Montana Medicaid - Fee Schedule
Psychiatrist 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
Psychiatrist 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	7/1/2005	RBRVS	$0.00	$0.00									
A4207		2 CC STERILE SYRINGE&NEEDLE	7/1/2005	RBRVS	$0.00	$0.00									
A4208		3 CC STERILE SYRINGE&NEEDLE	7/1/2005	RBRVS	$0.00	$0.00									
A4209		5+ CC STERILE SYRINGE&NEEDLE	7/1/2005	RBRVS	$0.00	$0.00									
A4211		SUPP FOR SELF-ADM INJECTIONS	7/1/2003	RBRVS	$0.00	$0.00									
A4212		NON CORING NEEDLE OR STYLET	7/1/2003	RBRVS	$0.00	$0.00									
A4213		20+ CC SYRINGE ONLY	7/1/2005	RBRVS	$0.00	$0.00									
A4215		STERILE NEEDLE	7/1/2005	RBRVS	$0.00	$0.00									
A4244		ALCOHOL OR PEROXIDE PER PINT	7/1/2005	RBRVS	$0.00	$0.00									
A4245		ALCOHOL WIPES PER BOX	7/1/2005	RBRVS	$0.00	$0.00									
A4246		BETADINE/PHISOHEX SOLUTION	7/1/2005	RBRVS	$0.00	$0.00									
A4247		BETADINE/IODINE SWABS/WIPES	7/1/2005	RBRVS	$0.00	$0.00									
A4250		URINE REAGENT STRIPS/TABLETS	7/1/2003	RBRVS	$0.00	$0.00									
A4258		LANCET DEVICE EACH	7/1/2003	RBRVS	$0.00	$0.00									
A4262		TEMPORARY TEAR DUCT PLUG	7/1/2003	RBRVS	$0.00	$0.00									
A4263		PERMANENT TEAR DUCT PLUG	7/1/2003	RBRVS	$0.00	$0.00									
A4265		PARAFFIN	7/1/2003	RBRVS	$0.00	$0.00									
A4269		SPERMICIDE	12/1/2003	FEE SCHED	$45.00	$0.00									
A4270		DISPOSABLE ENDOSCOPE SHEATH	7/1/2003	RBRVS	$0.00	$0.00									
A4290		SACRAL NERVE STIM TEST LEAD	7/1/2003	RBRVS	$0.00	$0.00									
A4300		CATH IMPL VASC ACCESS PORTAL	7/1/2003	RBRVS	$0.00	$0.00									
A4305		DRUG DELIVERY SYSTEM >=50 ML	7/1/2003	RBRVS	$0.00	$0.00									
A4306		DRUG DELIVERY SYSTEM <=50 ML	7/1/2003	RBRVS	$0.00	$0.00									
A4310		INSERT TRAY W/O BAG/CATH	7/1/2003	RBRVS	$0.00	$0.00									
A4311		CATHETER W/O BAG 2-WAY LATEX	7/1/2003	RBRVS	$0.00	$0.00									
A4312		CATH W/O BAG 2-WAY SILICONE	7/1/2003	RBRVS	$0.00	$0.00									
A4313		CATHETER W/BAG 3-WAY	7/1/2003	RBRVS	$0.00	$0.00									
A4314		CATH W/DRAINAGE 2-WAY LATEX	7/1/2003	RBRVS	$0.00	$0.00									
A4315		CATH W/DRAINAGE 2-WAY SILCNE	7/1/2003	RBRVS	$0.00	$0.00									
A4316		CATH W/DRAINAGE 3-WAY	7/1/2003	RBRVS	$0.00	$0.00									
A4320		IRRIGATION TRAY	7/1/2003	RBRVS	$0.00	$0.00									
A4321		CATH THERAPEUTIC IRRIG AGENT	7/1/2003	RBRVS	$0.00	$0.00									
A4322		IRRIGATION SYRINGE	7/1/2003	RBRVS	$0.00	$0.00									
A4326		MALE EXTERNAL CATHETER	7/1/2003	RBRVS	$0.00	$0.00									
A4327		FEM URINARY COLLECT DEV CUP	7/1/2003	RBRVS	$0.00	$0.00									
A4328		FEM URINARY COLLECT POUCH	7/1/2003	RBRVS	$0.00	$0.00									
A4330		STOOL COLLECTION POUCH	7/1/2003	RBRVS	$0.00	$0.00									
A4331		EXTENSION DRAINAGE TUBING	7/1/2003	RBRVS	$0.00	$0.00									
A4332		LUBE STERILE PACKET	7/1/2003	RBRVS	$0.00	$0.00									
A4333		URINARY CATH ANCHOR DEVICE	7/1/2003	RBRVS	$0.00	$0.00									
A4334		URINARY CATH LEG STRAP	7/1/2003	RBRVS	$0.00	$0.00									
A4335		INCONTINENCE SUPPLY	7/1/2003	RBRVS	$0.00	$0.00									
A4336		URETHRAL INSERT	1/1/2015	MEDICARE	$1.60	$0.00									
A4338		INDWELLING CATHETER LATEX	7/1/2003	RBRVS	$0.00	$0.00									
A4340		INDWELLING CATHETER SPECIAL	7/1/2003	RBRVS	$0.00	$0.00									
A4344		CATH INDW FOLEY 2 WAY SILICN	7/1/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
A4346		CATH INDW FOLEY 3 WAY	7/1/2003	RBRVS	$0.00	$0.00									
A4351		STRAIGHT TIP URINE CATHETER	7/1/2003	RBRVS	$0.00	$0.00									
A4352		COUDE TIP URINARY CATHETER	7/1/2003	RBRVS	$0.00	$0.00									
A4353		INTERMITTENT URINARY CATH	7/1/2003	RBRVS	$0.00	$0.00									
A4354		CATH INSERTION TRAY W/BAG	7/1/2003	RBRVS	$0.00	$0.00									
A4355		BLADDER IRRIGATION TUBING	7/1/2003	RBRVS	$0.00	$0.00									
A4356		EXT URETH CLMP OR COMPR DVC	7/1/2003	RBRVS	$0.00	$0.00									
A4357		BEDSIDE DRAINAGE BAG	7/1/2003	RBRVS	$0.00	$0.00									
A4358		URINARY LEG OR ABDOMEN BAG	7/1/2003	RBRVS	$0.00	$0.00									
A4361		OSTOMY FACE PLATE	7/1/2003	RBRVS	$0.00	$0.00									
A4362		SOLID SKIN BARRIER	7/1/2003	RBRVS	$0.00	$0.00									
A4364		ADHESIVE, LIQUID OR EQUAL	7/1/2003	RBRVS	$0.00	$0.00									
A4367		OSTOMY BELT	7/1/2003	RBRVS	$0.00	$0.00									
A4368		OSTOMY FILTER	7/1/2003	RBRVS	$0.00	$0.00									
A4369		SKIN BARRIER LIQUID PER OZ	7/1/2003	RBRVS	$0.00	$0.00									
A4371		SKIN BARRIER POWDER PER OZ	7/1/2003	RBRVS	$0.00	$0.00									
A4372		SKIN BARRIER SOLID 4X4 EQUIV	7/1/2003	RBRVS	$0.00	$0.00									
A4373		SKIN BARRIER WITH FLANGE	7/1/2003	RBRVS	$0.00	$0.00									
A4375		DRAINABLE PLASTIC PCH W FCPL	7/1/2003	RBRVS	$0.00	$0.00									
A4376		DRAINABLE RUBBER PCH W FCPLT	7/1/2003	RBRVS	$0.00	$0.00									
A4377		DRAINABLE PLSTIC PCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00									
A4378		DRAINABLE RUBBER PCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00									
A4379		URINARY PLASTIC POUCH W FCPL	7/1/2003	RBRVS	$0.00	$0.00									
A4380		URINARY RUBBER POUCH W FCPLT	7/1/2003	RBRVS	$0.00	$0.00									
A4381		URINARY PLASTIC POUCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00									
A4382		URINARY HVY PLSTC PCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00									
A4383		URINARY RUBBER POUCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00									
A4384		OSTOMY FACEPLT/SILICONE RING	7/1/2003	RBRVS	$0.00	$0.00									
A4385		OST SKN BARRIER SLD EXT WEAR	7/1/2003	RBRVS	$0.00	$0.00									
A4387		OST CLSD POUCH W ATT ST BARR	7/1/2003	RBRVS	$0.00	$0.00									
A4388		DRAINABLE PCH W EX WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00									
A4389		DRAINABLE PCH W ST WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00									
A4390		DRAINABLE PCH EX WEAR CONVEX	7/1/2003	RBRVS	$0.00	$0.00									
A4391		URINARY POUCH W EX WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00									
A4392		URINARY POUCH W ST WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00									
A4393		URINE PCH W EX WEAR BAR CONV	7/1/2003	RBRVS	$0.00	$0.00									
A4394		OSTOMY POUCH LIQ DEODORANT	7/1/2003	RBRVS	$0.00	$0.00									
A4395		OSTOMY POUCH SOLID DEODORANT	7/1/2003	RBRVS	$0.00	$0.00									
A4396		PERISTOMAL HERNIA SUPPRT BLT	7/1/2003	RBRVS	$0.00	$0.00									
A4397		IRRIGATION SUPPLY SLEEVE	7/1/2003	RBRVS	$0.00	$0.00									
A4398		OSTOMY IRRIGATION BAG	7/1/2003	RBRVS	$0.00	$0.00									
A4399		OSTOMY IRRIG CONE/CATH W BRS	7/1/2003	RBRVS	$0.00	$0.00									
A4400		OSTOMY IRRIGATION SET	7/1/2003	RBRVS	$0.00	$0.00									
A4402		LUBRICANT PER OUNCE	7/1/2003	RBRVS	$0.00	$0.00									
A4404		OSTOMY RING EACH	7/1/2003	RBRVS	$0.00	$0.00									
A4421		OSTOMY SUPPLY MISC	7/1/2005	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
A4434		OST PCH URINE W LOCK FLNG/FT	1/1/2015	MEDICARE	$4.17	$0.00									
A4435		1PC OST PCH DRAIN HGH OUTPUT	1/1/2015	FEE SCHED	$6.41	$0.00			Y						
A4455		ADHESIVE REMOVER PER OUNCE	7/1/2003	RBRVS	$0.00	$0.00									
A4550		SURGICAL TRAYS	7/1/2003	RBRVS	$0.00	$0.00									
A4556		ELECTRODES, PAIR	7/1/2003	RBRVS	$0.00	$0.00									
A4557		LEAD WIRES, PAIR	7/1/2003	RBRVS	$0.00	$0.00									
A4558		CONDUCTIVE GEL OR PASTE	7/1/2003	RBRVS	$0.00	$0.00									
A4561		PESSARY RUBBER, ANY TYPE	1/1/2015	MEDICARE	$22.94	$0.00									
A4562		PESSARY, NON RUBBER,ANY TYPE	1/1/2015	MEDICARE	$57.12	$0.00									
A4565		SLINGS	1/1/2015	MEDICARE	$8.54	$0.00									
A4570		SPLINT	7/1/2005	RBRVS	$0.00	$0.00									
A4590		SPECIAL CASTING MATERIAL	7/1/2006	EAC	$0.00	$0.00			Y						
A4615		CANNULA NASAL	7/1/2003	RBRVS	$0.00	$0.00									
A4616		TUBING (OXYGEN) PER FOOT	7/1/2003	RBRVS	$0.00	$0.00									
A4617		MOUTH PIECE	7/1/2003	RBRVS	$0.00	$0.00									
A4618		BREATHING CIRCUITS	7/1/2003	RBRVS	$0.00	$0.00									
A4619		FACE TENT	7/1/2003	RBRVS	$0.00	$0.00									
A4620		VARIABLE CONCENTRATION MASK	7/1/2003	RBRVS	$0.00	$0.00									
A4623		TRACHEOSTOMY INNER CANNULA	7/1/2003	RBRVS	$0.00	$0.00									
A4624		TRACHEAL SUCTION TUBE	7/1/2003	RBRVS	$0.00	$0.00									
A4625		TRACH CARE KIT FOR NEW TRACH	7/1/2003	RBRVS	$0.00	$0.00									
A4626		TRACHEOSTOMY CLEANING BRUSH	7/1/2003	RBRVS	$0.00	$0.00									
A4627		SPACER BAG/RESERVOIR	7/1/2003	RBRVS	$0.00	$0.00									
A4628		OROPHARYNGEAL SUCTION CATH	7/1/2003	RBRVS	$0.00	$0.00									
A4629		TRACHEOSTOMY CARE KIT	7/1/2003	RBRVS	$0.00	$0.00									
A4642		IN111 SATUMOMAB	2/20/2005	FEE SCHED	$1,423.75	$0.00		Y							
A4648		IMPLANTABLE TISSUE MARKER	1/1/2008	RBRVS	$0.00	$0.00									
A4649		SURGICAL SUPPLIES	7/1/2003	RBRVS	$0.00	$0.00									
A4650		IMPLANT RADIATION DOSIMETER	1/1/2008	RBRVS	$0.00	$0.00									
A5051		POUCH CLSD W BARR ATTACHED	7/1/2003	RBRVS	$0.00	$0.00									
A5052		CLSD OSTOMY POUCH W/O BARR	7/1/2003	RBRVS	$0.00	$0.00									
A5053		CLSD OSTOMY POUCH FACEPLATE	7/1/2003	RBRVS	$0.00	$0.00									
A5054		CLSD OSTOMY POUCH W/FLANGE	7/1/2003	RBRVS	$0.00	$0.00									
A5055		STOMA CAP	7/1/2003	RBRVS	$0.00	$0.00									
