBRVS	$353.83	$353.83									M
99478		IC LBW INF < 1500 GM SUBSQ	07/01/2014	RBRVS	$156.15	$156.15									M
99479		IC LBW INF 1500-2500 G SUBSQ	07/01/2014	RBRVS	$141.58	$141.58									M
99480		IC INF PBW 2501-5000 G SUBSQ	07/01/2014	RBRVS	$136.35	$136.35									M
99487		CMPLX CHRON CARE W/O PT VSIT	01/01/2013	RBRVS	$0.00	$0.00									
99489		COMPLX CHRON CARE ADDL30 MIN	01/01/2013	RBRVS	$0.00	$0.00	ZZZ								
99490		CHRON CARE MGMT SRVC 20 MIN	01/01/2015	RBRVS	$0.00	$0.00			Y						
99495		TRANS CARE MGMT 14 DAY DISCH	07/01/2014	RBRVS	$148.49	$101.05									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
99496		TRANS CARE MGMT 7 DAY DISCH	07/01/2014	RBRVS	$209.81	$146.23									