A5061		POUCH DRAINABLE W BARRIER AT	7/1/2003	RBRVS	$0.00	$0.00									
A5062		DRNBLE OSTOMY POUCH W/O BARR	7/1/2003	RBRVS	$0.00	$0.00									
A5063		DRAIN OSTOMY POUCH W/FLANGE	7/1/2003	RBRVS	$0.00	$0.00									
A5071		URINARY POUCH W/BARRIER	7/1/2003	RBRVS	$0.00	$0.00									
A5072		URINARY POUCH W/O BARRIER	7/1/2003	RBRVS	$0.00	$0.00									
A5073		URINARY POUCH ON BARR W/FLNG	7/1/2003	RBRVS	$0.00	$0.00									
A5081		STOMA PLUG OR SEAL, ANY TYPE	7/1/2003	RBRVS	$0.00	$0.00									
A5082		CONTINENT STOMA CATHETER	7/1/2003	RBRVS	$0.00	$0.00									
A5093		OSTOMY ACCESSORY CONVEX INSE	7/1/2003	RBRVS	$0.00	$0.00									
A5102		BEDSIDE DRAIN BTL W/WO TUBE	7/1/2003	RBRVS	$0.00	$0.00									
A5105		URINARY SUSPENSORY	7/1/2003	RBRVS	$0.00	$0.00									
A5112		URINARY LEG BAG	7/1/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
A5113		LATEX LEG STRAP	7/1/2003	RBRVS	$0.00	$0.00									
A5114		FOAM/FABRIC LEG STRAP	7/1/2003	RBRVS	$0.00	$0.00									
A5121		SOLID SKIN BARRIER 6X6	7/1/2003	RBRVS	$0.00	$0.00									
A5122		SOLID SKIN BARRIER 8X8	7/1/2003	RBRVS	$0.00	$0.00									
A5126		DISK/FOAM PAD +OR- ADHESIVE	7/1/2003	RBRVS	$0.00	$0.00									
A5131		APPLIANCE CLEANER	7/1/2003	RBRVS	$0.00	$0.00									
A6021		COLLAGEN DRESSING <=16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6022		COLLAGEN DRSG>16<=48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6023		COLLAGEN DRESSING >48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6024		COLLAGEN DSG WOUND FILLER	7/1/2003	RBRVS	$0.00	$0.00									
A6154		WOUND POUCH EACH	7/1/2003	RBRVS	$0.00	$0.00									
A6196		ALGINATE DRESSING <=16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6197		ALGINATE DRSG >16 <=48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6198		ALGINATE DRESSING > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6199		ALGINATE DRSG WOUND FILLER	7/1/2003	RBRVS	$0.00	$0.00									
A6203		COMPOSITE DRSG <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6204		COMPOSITE DRSG >16<=48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6205		COMPOSITE DRSG > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6206		CONTACT LAYER <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6207		CONTACT LAYER >16<= 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6208		CONTACT LAYER > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6209		FOAM DRSG <=16 SQ IN W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6210		FOAM DRG >16<=48 SQ IN W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6211		FOAM DRG > 48 SQ IN W/O BRDR	7/1/2003	RBRVS	$0.00	$0.00									
A6212		FOAM DRG <=16 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00									
A6213		FOAM DRG >16<=48 SQ IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6214		FOAM DRG > 48 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00									
A6215		FOAM DRESSING WOUND FILLER	7/1/2003	RBRVS	$0.00	$0.00									
A6216		NON-STERILE GAUZE<=16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6217		NON-STERILE GAUZE>16<=48 SQ	7/1/2003	RBRVS	$0.00	$0.00									
A6218		NON-STERILE GAUZE > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6219		GAUZE <= 16 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00									
A6220		GAUZE >16 <=48 SQ IN W/BORDR	7/1/2003	RBRVS	$0.00	$0.00									
A6221		GAUZE > 48 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00									
A6222		GAUZE <=16 IN NO W/SAL W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6223		GAUZE >16<=48 NO W/SAL W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6224		GAUZE > 48 IN NO W/SAL W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6228		GAUZE <= 16 SQ IN WATER/SAL	7/1/2003	RBRVS	$0.00	$0.00									
A6229		GAUZE >16<=48 SQ IN WATR/SAL	7/1/2003	RBRVS	$0.00	$0.00									
A6230		GAUZE > 48 SQ IN WATER/SALNE	7/1/2003	RBRVS	$0.00	$0.00									
A6231		HYDROGEL DSG<=16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6232		HYDROGEL DSG>16<=48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6233		HYDROGEL DRESSING >48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6234		HYDROCOLLD DRG <=16 W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6235		HYDROCOLLD DRG >16<=48 W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6236		HYDROCOLLD DRG > 48 IN W/O B	7/1/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
A6237		HYDROCOLLD DRG <=16 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6238		HYDROCOLLD DRG >16<=48 W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6239		HYDROCOLLD DRG > 48 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6240		HYDROCOLLD DRG FILLER PASTE	7/1/2003	RBRVS	$0.00	$0.00									
A6241		HYDROCOLLOID DRG FILLER DRY	7/1/2003	RBRVS	$0.00	$0.00									
A6242		HYDROGEL DRG <=16 IN W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6243		HYDROGEL DRG >16<=48 W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6244		HYDROGEL DRG >48 IN W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6245		HYDROGEL DRG <= 16 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6246		HYDROGEL DRG >16<=48 IN W/B	7/1/2003	RBRVS	$0.00	$0.00									
A6247		HYDROGEL DRG > 48 SQ IN W/B	7/1/2003	RBRVS	$0.00	$0.00									
A6248		HYDROGEL DRSG GEL FILLER	7/1/2003	RBRVS	$0.00	$0.00									
A6250		SKIN SEAL PROTECT MOISTURIZR	7/1/2003	RBRVS	$0.00	$0.00									
A6251		ABSORPT DRG <=16 SQ IN W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6252		ABSORPT DRG >16 <=48 W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6253		ABSORPT DRG > 48 SQ IN W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6254		ABSORPT DRG <=16 SQ IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6255		ABSORPT DRG >16<=48 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6256		ABSORPT DRG > 48 SQ IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6257		TRANSPARENT FILM <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6258		TRANSPARENT FILM >16<=48 IN	7/1/2003	RBRVS	$0.00	$0.00									
A6259		TRANSPARENT FILM > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6260		WOUND CLEANSER ANY TYPE/SIZE	7/1/2003	RBRVS	$0.00	$0.00									
A6261		WOUND FILLER GEL/PASTE /OZ	7/1/2003	RBRVS	$0.00	$0.00									
A6262		WOUND FILLER DRY FORM / GRAM	7/1/2003	RBRVS	$0.00	$0.00									
A6266		IMPREG GAUZE NO H20/SAL/YARD	7/1/2003	RBRVS	$0.00	$0.00									
A6402		STERILE GAUZE <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6403		STERILE GAUZE>16 <= 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6404		STERILE GAUZE > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A9155		ARTIFICIAL SALIVA	1/1/2008	RBRVS	$0.00	$0.00									
A9500		TC99M SESTAMIBI	7/1/2003	FEE SCHED	$108.89	$0.00									
A9502		TC99M TETROFOSMIN	10/1/2007	FEE SCHED	$108.31	$0.00									
A9503		TC99M MEDRONATE	10/1/2007	FEE SCHED	$21.25	$0.00									
A9504		TC99M APCITIDE	2/26/2004	FEE SCHED	$425.00	$0.00									
A9505		TL201 THALLIUM	10/1/2007	FEE SCHED	$29.73	$0.00									
A9507		IN111 CAPROMAB	10/1/2007	FEE SCHED	$3,193.12	$0.00									
A9508		I131 IODOBENGUATE DX	10/1/2007	FEE SCHED	$1,185.75	$0.00									
A9510		TC99M DISOFENIN	10/1/2007	FEE SCHED	$39.10	$0.00									
A9512		TC99M PERTECHNETATE	10/1/2007	FEE SCHED	$12.10	$0.00									
A9516		I123 IODIDE CAP DX	10/1/2007	FEE SCHED	$92.58	$0.00									
A9517		I131 IODIDE CAP RX	10/1/2008	EAC	$0.00	$0.00									
A9521		TC99M EXAMETAZIME	10/1/2007	FEE SCHED	$507.86	$0.00									
A9524		I131 SERUM ALBUMIN DX	10/1/2007	FEE SCHED	$264.35	$0.00									
A9526		NITROGEN N-13 AMMONIA	10/1/2008	EAC	$0.00	$0.00									
A9527		IODINE I-125 SODIUM IODIDE	1/1/2007	EAC	$0.00	$0.00									
A9528		IODINE I-131 IODIDE CAP DX	10/1/2008	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
A9529		I131 IODIDE SOL DX	10/1/2008	EAC	$0.00	$0.00									
A9530		I131 IODIDE SOL RX	10/1/2008	EAC	$0.00	$0.00									
A9531		I131 MAX 100UCI	10/1/2008	EAC	$0.00	$0.00									
A9532		I125 SERUM ALBUMIN DX	10/1/2008	EAC	$0.00	$0.00									
A9536		TC99M DEPREOTIDE	10/1/2007	FEE SCHED	$680.00	$0.00									
A9537		TC99M MEBROFENIN	10/1/2007	FEE SCHED	$8.46	$0.00									
A9538		TC99M PYROPHOSPHATE	10/1/2007	FEE SCHED	$36.51	$0.00									
A9539		TC99M PENTETATE	10/1/2007	FEE SCHED	$2.27	$0.00									
A9540		TC99M MAA	10/1/2007	FEE SCHED	$19.55	$0.00									
A9542		IN111 IBRITUMOMAB DX	10/1/2007	FEE SCHED	$2,478.09	$0.00									
A9543		Y90 IBRITUMOMAB RX	10/1/2007	FEE SCHED	$21,453.02	$0.00									
A9544		I131 TOSITUMOMAB DX	10/1/2007	FEE SCHED	$2,363.76	$0.00									
A9545		I131 TOSITUMOMAB RX	10/1/2007	FEE SCHED	$20,486.70	$0.00									
A9547		IN111 OXYQUINOLINE	10/1/2007	FEE SCHED	$260.91	$0.00									
A9548		IN111 PENTETATE	10/1/2007	FEE SCHED	$730.68	$0.00									
A9551		TC99M SUCCIMER	10/1/2007	FEE SCHED	$113.30	$0.00									
A9553		CR51 CHROMATE	10/1/2007	FEE SCHED	$382.50	$0.00									
A9554		I125 IOTHALAMATE DX	10/1/2007	FEE SCHED	$19.10	$0.00									
A9555		RB82 RUBIDIUM	10/1/2007	FEE SCHED	$12,535.37	$0.00									
A9556		GA67 GALLIUM	10/1/2007	FEE SCHED	$295.49	$0.00									
A9557		TC99M BICISATE	10/1/2007	FEE SCHED	$379.53	$0.00									
A9558		XE133 XENON 10MCI	10/1/2007	FEE SCHED	$34.86	$0.00									
A9559		CO57 CYANO	10/1/2007	FEE SCHED	$74.73	$0.00									
A9560		TC99M LABELED RBC	10/1/2007	FEE SCHED	$95.27	$0.00									
A9561		TC99M OXIDRONATE	10/1/2007	FEE SCHED	$44.88	$0.00									
A9562		TC99M MERTIATIDE	10/1/2007	FEE SCHED	$526.32	$0.00									
A9563		P32 NA PHOSPHATE	10/1/2007	FEE SCHED	$1,562.64	$0.00									
A9564		P32 CHROMIC PHOSPHATE	10/1/2007	FEE SCHED	$296.27	$0.00									
A9568		TECHNETIUM TC99M ARCITUMOMAB	10/1/2007	FEE SCHED	$1,105.00	$0.00									
A9576		INJ PROHANCE MULTIPACK	1/1/2015	FEE SCHED	$1.75	$0.00									
A9577		INJ MULTIHANCE	1/1/2015	FEE SCHED	$2.21	$0.00									
A9578		INJ MULTIHANCE MULTIPACK	1/1/2015	FEE SCHED	$2.08	$0.00									
A9579		GAD-BASE MR CONTRAST NOS,1ML	1/1/2015	FEE SCHED	$2.03	$0.00									
A9600		SR89 STRONTIUM	10/1/2007	FEE SCHED	$789.86	$0.00									
A9700		ECHOCARDIOGRAPHY CONTRAST	2/26/2004	FEE SCHED	$132.60	$0.00									
A9946		LOCM 150-199MG/ML IODINE, 1ML	4/1/2005	MEDICARE	$1.96	$0.00									
A9947		LOCM 200-249MG/ML IODINE, 1ML	4/1/2005	MEDICARE	$0.77	$0.00									
E0117		UNDERARM SPRINGASSIST CRUTCH	1/1/2015	MEDICARE	$213.80	$0.00									
E0781		EXTERNAL AMBULATORY INFUS PU	1/1/2015	MEDICARE	$2,671.20	$0.00		Y							
E0781	RR	EXTERNAL AMBULATORY INFUS PU	1/1/2015	MEDICARE	$267.12	$0.00									
G0008		ADMIN INFLUENZA VIRUS VAC	1/1/2013	FEE SCHED	$21.32	$0.00									
G0009		ADMIN PNEUMOCOCCAL VACCINE	1/1/2013	FEE SCHED	$21.32	$0.00									
G0010		ADMIN HEPATITIS B VACCINE	1/1/2013	FEE SCHED	$21.32	$0.00									
G0101		CA SCREEN;PELVIC/BREAST EXAM	7/1/2014	RBRVS	$38.19	$27.79									
G0102		PROSTATE CA SCREENING; DRE	7/1/2014	RBRVS	$19.79	$9.04									
G0103		PSA SCREENING	1/1/2015	MEDICARE	$25.03	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G0104		CA SCREEN;FLEXI SIGMOIDSCOPE	7/1/2014	RBRVS	$139.17	$65.66	000			Y					
G0105		COLORECTAL SCRN; HI RISK IND	7/1/2014	RBRVS	$398.83	$225.27	000			Y					
G0106		COLON CA SCREEN;BARIUM ENEMA	7/1/2014	RBRVS	$225.45	$225.45									
G0106	TC	COLON CA SCREEN;BARIUM ENEMA	7/1/2014	RBRVS	$175.79	$175.79									
G0106	26	COLON CA SCREEN;BARIUM ENEMA	7/1/2014	RBRVS	$49.67	$49.67									
G0120		COLON CA SCRN; BARIUM ENEMA	7/1/2014	RBRVS	$225.45	$225.45									
G0120	TC	COLON CA SCRN; BARIUM ENEMA	7/1/2014	RBRVS	$175.79	$175.79									
G0120	26	COLON CA SCRN; BARIUM ENEMA	7/1/2014	RBRVS	$49.67	$49.67									
G0121		COLON CA SCRN NOT HI RSK IND	7/1/2014	RBRVS	$398.83	$225.27	000			Y					
G0122		COLON CA SCRN; BARIUM ENEMA	7/1/2014	RBRVS	$284.30	$284.30									
G0122	TC	COLON CA SCRN; BARIUM ENEMA	7/1/2014	RBRVS	$233.52	$233.52									
G0122	26	COLON CA SCRN; BARIUM ENEMA	7/1/2014	RBRVS	$50.81	$50.81									
G0123		SCREEN CERV/VAG THIN LAYER	1/1/2015	MEDICARE	$27.57	$0.00									
G0124		SCREEN C/V THIN LAYER BY MD	7/1/2014	RBRVS	$32.09	$32.09									
G0127		TRIM NAIL(S)	7/1/2014	RBRVS	$23.38	$7.96	000		Y	Y					
G0130		SINGLE ENERGY X-RAY STUDY	7/1/2014	RBRVS	$34.53	$34.53									
G0130	TC	SINGLE ENERGY X-RAY STUDY	7/1/2014	RBRVS	$23.02	$23.02									
G0130	26	SINGLE ENERGY X-RAY STUDY	7/1/2014	RBRVS	$11.55	$11.55									
G0141		SCR C/V CYTO,AUTOSYS AND MD	7/1/2014	RBRVS	$32.09	$32.09									
G0143		SCR C/V CYTO,THINLAYER,RESCR	1/1/2015	MEDICARE	$27.57	$0.00									
G0144		SCR C/V CYTO THINLAYER RESCR	1/1/2015	MEDICARE	$29.08	$0.00									
G0145		SCR C/V CYTO THINLAYER RESCR	1/1/2015	MEDICARE	$36.05	$0.00									
G0147		SCR C/V CYTO, AUTOMATED SYS	1/1/2015	MEDICARE	$15.49	$0.00									
G0148		SCR C/V CYTO, AUTOSYS, RESCR	1/1/2015	MEDICARE	$20.68	$0.00									
G0166		EXTRNL COUNTERPULSE, PER TX	7/1/2014	RBRVS	$137.16	$137.16			Y						
G0168		WOUND CLOSURE BY ADHESIVE	7/1/2014	RBRVS	$102.02	$27.79	000		Y	Y					
G0179		MD RECERTIFICATION HHA PT	7/1/2014	RBRVS	$41.42	$41.42			Y						
G0180		MD CERTIFICATION HHA PATIENT	7/1/2014	RBRVS	$53.68	$53.68			Y						
G0181		HOME HEALTH CARE SUPERVISION	7/1/2014	RBRVS	$108.55	$108.55			Y						
G0182		HOSPICE CARE SUPERVISION	7/1/2014	RBRVS	$109.27	$109.27									
G0237		THERAPEUTIC PROCD STRG ENDUR	7/1/2014	RBRVS	$10.11	$10.11									
G0238		OTH RESP PROC INDIV	7/1/2014	RBRVS	$10.83	$10.83									
G0239		OTH RESP PROC GROUP	7/1/2014	RBRVS	$12.98	$12.98									
G0245		INITIAL FOOT EXAM PTLOPS	7/1/2014	RBRVS	$66.63	$44.04			Y						
G0246		FOLLOWUP EVAL OF FOOT PT LOP	7/1/2014	RBRVS	$38.55	$21.70			Y						
G0247		ROUTINE FOOTCARE PT W LOPS	7/1/2014	RBRVS	$73.41	$24.28	ZZZ		Y						
G0248		DEMONSTRATE USE HOME INR MON	7/1/2014	RBRVS	$110.88	$110.88									
G0249		PROVIDE INR TEST MATER/EQUIP	7/1/2014	RBRVS	$111.24	$111.24									
G0250		MD INR TEST REVIE INTER MGMT	7/1/2014	RBRVS	$9.40	$9.40									
G0252		PET IMAGING FOR INITIAL DIAGNOSIS OI	7/1/2014	FEE SCHED	$304.76	$0.00									
G0252	TC	PET IMAGING FOR INITIAL DIAGNOSIS OI	7/1/2014	FEE SCHED	$228.57	$0.00									
G0268		REMOVAL OF IMPACTED WAX MD	7/1/2014	RBRVS	$52.89	$33.17	000		Y	Y					
G0269		OCCLUSIVE DEVICE IN VEIN ART	1/1/2003	RBRVS	$0.00	$0.00									
G0270		MNT SUBS TX FOR CHANGE DX	7/1/2014	RBRVS	$31.02	$28.87									
G0271		GROUP MNT 2 OR MORE 30 MINS	7/1/2014	RBRVS	$16.21	$15.49									
G0276		PILD/PLACEBO CONTROL CLIN TR	1/1/2015	RBRVS	$416.33	$416.33	000		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
G0277		HBOT, FULL BODY CHAMBER, 30M	1/1/2015	RBRVS	$47.44	$47.44			Y						
G0278		ILIAC ART ANGIO CARDIAC CATH	7/1/2014	RBRVS	$12.62	$12.62	ZZZ		Y						
G0279		TOMOSYNTHESIS, MAMMO SCREEN	1/1/2015	RBRVS	$56.95	$56.95	ZZZ								
G0279	TC	TOMOSYNTHESIS, MAMMO SCREEN	1/1/2015	RBRVS	$25.89	$25.89	ZZZ								
G0279	26	TOMOSYNTHESIS, MAMMO SCREEN	1/1/2015	RBRVS	$31.09	$31.09	ZZZ								
G0281		ELEC STIM UNATTEND FOR PRESS	7/1/2014	RBRVS	$14.06	$14.06			Y						
G0283		ELEC STIM OTHER THAN WOUND	7/1/2014	RBRVS	$14.06	$14.06			Y						
G0288		RECON CTA FOR SURG PLAN	7/1/2014	RBRVS	$37.72	$37.72			Y						
G0289		ARTHRO LOOSE BODY + CHONDRO	7/1/2014	RBRVS	$91.66	$91.66	ZZZ		Y		Y				
G0328		FECAL BLOOD SCRN IMMUNOASSAY	1/1/2015	MEDICARE	$21.65	$0.00									
G0328	QW	FECAL BLOOD SCRN IMMUNOASSAY	1/1/2015	MEDICARE	$21.65	$0.00									
G0329		ELECTROMAGNETIC TX FOR ULCERS	7/1/2014	RBRVS	$10.11	$10.11									
G0339		ROBOT LIN-RADSURG COM FIRST	7/1/2014	FEE SCHED	$10.33	$0.00			Y						
G0340		ROBT LIN-RADSURG FRACTX 2-5	7/1/2014	FEE SCHED	$10.33	$0.00			Y						
G0341		PERCUTANEOUS ISLET CELLTRANS	7/1/2014	RBRVS	$2,257.32	$377.53	000	Y	Y	Y			Y		
G0342		LAPAROSCOPY ISLET CELL TRANS	7/1/2014	RBRVS	$697.55	$697.55	090	Y	Y	Y		Y	Y		
G0343		LAPAROTOMY ISLET CELL TRANSP	7/1/2014	RBRVS	$1,181.62	$1,181.62	090	Y	Y	Y		Y	Y		
G0364		BONE MARROW ASPIRATE &BIOPSY	7/1/2014	RBRVS	$12.62	$9.04	ZZZ		Y						
G0365		VESSEL MAPPING HEMO ACCESS	7/1/2014	RBRVS	$208.96	$208.96			Y						
G0365	TC	VESSEL MAPPING HEMO ACCESS	7/1/2014	RBRVS	$196.23	$196.23			Y						
G0365	26	VESSEL MAPPING HEMO ACCESS	7/1/2014	RBRVS	$12.73	$12.73									
G0372		MD SERVICE REQUIRED FOR PMD	7/1/2014	RBRVS	$9.04	$9.04									
G0389		ULTRASOUND EXAM AAA SCREEN	7/1/2014	RBRVS	$66.59	$66.59									
G0389	TC	ULTRASOUND EXAM AAA SCREEN	7/1/2014	RBRVS	$37.01	$37.01									
G0389	26	ULTRASOUND EXAM AAA SCREEN	7/1/2014	RBRVS	$29.58	$29.58									
G0402		INITIAL PREVENTIVE EXAM	7/1/2014	RBRVS	$165.60	$127.23			Y						
G0403		EKG FOR INITIAL PREVENT EXAM	7/1/2014	RBRVS	$16.96	$16.96			Y						
G0404		EKG TRACING FOR INITIAL PREV	7/1/2014	RBRVS	$8.32	$8.32			Y						
G0405		EKG INTERPRET & REPORT PREVE	7/1/2014	RBRVS	$8.68	$8.68			Y						
G0406		TELHEALTH INPT CONSULT 15MIN	7/1/2014	RBRVS	$39.73	$39.73			Y						
G0407		TELHEATH INPT CONSULT 25MIN	7/1/2014	RBRVS	$72.90	$72.90			Y						
G0408		TELHEALTH INPT CONSULT 35MIN	7/1/2014	RBRVS	$105.00	$105.00			Y						
G0412		OPEN TX ILIAC SPINE UNI/BIL	7/1/2014	RBRVS	$754.57	$754.57	090		Y	Y		Y	Y		
G0413		PELVIC RING FRACTURE UNI/BIL	7/1/2014	RBRVS	$1,110.69	$1,110.69	090		Y	Y		Y	Y		
G0414		PELVIC RING FX TREAT INT FIX	7/1/2014	RBRVS	$1,033.92	$1,033.92	090		Y	Y		Y	Y		
G0415		OPEN TX POST PELVIC FXCTURE	7/1/2014	RBRVS	$1,432.07	$1,432.07	090			Y		Y	Y		
G0416		SAT BIOPSY PROSTATE 1-20 SPC	7/1/2014	RBRVS	$652.65	$652.65									
G0416	TC	SAT BIOPSY PROSTATE 1-20 SPC	7/1/2014	RBRVS	$467.33	$467.33									
G0416	26	SAT BIOPSY PROSTATE 1-20 SPC	7/1/2014	RBRVS	$185.32	$185.32									
G0422		INTENS CARDIAC REHAB W/EXERC	7/1/2014	RBRVS	$103.74	$103.74			Y						
G0423		INTENS CARDIAC REHAB NO EXER	7/1/2014	RBRVS	$103.74	$103.74			Y						
G0424		PULMONARY REHAB W EXER	7/1/2014	RBRVS	$30.66	$14.88			Y						
G0431		DRUG SCREEN MULTIPLE CLASS	1/1/2015	MEDICARE	$98.96	$0.00									
G0432		EIA HIV-1/HIV-2 SCREEN	1/1/2015	MEDICARE	$31.10	$0.00			Y						
G0433		ELISA HIV-1/HIV-2 SCREEN	1/1/2015	MEDICARE	$31.10	$0.00									
G0433	QW	ELISA HIV-1/HIV-2 SCREEN	1/1/2015	MEDICARE	$31.10	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G0434		DRUG SCREEN MULTI DRUG CLASS	1/1/2015	MEDICARE	$19.79	$0.00									
G0434	QW	DRUG SCREEN MULTI DRUG CLASS	1/1/2015	MEDICARE	$19.79	$0.00									
G0435		ORAL HIV-1/HIV-2 SCREEN	1/1/2015	MEDICARE	$27.20	$0.00			Y						
G0436		TOBACCO-USE COUNSEL 3-10 MIN	7/1/2014	RBRVS	$14.42	$12.26			Y						
G0437		TOBACCO-USE COUNSEL>10MIN	7/1/2014	RBRVS	$28.51	$26.36			Y						
G0438		PPPS, INITIAL VISIT	7/1/2014	RBRVS	$170.98	$170.98			Y						
G0439		PPPS, SUBSEQ VISIT	7/1/2014	RBRVS	$113.86	$113.86			Y						
G0442		ANNUAL ALCOHOL SCREEN 15 MIN	7/1/2014	RBRVS	$18.00	$9.75			Y						
G0443		BRIEF ALCOHOL MISUSE COUNSEL	7/1/2014	RBRVS	$26.00	$24.21			Y						
G0444		DEPRESSION SCREEN ANNUAL	7/1/2014	RBRVS	$18.00	$9.40			Y						
G0445		HIGH INTEN BEH COUNS STD 30M	7/1/2014	RBRVS	$27.43	$24.21			Y						
G0446		INTENS BEHAVE THER CARDIO DX	7/1/2014	RBRVS	$26.36	$24.21			Y						
G0447		BEHAVIOR COUNSEL OBESITY 15M	7/1/2014	RBRVS	$26.36	$24.21			Y						
G0451		DEVLOPMENT TEST INTERPT&REP	7/1/2014	RBRVS	$8.32	$8.32			Y						
G0453		CONT INTRAOP NEURO MONITOR	7/1/2014	RBRVS	$32.81	$32.81									
G0454		MD DOCUMENT VISIT BY NPP	7/1/2014	RBRVS	$9.40	$9.40									
G0455		FECAL MICROBIOTA PREP INSTIL	7/1/2014	RBRVS	$126.69	$72.19	000								
G0464		COLOREC CA SCR, STO BAS DNA	1/1/2015	MEDICARE	$607.68	$0.00			Y						
G0471		VEN BLOOD COLL SNF/HHA	1/1/2015	MEDICARE	$8.33	$0.00									
G0473		GROUP BEHAVE COUNS 2-10	1/1/2015	RBRVS	$13.45	$12.73									
G0913		IMPROVE VISUAL FUNCT	1/1/2012	RBRVS	$0.00	$0.00									
G0914		SURVEY NOT COMPLETE	1/1/2012	RBRVS	$0.00	$0.00									
G0915		NO IMPROVE VISUAL FUNCT	1/1/2012	RBRVS	$0.00	$0.00									
G0916		SATISFY WITH CARE	1/1/2012	RBRVS	$0.00	$0.00									
G0917		SATISFY SURVEY NOT COMPLETE	1/1/2012	RBRVS	$0.00	$0.00									
G0918		NO SATISFY WITH CARE	1/1/2012	RBRVS	$0.00	$0.00									
G6001		ECHO GUIDANCE RADIOTHERAPY	1/1/2015	RBRVS	$51.82	$51.82									
G6001	TC	ECHO GUIDANCE RADIOTHERAPY	1/1/2015	RBRVS	$21.95	$21.95									
G6001	26	ECHO GUIDANCE RADIOTHERAPY	1/1/2015	RBRVS	$29.87	$29.87									
G6002		STEREOSCOPIC X-RAY GUIDANCE	1/1/2015	RBRVS	$75.05	$75.05									
G6002	TC	STEREOSCOPIC X-RAY GUIDANCE	1/1/2015	RBRVS	$54.94	$54.94									
G6002	26	STEREOSCOPIC X-RAY GUIDANCE	1/1/2015	RBRVS	$20.15	$20.15									
G6003		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$162.52	$162.52									
G6004		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$125.58	$125.58									
G6005		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$140.64	$140.64									
G6006		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$139.93	$139.93									
G6007		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$258.26	$258.26									
G6008		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$173.99	$173.99									
G6009		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$192.64	$192.64									
G6010		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$192.64	$192.64									
G6011		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$276.19	$276.19									
G6012		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$228.50	$228.50									
G6013		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$257.55	$257.55									
G6014		RADIATION TREATMENT DELIVERY	1/1/2015	RBRVS	$257.19	$257.19									
G6015		RADIATION TX DELIVERY IMRT	1/1/2015	RBRVS	$400.99	$400.99									
G6016		DELIVERY COMP IMRT	1/1/2015	RBRVS	$400.99	$400.99									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G6018		ILEOSCOPY W/STENT	1/1/2015	RBRVS	$165.06	$165.06	000		Y	Y					
G6019		COLONOSCOPY LESION REMOVAL	1/1/2015	RBRVS	$505.37	$271.57	000		Y	Y					
G6020		COLONOSCOPY W/STENT	1/1/2015	RBRVS	$269.34	$269.34	000		Y	Y					
G6022		SIGMOIDOSCOPY W/ABLATE TUMR	1/1/2015	RBRVS	$340.85	$182.71	000		Y	Y					
G6023		SIGMOIDOSCOPY W/STENT	1/1/2015	RBRVS	$171.16	$171.16	000		Y	Y					
G6024		LESION REMOVAL COLONOSCOPY	1/1/2015	RBRVS	$559.52	$328.94	000		Y	Y					
G6025		COLONOSCOPY W/STENT	1/1/2015	RBRVS	$338.98	$338.98	000		Y	Y					
G6030		ASSAY OF AMITRIPTYLINE	1/1/2015	MEDICARE	$40.60	$0.00									
G6031		ASSAY OF BENZODIAZEPINES	1/1/2015	MEDICARE	$41.95	$0.00									
G6032		ASSAY OF DESIPRAMINE	1/1/2015	MEDICARE	$39.03	$0.00									
G6034		ASSAY OF DOXEPIN	1/1/2015	MEDICARE	$35.15	$0.00									
G6035		ASSAY OF GOLD	1/1/2015	MEDICARE	$36.93	$0.00									
G6036		ASSAY OF IMIPRAMINE	1/1/2015	MEDICARE	$39.03	$0.00									
G6037		ASSAY OF NORTIPTYLINE	1/1/2015	MEDICARE	$30.73	$0.00									
G6038		ASSAY OF SALICYLATE	1/1/2015	MEDICARE	$16.10	$0.00									
G6039		ASSAY OF ACETAMINOPHEN	1/1/2015	MEDICARE	$45.90	$0.00									
G6040		ASSAY OF ETHANOL	1/1/2015	MEDICARE	$24.50	$0.00									
G6041		ASSAY OF URINE ALKALOIDS	1/1/2015	MEDICARE	$68.08	$0.00									
G6042		ASSAY OF AMPHETAMINES	1/1/2015	MEDICARE	$35.25	$0.00									
G6043		ASSAY OF BARBITURATES	1/1/2015	MEDICARE	$25.97	$0.00									
G6044		ASSAY OF COCAINE	1/1/2015	MEDICARE	$34.37	$0.00									
G6045		ASSAY OF DIHYDROCODEINONE	1/1/2015	MEDICARE	$46.83	$0.00									
G6046		ASSAY OF DIHYDROMORPHINONE	1/1/2015	MEDICARE	$58.30	$0.00									
G6047		ASSAY OF DIHYDROTESTOSTERONE	1/1/2015	MEDICARE	$58.55	$0.00									
G6048		ASSAY OF DIMETHADIONE	1/1/2015	MEDICARE	$31.42	$0.00									
G6049		ASSSAY OF EPIANDROSTERONE	1/1/2015	MEDICARE	$48.73	$0.00									
G6050		ASSAY OF ETHCHLORVYNOL	1/1/2015	MEDICARE	$39.20	$0.00									
G6051		ASSAY OF FLURAZEPAM	1/1/2015	MEDICARE	$44.90	$0.00									
G6052		ASSAY OF MEPROBAMATE	1/1/2015	MEDICARE	$39.97	$0.00									
G6053		ASSAY OF METHADONE	1/1/2015	MEDICARE	$37.03	$0.00									
G6054		ASSAY OF METHSUXIMIDE	1/1/2015	MEDICARE	$33.60	$0.00									
G6055		ASSAY OF NICOTINE	1/1/2015	MEDICARE	$53.72	$0.00									
G6056		ASSAY OF OPIATES	1/1/2015	MEDICARE	$44.13	$0.00									
G6057		ASSAY OF PHENOTHIAZINE	1/1/2015	MEDICARE	$35.32	$0.00									
G6058		DRUG CONFIRMATION	1/1/2015	MEDICARE	$30.05	$0.00									
G8485		REPORT, DIABETES MEASURES	7/1/2008	RBRVS	$0.00	$0.00									
G8486		REPORT, PREV CARE MEASURES	7/1/2008	RBRVS	$0.00	$0.00									
G8487		REPORT CKD MEASURES	7/1/2008	RBRVS	$0.00	$0.00									
G8489		CAD MEASURES GRP	1/1/2009	RBRVS	$0.00	$0.00									
G8490		RA MEASURES GRP	1/1/2009	RBRVS	$0.00	$0.00									
G8491		HIV/AIDS MEASURES GRP	1/1/2009	RBRVS	$0.00	$0.00									
G8494		DM MEAS QUAL ACT PERFORM	1/1/2009	RBRVS	$0.00	$0.00									
G8495		CKD MEAS QUAL ACT PERFORM	1/1/2009	RBRVS	$0.00	$0.00									
G8496		PREV CARE MG QUAL ACT PERFRM	1/1/2009	RBRVS	$0.00	$0.00									
G8497		CABG MEAS QUAL ACT PERFORM	1/1/2009	RBRVS	$0.00	$0.00									
G8498		CAD MEAS QUAL ACT PERFORM	1/1/2009	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G8499		RA MEAS QUAL ACT PERFORM	1/1/2009	RBRVS	$0.00	$0.00									
G8500		HIV MEAS QUAL ACT PERFORM	1/1/2009	RBRVS	$0.00	$0.00									
G8506		PT REC ACE/ARB	1/1/2009	RBRVS	$0.00	$0.00									
G8509		PAIN ASSESS NO F/U PLN DOC	1/1/2009	RBRVS	$0.00	$0.00									
G8510		PT INELIG NEG SCRN DEPRES	1/1/2009	RBRVS	$0.00	$0.00									
G8511		CLIN DEPRES SCRN NO F/U DOC	1/1/2009	RBRVS	$0.00	$0.00									
G8530		AUTO AV FISTULA RECD	1/1/2009	RBRVS	$0.00	$0.00									
G8531		PT INELIG; AUTO AV FISTULA	1/1/2009	RBRVS	$0.00	$0.00									
G8532		NO AUTO AV FISTULA; NO REAS	1/1/2009	RBRVS	$0.00	$0.00									
G8535		PT INELIG NO ELD MAL SCRN	1/1/2009	RBRVS	$0.00	$0.00									
G8536		NO DOC ELDER MAL SCRN	1/1/2009	RBRVS	$0.00	$0.00									
G8539		CUR FUNCT ASSESS & CARE PLN	1/1/2009	RBRVS	$0.00	$0.00									
G8540		PT INELIG FUNCT ASSESS	1/1/2009	RBRVS	$0.00	$0.00									
G8541		NO DOC CUR FUNCT ASSESS	1/1/2009	RBRVS	$0.00	$0.00									
G8542		PT INELIG FUNC ASSES NO PLN	1/1/2009	RBRVS	$0.00	$0.00									
G8543		CUR FUNCT ASSES; NO CARE PLN	1/1/2009	RBRVS	$0.00	$0.00									
G8544		CABG MEASURES GRP	1/1/2009	RBRVS	$0.00	$0.00									
G8545		HEPC MEASURES GRP	1/1/2010	RBRVS	$0.00	$0.00									
G8548		HF MEASURES GRP	1/1/2010	RBRVS	$0.00	$0.00									
G8549		HEPC MG QUAL ACT PERFORM	1/1/2010	RBRVS	$0.00	$0.00									
G8551		HF MG QUAL ACT PERFORM	1/1/2010	RBRVS	$0.00	$0.00									
G8559		PT REF DOC OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8560		PT HX ACT DRAIN PREV 90 DAYS	1/1/2010	RBRVS	$0.00	$0.00									
G8561		PT INELIG FOR REF OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8562		PT NO HX ACT DRAIN 90 D	1/1/2010	RBRVS	$0.00	$0.00									
G8563		PT NO REF OTO REAS NO SPEC	1/1/2010	RBRVS	$0.00	$0.00									
G8564		PT REF OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8565		VER DOC HEAR LOSS	1/1/2010	RBRVS	$0.00	$0.00									
G8566		PT INELIG REF OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8567		PT NO DOC HEAR LOSS	1/1/2010	RBRVS	$0.00	$0.00									
G8568		PT NO REF OTOLO NO SPEC	1/1/2010	RBRVS	$0.00	$0.00									
G8569		PROL INTUBATION REQ	1/1/2010	RBRVS	$0.00	$0.00									
G8570		NO PROL INTUB REQ	1/1/2010	RBRVS	$0.00	$0.00									
G8571		STER WD IFX 30 D POSTOP	1/1/2010	RBRVS	$0.00	$0.00									
G8572		NO STER WD IFX	1/1/2010	RBRVS	$0.00	$0.00									
G8573		STK/CVA CABG	1/1/2010	RBRVS	$0.00	$0.00									
G8574		NO STRK/CVA CABG	1/1/2010	RBRVS	$0.00	$0.00									
G8575		POSTOP REN INSUF	1/1/2010	RBRVS	$0.00	$0.00									
G8576		NO POSTOP REN INSUF	1/1/2010	RBRVS	$0.00	$0.00									
G8577		REOP REQ BLD GRFT OTH	1/1/2010	RBRVS	$0.00	$0.00									
G8578		NO REOP REQ BLD GRFT OTH	1/1/2010	RBRVS	$0.00	$0.00									
G8598		ASP THERP USED	1/1/2010	RBRVS	$0.00	$0.00									
G8599		NO ASP THERP USED	1/1/2010	RBRVS	$0.00	$0.00									
G8600		TPA INITI W/IN 3 HRS	1/1/2010	RBRVS	$0.00	$0.00									
G8601		NO ELIG TPA INIT W/IN 3 HRS	1/1/2010	RBRVS	$0.00	$0.00									
G8602		NO TPA INIT W/IN 3 HRS	1/1/2010	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G8627		SURG PROC W/IN 30 DAYS	1/1/2010	RBRVS	$0.00	$0.00									
G8628		NO SURG PROC W/IN 30 DAYS	1/1/2010	RBRVS	$0.00	$0.00									
G8694		LVEF <40%	1/1/2012	RBRVS	$0.00	$0.00									
G8696		ANTITHROMB THX PRESC	1/1/2012	RBRVS	$0.00	$0.00									
G8697		ANTITHROMB NO PRESC DOC REAS	1/1/2012	RBRVS	$0.00	$0.00									
G8698		ANTITHROMB NO PRESC NO REAS	1/1/2012	RBRVS	$0.00	$0.00									
G8708		ANTIBIOTIC NOT PRES	1/1/2012	RBRVS	$0.00	$0.00									
G8709		MED REAS ANTIBIOTIC PRES	1/1/2012	RBRVS	$0.00	$0.00									
G8710		PT PRES ANTIBIOTIC	1/1/2012	RBRVS	$0.00	$0.00									
G8711		PRES ANTIBIOTIC	1/1/2012	RBRVS	$0.00	$0.00									
G8712		NOT PRES ANTIBIOTIC	1/1/2012	RBRVS	$0.00	$0.00									
G8713		SPKT/V GREAT 1.2 KT/V	1/1/2012	RBRVS	$0.00	$0.00									
G8714		HEMODIALYSIS 3 TIMES WEEK	1/1/2012	RBRVS	$0.00	$0.00									
G8717		LESS 1.2 KT/V	1/1/2012	RBRVS	$0.00	$0.00									
G8718		GREAT 1.7 KT/V PER WEEK	1/1/2012	RBRVS	$0.00	$0.00									
G8720		LESS 1.7 KT/V PER WEEK	1/1/2012	RBRVS	$0.00	$0.00									
G8721		PT, PN, HIST GRADE DOC	1/1/2012	RBRVS	$0.00	$0.00									
G8722		MED REAS PT, PN, NOT DOC	1/1/2012	RBRVS	$0.00	$0.00									
G8723		SPEC SIT NOT PRIM TUMOR	1/1/2012	RBRVS	$0.00	$0.00									
G8724		PT, PN, HIST GRADE NOT DOC	1/1/2012	RBRVS	$0.00	$0.00									
G8725		LIPID PROFILE PERF DOC	1/1/2012	RBRVS	$0.00	$0.00									
G8726		DOC REAS NO LIPID PROFILE	1/1/2012	RBRVS	$0.00	$0.00									
G8728		LIPID PROFILE NOT PERF	1/1/2012	RBRVS	$0.00	$0.00									
G8730		PAIN DOC POS AND PLAN	1/1/2012	RBRVS	$0.00	$0.00									
G8731		PAIN NEG NO PLAN	1/1/2012	RBRVS	$0.00	$0.00									
G8732		NO DOC OF PAIN	1/1/2012	RBRVS	$0.00	$0.00									
G8733		DOC POS ELDER MAL SCRN PLAN	1/1/2012	RBRVS	$0.00	$0.00									
G8734		DOC NEG ELDER MAL NO PLAN	1/1/2012	RBRVS	$0.00	$0.00									
G8735		ELD MAL SCRN POS NO PLAN	1/1/2012	RBRVS	$0.00	$0.00									
G8749		SIGNS OF MELANOMA ABSENT	1/1/2012	RBRVS	$0.00	$0.00									
G8752		SYS BP LESS 140	1/1/2012	RBRVS	$0.00	$0.00									
G8753		SYS BP > OR = 140	1/1/2012	RBRVS	$0.00	$0.00									
G8754		DIAS BP LESS 90	1/1/2012	RBRVS	$0.00	$0.00									
G8755		DIAS BP > OR = 90	1/1/2012	RBRVS	$0.00	$0.00									
G8756		NO BP MEASURE DOC	1/1/2012	RBRVS	$0.00	$0.00									
G8757		COPD MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8758		IBD MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8759		OSA MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8761		DEMENTIA MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8762		PD MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8765		CATARACT MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8783		BP SCRN PERF REC INTERVAL	1/1/2012	RBRVS	$0.00	$0.00									
G8784		PT NO ELIG FOR BP ASSESS	1/1/2012	RBRVS	$0.00	$0.00									
G8785		BP SCRN NO PERF AT INTERVAL	1/1/2012	RBRVS	$0.00	$0.00									
G8797		SPECIMEN SITE NOT ESOPHAGUS	1/1/2012	RBRVS	$0.00	$0.00									
G8798		SPECIMEN SITE NOT PROSTATE	1/1/2012	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G8806		TRANSAB OR TRANSVAG US	1/1/2012	RBRVS	$0.00	$0.00									
G8807		DOC REAS NO US	1/1/2012	RBRVS	$0.00	$0.00									
G8808		NO TRANSAB OR TRANSVAG US	1/1/2012	RBRVS	$0.00	$0.00									
G8809		RH-IMMUNOGLOBULIN ORDER	1/1/2012	RBRVS	$0.00	$0.00									
G8810		DOC REAS NO RH-IMMUNO	1/1/2012	RBRVS	$0.00	$0.00									
G8811		NO RH-IMMUNOGLOBULIN ORDER	1/1/2012	RBRVS	$0.00	$0.00									
G8815		DOC REAS NO STATIN THERAPY	1/1/2012	RBRVS	$0.00	$0.00									
G8816		STATIN MED PRES AT DISCH	1/1/2012	RBRVS	$0.00	$0.00									
G8817		DOC REAS NO STATIN MED DISCH	1/1/2012	RBRVS	$0.00	$0.00									
G8818		PT DISCH TO HOME BY DAY#7	1/1/2012	RBRVS	$0.00	$0.00									
G8825		PT NOT DISCH TO HOME DAY#7	1/1/2012	RBRVS	$0.00	$0.00									
G8826		PT DISCH HOME DAY #2 EVAR	1/1/2012	RBRVS	$0.00	$0.00									
G8833		PT NOT DISCH HOME DAY#2 EVAR	1/1/2012	RBRVS	$0.00	$0.00									
G8834		PT DISCH HOME DAY #2 CEA	1/1/2012	RBRVS	$0.00	$0.00									
G8838		NOT DISCH HOME BY DAY #2	1/1/2012	RBRVS	$0.00	$0.00									
G8839		SLEEP APNEA ASSESS	1/1/2012	RBRVS	$0.00	$0.00									
G8840		DOC REAS NO SLEEP APNEA	1/1/2012	RBRVS	$0.00	$0.00									
G8841		NO SLEEP APNEA ASSESS	1/1/2012	RBRVS	$0.00	$0.00									
G8842		AHI OR RDI INITIAL DX	1/1/2012	RBRVS	$0.00	$0.00									
G8843		DOC REAS NO AHI OR RDI	1/1/2012	RBRVS	$0.00	$0.00									
G8844		NO AHI OR RDI INITIAL DX	1/1/2012	RBRVS	$0.00	$0.00									
G8845		POS AIRWAY PRESS PRESCRIBED	1/1/2012	RBRVS	$0.00	$0.00									
G8846		MOD OR SEVERE OSA	1/1/2012	RBRVS	$0.00	$0.00									
G8848		MILD OSA	1/1/2012	RBRVS	$0.00	$0.00									
G8849		DOC REAS NO POS AIR PRESS	1/1/2012	RBRVS	$0.00	$0.00									
G8850		NO PAP PRESCRIBED	1/1/2012	RBRVS	$0.00	$0.00									
G8851		ADHERE POS AIR PRESS THERAPY	1/1/2012	RBRVS	$0.00	$0.00									
G8852		POS AIR PRESS PRESCRIBE	1/1/2012	RBRVS	$0.00	$0.00									
G8853		POS AIR PRESS NOT PRESCRIBE	1/1/2012	RBRVS	$0.00	$0.00									
G8854		REAS NO ADHERE POS AIR PRES	1/1/2012	RBRVS	$0.00	$0.00									
G8855		POS AIR PRESS ADHERE NO PERF	1/1/2012	RBRVS	$0.00	$0.00									
G8856		REF FOR OTO EVAL	1/1/2012	RBRVS	$0.00	$0.00									
G8857		NO ELIG REF FOR OTO EVAL	1/1/2012	RBRVS	$0.00	$0.00									
G8858		NOT REF FOR OTO EVAL	1/1/2012	RBRVS	$0.00	$0.00									
G8860		CORTICOSTEROID 10 MG 60 DAYS	1/1/2012	RBRVS	$0.00	$0.00									
G8861		DXA ORDERED FOR OSTEO	1/1/2012	RBRVS	$0.00	$0.00									
G8863		NO ASSESS BONE LOSS	1/1/2012	RBRVS	$0.00	$0.00									
G8864		PNEUMOCOCCAL VACCINE ADMIN	1/1/2012	RBRVS	$0.00	$0.00									
G8865		DOC MED REAS NO PNEUMOCOCCAL	1/1/2012	RBRVS	$0.00	$0.00									
G8866		DOC PT REAS NO PNEUMOCOCCAL	1/1/2012	RBRVS	$0.00	$0.00									
G8867		NO PNEUMOCOCCAL ADMIN	1/1/2012	RBRVS	$0.00	$0.00									
G8868		1ST COURSE ANTITNF	1/1/2012	RBRVS	$0.00	$0.00									
G8869		DOC IMMUN HEP B 1ST ANTITNF	1/1/2012	RBRVS	$0.00	$0.00									
G8870		HEPB ADMIN 1ST ANTITNF	1/1/2012	RBRVS	$0.00	$0.00									
G8871		NO 1ST ANTITNF	1/1/2012	RBRVS	$0.00	$0.00									
G8872		INTRAOP IMAGE CONFIRM EXCISE	1/1/2012	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G8873		SPECIMEN NOT INTRAOP IMAGE	1/1/2012	RBRVS	$0.00	$0.00									
G8874		TISSUE NOT IMAGE INTRAOP	1/1/2012	RBRVS	$0.00	$0.00									
G8875		BREAST CANCER DX MIN INVSIVE	1/1/2012	RBRVS	$0.00	$0.00									
G8876		DOC REAS NO MIN INV DX	1/1/2012	RBRVS	$0.00	$0.00									
G8877		NO BRST CNCR DX MIN INVASIVE	1/1/2012	RBRVS	$0.00	$0.00									
G8878		SENT LYMPH NODE BIOPSY	1/1/2012	RBRVS	$0.00	$0.00									
G8879		NODE NEG INV BRST CNCR	1/1/2012	RBRVS	$0.00	$0.00									
G8880		DOC REAS NO LYMPH NODE BIOP	1/1/2012	RBRVS	$0.00	$0.00									
G8881		BRST CNCR STAGE > T1N0M0	1/1/2012	RBRVS	$0.00	$0.00									
G8882		NO SENT LYMPH NODE BIOPSY	1/1/2012	RBRVS	$0.00	$0.00									
G8883		REV, COMM, TRACK, DOC BIOPSY	1/1/2012	RBRVS	$0.00	$0.00									
G8884		DOC REAS BIOPSY NOT REVIEW	1/1/2012	RBRVS	$0.00	$0.00									
G8885		NO REV, COMM, TRACK BIOPSY	1/1/2012	RBRVS	$0.00	$0.00									
G8898		COPD MEASURES GROUP	1/1/2012	RBRVS	$0.00	$0.00									
G8899		INFLAMMATORY BOWEL DIS MG	1/1/2012	RBRVS	$0.00	$0.00									
G8900		OBSTRUCTIVE SLEEP APNEA MG	1/1/2012	RBRVS	$0.00	$0.00									
G8902		DEMENTIA MEASURES GROUP	1/1/2012	RBRVS	$0.00	$0.00									
G8903		PARKINSONFS DISEASE MG	1/1/2012	RBRVS	$0.00	$0.00									
G8906		CATARACT MEASURES GROUP	1/1/2012	RBRVS	$0.00	$0.00									
G8907		PT DOC NO EVENTS ON DISCHARG	1/1/2013	RBRVS	$0.00	$0.00									
G8908		PT DOC W BURN PRIOR TO D/C	1/1/2013	RBRVS	$0.00	$0.00									
G8909		PT DOC NO BURN PRIOR TO D/C	1/1/2013	RBRVS	$0.00	$0.00									
G8910		PT DOC TO HAVE FALL IN ASC	1/1/2013	RBRVS	$0.00	$0.00									
G8911		PT DOC NO FALL IN ASC	1/1/2013	RBRVS	$0.00	$0.00									
G8912		PT DOC WITH WRONG EVENT	1/1/2013	RBRVS	$0.00	$0.00									
G8913		PT DOC NO WRONG EVENT	1/1/2013	RBRVS	$0.00	$0.00									
G8914		PT TRANS TO HOSP POST D/C	1/1/2013	RBRVS	$0.00	$0.00									
G8915		PT NOT TRANS TO HOSP AT D/C	1/1/2013	RBRVS	$0.00	$0.00									
G8916		PT W IV AB GIVEN ON TIME	1/1/2013	RBRVS	$0.00	$0.00									
G8917		PT W IV AB NOT GIVEN ON TIME	1/1/2013	RBRVS	$0.00	$0.00									
G8918		PT W/O PREOP ORDER IV AB PRO	1/1/2013	RBRVS	$0.00	$0.00									
G8923		LVEF < 40% OR LVSD	1/1/2013	RBRVS	$0.00	$0.00									
G8924		SPIRO EV1/FVC <60% COPD SYM	1/1/2013	RBRVS	$0.00	$0.00									
G8925		SPIRO>=60% OR PT NO COPD SYM	1/1/2013	RBRVS	$0.00	$0.00									
G8926		SPIRO NO PERF OR DOC	1/1/2013	RBRVS	$0.00	$0.00									
G8927		ADJ CHEM PRES AJCC III	1/1/2013	RBRVS	$0.00	$0.00									
G8928		ADJ CHEM NOT PRES RSN SPEC	1/1/2013	RBRVS	$0.00	$0.00									
G8929		ADJ CMO NOT PRES RSN NOT GVN	1/1/2013	RBRVS	$0.00	$0.00									
G8934		LVEF <40% OR DEP LV SYS FCN	1/1/2013	RBRVS	$0.00	$0.00									
G8935		RX ACE OR ARB THERAPY	1/1/2013	RBRVS	$0.00	$0.00									
G8936		PT NOT ELIGIBLE ACE/ARB	1/1/2013	RBRVS	$0.00	$0.00									
G8937		NO RX ACE/ARB THERAPY	1/1/2013	RBRVS	$0.00	$0.00									
G8938		BMI CALC, PT NO F/U PLAN ELG	1/1/2013	RBRVS	$0.00	$0.00									
G8939		PAIN ASSESS DOC, F/U NO DOC	1/1/2013	RBRVS	$0.00	$0.00									
G8940		SRN CLIN DEP DOC NO F/U PLN	1/1/2013	RBRVS	$0.00	$0.00									
G8941		NO DOC ELDER SCRN, PT NO EL	1/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G8942		DOC FCN/CARE PLAN W/30 DAYS	1/1/2013	RBRVS	$0.00	$0.00									
G8944		AJCC MEL CNR STG 0 - IIC	1/1/2013	RBRVS	$0.00	$0.00									
G8946		MIBM BUT NO DX OF BREAST CA	1/1/2013	RBRVS	$0.00	$0.00									
G8947		1 OR MORE NEUROPSYCH	1/1/2013	RBRVS	$0.00	$0.00									
G8948		NO NEUROPSYCH SYMPTOMS	1/1/2013	RBRVS	$0.00	$0.00									
G8950		PRE-HTN OR HTN DOC, F/U INDC	1/1/2013	RBRVS	$0.00	$0.00									
G8951		PRE-HTN/HTN DOC, NO PT F/U	1/1/2013	RBRVS	$0.00	$0.00									
G8952		PRE-HTN/HTN, NO F/U, NOT GVN	1/1/2013	RBRVS	$0.00	$0.00									
G8953		ONCOLOGY MG QUAL ACT PERFORM	1/1/2013	RBRVS	$0.00	$0.00									
G8955		MOST RECENT ASSESS VOL MGMT	1/1/2013	RBRVS	$0.00	$0.00									
G8956		PT RCV HEDIA OUTPT DYLS FAC	1/1/2013	RBRVS	$0.00	$0.00									
G8958		ASSESS VOL MGMT NOT DOC	1/1/2013	RBRVS	$0.00	$0.00									
G8959		CLIN TX MDD COMM TO TX CLIN	1/1/2013	RBRVS	$0.00	$0.00									
G8960		CLIN TX MDD NOT COMM	1/1/2013	RBRVS	$0.00	$0.00									
G8961		CSIT LOWRISK SURG PTS PREOP	1/1/2013	RBRVS	$0.00	$0.00									
G8962		CSIT ON PT ANY REAS 30 DAYS	1/1/2013	RBRVS	$0.00	$0.00									
G8963		CSI PER ASX PT W/PCI 2 YRS	1/1/2013	RBRVS	$0.00	$0.00									
G8964		CSI ANY OTHER THAN PCI 2 YR	1/1/2013	RBRVS	$0.00	$0.00									
G8965		CSIT PERF ON LOW CHD RSK	1/1/2013	RBRVS	$0.00	$0.00									
G8966		CSIT PERF SX OR HIGH CHD RSK	1/1/2013	RBRVS	$0.00	$0.00									
G8967		WRFRN OR ORAL ANTIGOAG PRES	1/1/2013	RBRVS	$0.00	$0.00									
G8968		MD RSN NO PRES WRFRN OR OTHR	1/1/2013	RBRVS	$0.00	$0.00									
G8969		PT RSN NO PRES WRFRN OR OTHR	1/1/2013	RBRVS	$0.00	$0.00									
G8970		NO RSK FAC OR 1 MOD RISK TE	1/1/2013	RBRVS	$0.00	$0.00									
G8971		WARFRN OR OTHR ANTCOG NO RX	1/1/2013	RBRVS	$0.00	$0.00									
G8972		1>=RISK OR>= MOD RISK FOR TE	1/1/2013	RBRVS	$0.00	$0.00									
G8973		MST RCNT HBB < 10G/DL	1/1/2013	RBRVS	$0.00	$0.00									
G8974		HGB NOT DOC RNS NOT GVN	1/1/2013	RBRVS	$0.00	$0.00									
G8975		HGB <10G/DL, MED RSN	1/1/2013	RBRVS	$0.00	$0.00									
G8976		HGB >= 10 G/DL	1/1/2013	RBRVS	$0.00	$0.00									
G8977		ONCOLOGY MEASURES GRP	1/1/2013	RBRVS	$0.00	$0.00									
G8978		MOBILITY CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8979		MOBILITY GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8980		MOBILITY D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8981		BODY POS CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8982		BODY POS GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8983		BODY POS D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8984		CARRY CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8985		CARRY GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8986		CARRY D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8987		SELF CARE CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8988		SELF CARE GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8989		SELF CARE D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8990		OTHER PT/OT CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8991		OTHER PT/OT GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8992		OTHER PT/OT D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G8993		SUB PT/OT CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8994		SUB PT/OT GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8995		SUB PT/OT D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8996		SWALLOW CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8997		SWALLOW GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8998		SWALLOW D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8999		MOTOR SPEECH CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9063		ONC DX NSCLC STGI NO DX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9064		ONC DX NSCLC STG2 NO DX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9065		ONC DX NSCLC STG3A NODX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9066		ONC DX NSCLC STG3B-4 METASTA	1/1/2006	RBRVS	$0.00	$0.00									
G9067		ONC DX NSCLC DX UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9068		ONC DX NSCLC/SCLC LIMITED	1/1/2006	RBRVS	$0.00	$0.00									
G9069		ONC DX SCLC/NSCLC EXT AT DX	1/1/2006	RBRVS	$0.00	$0.00									
G9070		ONC DX SCLC/NSCLC EXT UNKNWN	1/1/2006	RBRVS	$0.00	$0.00									
G9071		ONC DX BRST STG1 2B NO DX PR	1/1/2006	RBRVS	$0.00	$0.00									
G9072		ONC DX BRST STG1-2 NOPROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9073		ONC DX BRST STG3-W/PROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9074		ONC DX BRST STG3-NOPROGRESS	1/1/2006	RBRVS	$0.00	$0.00									
G9075		ONC DX BRST METASTIC/ RECUR	1/1/2006	RBRVS	$0.00	$0.00									
G9077		ONC DX PROSTATE T1NO PROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9078		ONC DX PROSTATE T2NO PROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9079		ONC DX PROSTATE T3B-T4NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9080		ONC DX PROSTATE W/RISE PSA	1/1/2006	RBRVS	$0.00	$0.00									
G9083		ONC DX PROSTATE UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9084		ONC DX COLON T1-3 N1-2 NO PR	1/1/2006	RBRVS	$0.00	$0.00									
G9085		ONC DX COLON T4 N0 W/O PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9086		ONC DX COLON T1-4 NO DX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9087		ONC DX COLON RADIOLG EVID DX	1/1/2006	RBRVS	$0.00	$0.00									
G9088		ONC DX COLON M1/METS W/O RAD	1/1/2006	RBRVS	$0.00	$0.00									
G9089		ONC DX COLON EXTENT UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9090		ONC DX RECTAL T1-2 NO PROGR	1/1/2006	RBRVS	$0.00	$0.00									
G9091		ONC DX RECTAL T3 N0 NO PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9092		ONC DX RECTAL T1-3 N1-2NOPRG	1/1/2006	RBRVS	$0.00	$0.00									
G9093		ONC DX RECTAL T4 N M0 NO PRG	1/1/2006	RBRVS	$0.00	$0.00									
G9094		ONC DX RECTAL M1 W/METS PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9095		ONC DX RECTAL EXTENT UNKNWN	1/1/2006	RBRVS	$0.00	$0.00									
G9096		ONC DX ESOPHAG T1-T3 NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9097		ONC DX ESOPHAGEAL T4 NO PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9098		ONC DX ESOPHAGEAL METS RECUR	1/1/2006	RBRVS	$0.00	$0.00									
G9099		ONC DX ESOPHAGEAL UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9100		ONC DX GASTRIC NO RECURRENCE	1/1/2006	RBRVS	$0.00	$0.00									
G9101		ONC DX GASTRIC P R1-R2NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9102		ONC DX GASTRIC UNRESECTABLE	1/1/2006	RBRVS	$0.00	$0.00									
G9103		ONC DX GASTRIC RECURRENT	1/1/2006	RBRVS	$0.00	$0.00									
G9104		ONC DX GASTRIC UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G9105		ONC DX PANCREATC P R0 RES NO	1/1/2006	RBRVS	$0.00	$0.00									
G9106		ONC DX PANCREATC P R1/R2 NO	1/1/2006	RBRVS	$0.00	$0.00									
G9107		ONC DX PANCREATIC UNRESECTAB	1/1/2006	RBRVS	$0.00	$0.00									
G9108		ONC DX PANCREATIC UNKNWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9109		ONC DX HEAD/NECK T1-T2NO PRG	1/1/2006	RBRVS	$0.00	$0.00									
G9110		ONC DX HEAD/NECK T3-4 NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9111		ONC DX HEAD/NECK M1 METS REC	1/1/2006	RBRVS	$0.00	$0.00									
G9112		ONC DX HEAD/NECK EXT UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9113		ONC DX OVARIAN STG1A-B NO PR	1/1/2006	RBRVS	$0.00	$0.00									
G9114		ONC DX OVARIAN STG1A-B OR 2	1/1/2006	RBRVS	$0.00	$0.00									
G9115		ONC DX OVARIAN STG3/4 NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9116		ONC DX OVARIAN RECURRENCE	1/1/2006	RBRVS	$0.00	$0.00									
G9117		ONC DX OVARIAN UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9123		ONC DX NHL LGE BCELL RELAP	1/1/2006	RBRVS	$0.00	$0.00									
G9124		ONC DX NHL RELAPSE/REFRACTOR	1/1/2006	RBRVS	$0.00	$0.00									
G9125		ONC DX NHL STG UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9126		ONC DX OVARIAN STG IA/B	1/1/2006	RBRVS	$0.00	$0.00									
G9128		ONC DX MULT MYELOMA STG2 HIG	1/1/2006	RBRVS	$0.00	$0.00									
G9129		ONC DX MULT MYELOMA UNKWN OP	1/1/2006	RBRVS	$0.00	$0.00									
G9130		ONC DX MULTI MYELOMA UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9131		ONC DX BRST UNKNOWN NOS	1/1/2007	RBRVS	$0.00	$0.00									
G9132		ONC DX PROSTATE METS NO CAST	1/1/2007	RBRVS	$0.00	$0.00									
G9133		ONC DX PROSTATE CLINICAL MET	1/1/2007	RBRVS	$0.00	$0.00									
G9134		ONC NHLSTG 1-2 NO RELAP NO	1/1/2007	RBRVS	$0.00	$0.00									
G9135		ONC DX NHL STG 3-4 NOT RELAP	1/1/2007	RBRVS	$0.00	$0.00									
G9136		ONC DX NHL TRANS TO LG BCELL	1/1/2007	RBRVS	$0.00	$0.00									
G9137		ONC DX NHL RELAPSE/REFRACTOR	1/1/2007	RBRVS	$0.00	$0.00									
G9138		ONC DX NHL STG UNKNOWN	1/1/2007	RBRVS	$0.00	$0.00									
G9139		ONC DX CML DX STATUS UNKNOWN	1/1/2007	RBRVS	$0.00	$0.00									
G9157		TRANSESOPH DOPPL CARDIAC MON	7/1/2014	RBRVS	$112.31	$112.31									
G9158		MOTOR SPEECH D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9159		LANG COMP CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9160		LANG COMP GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9161		LANG COMP D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9162		LANG EXPRESS CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9163		LANG EXPRESS GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9164		LANG EXPRESS D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9165		ATTEN CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9166		ATTEN GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9167		ATTEN D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9168		MEMORY CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9169		MEMORY GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9170		MEMORY D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9171		VOICE CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9172		VOICE GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9173		VOICE D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G9174		SPEECH LANG CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9175		SPEECH LANG GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9176		SPEECH LANG D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9186		MOTOR SPEECH GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9188		BETA NOT GIVEN NO REASON	1/1/2014	RBRVS	$0.00	$0.00									
G9189		BETA PRES OR ALREADY TAKING	1/1/2014	RBRVS	$0.00	$0.00									
G9190		MEDICAL REASON FOR NO BETA	1/1/2014	RBRVS	$0.00	$0.00									
G9191		PT REASON FOR NO BETA	1/1/2014	RBRVS	$0.00	$0.00									
G9192		SYSTEM REASON FOR NO BETA	1/1/2014	RBRVS	$0.00	$0.00									
G9196		MED REASON FOR NO CEPH	1/1/2014	RBRVS	$0.00	$0.00									
G9197		ORDER FOR CEPH	1/1/2014	RBRVS	$0.00	$0.00									
G9198		NO ORDER FOR CEPH NO REASON	1/1/2014	RBRVS	$0.00	$0.00									
G9203		HEP C RNA DONE PRIOR TO MED	1/1/2014	RBRVS	$0.00	$0.00									
G9204		NO REASON FOR NO HEP C RNA	1/1/2014	RBRVS	$0.00	$0.00									
G9205		HEP C ANTIVIRAL STARTED	1/1/2014	RBRVS	$0.00	$0.00									
G9206		HEP C THERAPY STARTED	1/1/2014	RBRVS	$0.00	$0.00									
G9207		HEP C GENOTYPE PRIOR TO MED	1/1/2014	RBRVS	$0.00	$0.00									
G9208		NO REASON FOR NO HEP C GENO	1/1/2014	RBRVS	$0.00	$0.00									
G9209		HEP C RNA 4TO12 WK AFTER MED	1/1/2014	RBRVS	$0.00	$0.00									
G9210		NO HEPC RNA AFTER MED DOCRSN	1/1/2014	RBRVS	$0.00	$0.00									
G9211		NO HEPC RNA AFTER MED NO RSN	1/1/2014	RBRVS	$0.00	$0.00									
G9212		DOC OF DSM-IV INIT EVAL	1/1/2014	RBRVS	$0.00	$0.00									
G9213		NO DOC OF DSM-IV	1/1/2014	RBRVS	$0.00	$0.00									
G9217		NO PCP PROPH LOW CD4 NORSN	1/1/2014	RBRVS	$0.00	$0.00									
G9219		NO ODER PJP FOR MED REASON	1/1/2014	RBRVS	$0.00	$0.00									
G9222		PJP PROPH ORDERED LOW CD4	1/1/2014	RBRVS	$0.00	$0.00									
G9223		PJP PROPH ORDERED CD4 LOW	1/1/2014	RBRVS	$0.00	$0.00									
G9225		NORSN NO FOOT EXAM	1/1/2014	RBRVS	$0.00	$0.00									
G9226		3 COMP FOOT EXAM COMPLETED	1/1/2014	RBRVS	$0.00	$0.00									
G9227		DOCRSN NO CARE PLAN	1/1/2014	RBRVS	$0.00	$0.00									
G9228		GC CHL SYP DOCUMENTED	1/1/2014	RBRVS	$0.00	$0.00									
G9229		PTRSN NO GC CHL SYP TEST	1/1/2014	RBRVS	$0.00	$0.00									
G9230		NORSN FOR GC CHL SYP TEST	1/1/2014	RBRVS	$0.00	$0.00									
G9231		DOC ESRD DIA TRANS PREG	1/1/2014	RBRVS	$0.00	$0.00									
G9232		DOCRSN NO COMM COMORB	1/1/2014	RBRVS	$0.00	$0.00									
G9233		TKR COMPOSITE	1/1/2014	RBRVS	$0.00	$0.00									
G9234		TKR INTENT	1/1/2014	RBRVS	$0.00	$0.00									
G9235		GS MG COMPOSITE	1/1/2014	RBRVS	$0.00	$0.00									
G9236		OP RAD MG COMPOSITE	1/1/2014	RBRVS	$0.00	$0.00									
G9237		GS MG INTENT	1/1/2014	RBRVS	$0.00	$0.00									
G9238		OP RAD MG INTENT	1/1/2014	RBRVS	$0.00	$0.00									
G9239		DOCRSN FOR CATHETER	1/1/2014	RBRVS	$0.00	$0.00									
G9240		DOC PT W CATH MAINT DIA	1/1/2014	RBRVS	$0.00	$0.00									
G9241		DOC PT W OUT CATH MAINT DIA	1/1/2014	RBRVS	$0.00	$0.00									
G9242		DOC VIRAL LOAD >=200	1/1/2014	RBRVS	$0.00	$0.00									
G9243		DOC VIRAL LOAD <200	1/1/2014	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G9244		ANTIVIRAL NOT ORDERED	1/1/2014	RBRVS	$0.00	$0.00									
G9245		ANTIVIRAL ORDERED	1/1/2014	RBRVS	$0.00	$0.00									
G9246		NO MED VISIT IN 24MO	1/1/2014	RBRVS	$0.00	$0.00									
G9247		1 MED VISIT IN 24MO	1/1/2014	RBRVS	$0.00	$0.00									
G9250		DOC OF PAIN COMFORT 48HR	1/1/2014	RBRVS	$0.00	$0.00									
G9251		DOC NO PAIN COMFORT 48HR	1/1/2014	RBRVS	$0.00	$0.00									
G9254		DOC PT DISCHG >2D	1/1/2014	RBRVS	$0.00	$0.00									
G9255		DOC PT DISCHG <=2D	1/1/2014	RBRVS	$0.00	$0.00									
G9256		DOC DEATH AFTER CAS	1/1/2014	RBRVS	$0.00	$0.00									
G9257		DOC STROKE AFTER CAS	1/1/2014	RBRVS	$0.00	$0.00									
G9258		DOC STROKE AFTER CEA	1/1/2014	RBRVS	$0.00	$0.00									
G9259		DOC SURV NO STROKE AFTER CAS	1/1/2014	RBRVS	$0.00	$0.00									
G9260		DOC DEATH AFTER CEA	1/1/2014	RBRVS	$0.00	$0.00									
G9261		DOC SURV NO STROKE AFTER CEA	1/1/2014	RBRVS	$0.00	$0.00									
G9262		DOC DEATH IN HOSP AAA REPAIR	1/1/2014	RBRVS	$0.00	$0.00									
G9263		DOC SURV IN HOSP AAA REPAIR	1/1/2014	RBRVS	$0.00	$0.00									
G9264		DOCRSN FOR CATH MAINT DIA	1/1/2014	RBRVS	$0.00	$0.00									
G9265		DOC CATH >90D FOR MAINT DIA	1/1/2014	RBRVS	$0.00	$0.00									
G9266		NORSN PT CATH >=90D	1/1/2014	RBRVS	$0.00	$0.00									
G9267		DOC COMP OR MORT W IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9268		DOC COMP OR MORT W IN 90D	1/1/2014	RBRVS	$0.00	$0.00									
G9269		DOC NO COMP OR MORT W IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9270		DOC NO COMP OR MORT W IN 90D	1/1/2014	RBRVS	$0.00	$0.00									
G9273		SYS<140 AND DIA<90	1/1/2014	RBRVS	$0.00	$0.00									
G9274		BP OUT OF NRML LIMITS	1/1/2014	RBRVS	$0.00	$0.00									
G9275		DOC OF NON TOBACCO USER	1/1/2014	RBRVS	$0.00	$0.00									
G9276		DOC OF TOBACCO USER	1/1/2014	RBRVS	$0.00	$0.00									
G9277		DOC DAILY ASPIRIN OR CONTRA	1/1/2014	RBRVS	$0.00	$0.00									
G9278		DOC NO DAILY ASPIRIN	1/1/2014	RBRVS	$0.00	$0.00									
G9279		PNE SCRN DONE DOC VAC DONE	1/1/2014	RBRVS	$0.00	$0.00									
G9280		PNE NOT GIVEN NORSN	1/1/2014	RBRVS	$0.00	$0.00									
G9281		PNE SCRN DONE DOC NOT IND	1/1/2014	RBRVS	$0.00	$0.00									
G9282		DOC MEDRSN NO HISTO TYPE	1/1/2014	RBRVS	$0.00	$0.00									
G9283		HIST TYPE DOC ON REPORT	1/1/2014	RBRVS	$0.00	$0.00									
G9284		NO HIST TYPE DOC ON REPORT	1/1/2014	RBRVS	$0.00	$0.00									
G9285		SITE NOT SMALL CELL LUNG CA	1/1/2014	RBRVS	$0.00	$0.00									
G9286		DOC ANTIBIO ORDER W IN 7D	1/1/2014	RBRVS	$0.00	$0.00									
G9287		NO DOC ANTIBIO ORDER W IN 7D	1/1/2014	RBRVS	$0.00	$0.00									
G9288		DOC MEDRSN NO HIST TYPE RPT	1/1/2014	RBRVS	$0.00	$0.00									
G9289		DOC TYPE NSM LUNG CA	1/1/2014	RBRVS	$0.00	$0.00									
G9290		NO DOC TYPE NSM LUNG CA	1/1/2014	RBRVS	$0.00	$0.00									
G9291		NOT NSM LUNG CA	1/1/2014	RBRVS	$0.00	$0.00									
G9292		MEDRSN NO PT CATEGORY	1/1/2014	RBRVS	$0.00	$0.00									
G9293		NO PT CATEGORY ON REPORT	1/1/2014	RBRVS	$0.00	$0.00									
G9294		PT CAT AND THCK ON REPORT	1/1/2014	RBRVS	$0.00	$0.00									
G9295		NON CUTANEOUS LOC	1/1/2014	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G9296		DOC SHARE DEC PRIOR PROC	1/1/2014	RBRVS	$0.00	$0.00									
G9297		NO DOC SHARE DEC PRIOR PROC	1/1/2014	RBRVS	$0.00	$0.00									
G9298		EVAL RISK VTE CARD 30D PRIOR	1/1/2014	RBRVS	$0.00	$0.00									
G9299		NO EVAL RISKK VTE CARD PRIOR	1/1/2014	RBRVS	$0.00	$0.00									
G9300		DOC MEDRSN NO COMPL ANTIBIO	1/1/2014	RBRVS	$0.00	$0.00									
G9301		DOC COMPL INF ANTIBIO	1/1/2014	RBRVS	$0.00	$0.00									
G9302		NORSN INCOMP INF ANTIBIO	1/1/2014	RBRVS	$0.00	$0.00									
G9303		NORSN NO PROS INFO OP RPT	1/1/2014	RBRVS	$0.00	$0.00									
G9304		PROS INFO OP RPT	1/1/2014	RBRVS	$0.00	$0.00									
G9305		NO INTERV REQ FOR LEAK	1/1/2014	RBRVS	$0.00	$0.00									
G9306		INTERV REQ FOR LEAK	1/1/2014	RBRVS	$0.00	$0.00									
G9307		NO RET FOR SURG W IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9308		UNPLND RET TO SURG W IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9309		NO UNPLND HOSP READM IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9310		UNPLND HOSP READM IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9311		NO SURG SITE INFECTION	1/1/2014	RBRVS	$0.00	$0.00									
G9312		SURGICAL SITE INFECTION	1/1/2014	RBRVS	$0.00	$0.00									
G9313		DOCRSN NOT FIRST LINE AMOX	1/1/2014	RBRVS	$0.00	$0.00									
G9314		NORSN NOT FIRST LINE AMOX	1/1/2014	RBRVS	$0.00	$0.00									
G9315		DOC FIRST LINE AMOX	1/1/2014	RBRVS	$0.00	$0.00									
G9316		DOC COMM RISK CALC	1/1/2014	RBRVS	$0.00	$0.00									
G9317		NO DOC COMM RISK CALC	1/1/2014	RBRVS	$0.00	$0.00									
G9318		IMAGE STD NOMENCLATURE	1/1/2014	RBRVS	$0.00	$0.00									
G9319		IMAGE NOT STD NOMENCLATURE	1/1/2014	RBRVS	$0.00	$0.00									
G9320		MEDRSN NO STD NOMENCLATURE	1/1/2014	RBRVS	$0.00	$0.00									
G9321		DOC COUNT OF CT IN 12MO	1/1/2014	RBRVS	$0.00	$0.00									
G9322		NO DOC COUNT OF CT IN 12MO	1/1/2014	RBRVS	$0.00	$0.00									
G9323		MDRSN NO DOC CNT OF CT	1/1/2014	RBRVS	$0.00	$0.00									
G9324		NOT ALL DATA NORSN	1/1/2014	RBRVS	$0.00	$0.00									
G9325		MEDRSN NO CT RPT TO REG	1/1/2014	RBRVS	$0.00	$0.00									
G9326		NORSN NO CT RPT TO REG	1/1/2014	RBRVS	$0.00	$0.00									
G9327		CT RPT TO REG	1/1/2014	RBRVS	$0.00	$0.00									
G9328		MEDRSN NO DICOM FORMAT DOC	1/1/2014	RBRVS	$0.00	$0.00									
G9329		NORSN NO DICOM FORMAT DOC	1/1/2014	RBRVS	$0.00	$0.00									
G9340		DICOM FORMAT DOC ON RPT	1/1/2014	RBRVS	$0.00	$0.00									
G9341		SRCH FOR CT W IN 12 MOS	1/1/2014	RBRVS	$0.00	$0.00									
G9342		NO SRCH FOR CT IN 12MO NORSN	1/1/2014	RBRVS	$0.00	$0.00									
G9343		MEDRSN NO DICOM SRCH	1/1/2014	RBRVS	$0.00	$0.00									
G9344		SYSRSN NO DICOM SRCH	1/1/2014	RBRVS	$0.00	$0.00									
G9345		FOLLOW UP PULM NOD	1/1/2014	RBRVS	$0.00	$0.00									
G9346		NO FOLLOW UP PULM NOD	1/1/2014	RBRVS	$0.00	$0.00									
G9347		NO FOLLOW UP PULM NOD NORSN	1/1/2014	RBRVS	$0.00	$0.00									
G9348		DOCRSN NO SINUS CT DX	1/1/2014	RBRVS	$0.00	$0.00									
G9349		DOC SINUS CT 28D	1/1/2014	RBRVS	$0.00	$0.00									
G9350		NO DOC SINUS CT 28D OR DX	1/1/2014	RBRVS	$0.00	$0.00									
G9351		DOC >1 SINUS CT W 90D DX	1/1/2014	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Pass	Mult	Bilat	Assist	CoSurg	Team	Policy Adjust
G9352		NOT >1 SINUS CT W 90D DX	1/1/2014	RBRVS	$0.00	$0.00									
G9353		MEDRSN >1 SINUS CT W 90D DX	1/1/2014	RBRVS	$0.00	$0.00									
G9354		NORSN >1 SINUS CT W 90D DX	1/1/2014	RBRVS	$0.00	$0.00									
G9355		NO EARLY IND/DELIVERY	1/1/2014	RBRVS	$0.00	$0.00									
G9356		EARLY IND/DELIVERY	1/1/2014	RBRVS	$0.00	$0.00									
G9357		PP EVAL/EDU PERF	1/1/2014	RBRVS	$0.00	$0.00									
G9358		PP EVAL/EDU NOT PERF	1/1/2014	RBRVS	$0.00	$0.00									
G9359		DOC OF NEG OR MAN POS TB SCN	1/1/2014	RBRVS	$0.00	$0.00									
G9360		NO DOC OF NEG OR MAN POS TB	1/1/2014	RBRVS	$0.00	$0.00									
G9362		MAC OR PNB W/O GENANES >60M	1/1/2015	RBRVS	$0.00	$0.00									
G9363		MAC OR PNB W/O GENANES <60M	1/1/2015	RBRVS	$0.00	$0.00									
G9364		SINUS CAUS BAC INX	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9365		1HIGH RISK MED ORD	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9366		1HIGH RISK NO ORD	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9367		2HIGH RISK MED ORD	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9368		2HIGH RISK NO ORD	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9369		FILL 2 RX ANTIPSYCH	1/1/2015	RBRVS	$0.00	$0.00									
G9370		NOT FILL 2 RX ANTIPSYCH	1/1/2015	RBRVS	$0.00	$0.00									
G9376		CONTD RET ATTACH AT 6MTH F/U	1/1/2015	RBRVS	$0.00	$0.00									
G9377		NO RET ATTACH AFTER 6MT	1/1/2015	RBRVS	$0.00	$0.00									
G9378		CONTD RET ATTACH F/U VIS	1/1/2015	RBRVS	$0.00	$0.00									
G9379		NO ACHEIVE FLAT RET 6MTH	1/1/2015	RBRVS	$0.00	$0.00									
G9380		OFF ASSIS EOL ISS	1/1/2015	RBRVS	$0.00	$0.00									
G9381		DOC MED REAS NO OFFER EOL	1/1/2015	RBRVS	$0.00	$0.00									
G9382		NO OFF ASSIS EOL	1/1/2015	RBRVS	$0.00	$0.00									
G9383		RECD SCRN HCV INFEC	1/1/2015	RBRVS	$0.00	$0.00									
G9384		DOC MED REAS NO OFFER EOL	1/1/2015	RBRVS	$0.00	$0.00									
G9385		DOC PT REAS NOT REC HCV SRN	1/1/2015	RBRVS	$0.00	$0.00									
G9386		SCRN HCV INFEC NOT RECD	1/1/2015	RBRVS	$0.00	$0.00									
G9389		UNPLN RUP POST CAP	1/1/2015	RBRVS	$0.00	$0.00									
G9390		NO UNPLN RUP POST CAP	1/1/2015	RBRVS	$0.00	$0.00									
G9393		INI PHQ9 >9 REMISS <5	1/1/2015	RBRVS	$0.00	$0.00									
G9394		DX BIPOL, DEATH, NHRES, HOSP	1/1/2015	RBRVS	$0.00	$0.00									
G9395		INI PHQ9 >9 NO REMISS >=5	1/1/2015	RBRVS	$0.00	$0.00									
G9396		INI PHQ9 >9 NOT ASSESS	1/1/2015	RBRVS	$0.00	$0.00									
G9399		DOC DISC TX CHOICES	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9400		DOC REAS NO DISC TX OPT	1/1/2015	RBRVS	$0.00	$0.00									
G9401		NO DISC TX CHOICES	1/1/2015	RBRVS	$0.00	$0.00									
G9402		RECD F/U W/IN 30D DISCH	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9403		DOC REAS NO 30 DAY F/U	1/1/2015	RBRVS	$0.00	$0.00									
G9404		NO 30 DAY F/U	1/1/2015	RBRVS	$0.00	$0.00									
G9405		RECD F/U W/IN 7D DISCH	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9406		DOC REAS NO 7D F/U	1/1/2015	RBRVS	$0.00	$0.00									
G9407		NO 7D F/U	1/1/2015	RBRVS	$0.00	$0.00									
G9408		CARD TAMP W/IN 30D	1/1/2015	RBRVS	$0.00	$0.00									
G9409		NO CARD TAMP E/IN 30D	1/1/2015	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G9410		ADMIT W/IN 180D REQ REMOV	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9411		NO ADMIT W/IN 180D REQ REMOV	1/1/2015	RBRVS	$0.00	$0.00									
G9412		ADMIT W/IN 180D REQ SURG REV	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9413		NO ADMIT REQ SURG REV	1/1/2015	RBRVS	$0.00	$0.00									
G9414		1DOSE MENIG VAC BTWN 11 & 13	1/1/2015	RBRVS	$0.00	$0.00									
G9415		NO 1DOSE MENI VAC BTWN 11&13	1/1/2015	RBRVS	$0.00	$0.00									
G9416		TDAP OR TD OR 1TET/DIPTH	1/1/2015	RBRVS	$0.00	$0.00									
G9417		NO TDAP OR TD OR 1TET/DIPTH	1/1/2015	RBRVS	$0.00	$0.00									
G9418		LUNGCX BX RPT DOCS CLASS	1/1/2015	RBRVS	$0.00	$0.00									
G9419		MED REAS NO RPT HISTO TYPE	1/1/2015	RBRVS	$0.00	$0.00									
G9420		SPEC SITE NO LUNG	1/1/2015	RBRVS	$0.00	$0.00									
G9421		LUNG CX BX RPT NO DOC CLASS	1/1/2015	RBRVS	$0.00	$0.00									
G9422		RPT DOC CLASS HISTO TYPE	1/1/2015	RBRVS	$0.00	$0.00									
G9423		MED REAS RPT NO HISTO TYPE	1/1/2015	RBRVS	$0.00	$0.00									
G9424		SITE NO LUNG OR LUNG CX	1/1/2015	RBRVS	$0.00	$0.00									
G9425		SPEC RPT NO DOC CLASS HISTO	1/1/2015	RBRVS	$0.00	$0.00									
G9426		IMPR MED TIME EDARR PAIN MED	1/1/2015	RBRVS	$0.00	$0.00									
G9427		NO IMPRO MED TIME PAIN MED	1/1/2015	RBRVS	$0.00	$0.00									
G9428		RPT PT CAT AND PT1	1/1/2015	RBRVS	$0.00	$0.00									
G9429		DOC MED REAS NO PT CAT	1/1/2015	RBRVS	$0.00	$0.00									
G9430		SPEC SITE NO CUTANEOUS	1/1/2015	RBRVS	$0.00	$0.00									
G9431		NO PT CAT AND PT1	1/1/2015	RBRVS	$0.00	$0.00									
G9432		ASTH CONTROLLED	1/1/2015	RBRVS	$0.00	$0.00									
G9433		DEATH, NHRES, HOSPICE	1/1/2015	RBRVS	$0.00	$0.00									
G9434		ASTH NOT CONTROLLED	1/1/2015	RBRVS	$0.00	$0.00									
G9435		ASP PRESC DISCH	1/1/2015	RBRVS	$0.00	$0.00									
G9436		ASP NOT PRESC DOC REAS	1/1/2015	RBRVS	$0.00	$0.00									
G9437		ASP NOT PRESC DISCH	1/1/2015	RBRVS	$0.00	$0.00									
G9438		P2Y INHIB PRESC	1/1/2015	RBRVS	$0.00	$0.00									
G9439		P2Y INHIB NOT PRESC DOC REAS	1/1/2015	RBRVS	$0.00	$0.00									
G9440		P2Y INHIB NOT PRESC	1/1/2015	RBRVS	$0.00	$0.00									
G9441		STATIN PRESC DISCH	1/1/2015	RBRVS	$0.00	$0.00									
G9442		STATIN NOT PRESC DOC REAS	1/1/2015	RBRVS	$0.00	$0.00									
G9443		STATIN NOT PRESC DISCH	1/1/2015	RBRVS	$0.00	$0.00									
G9448		BORN 1945-1965	1/1/2015	RBRVS	$0.00	$0.00									
G9449		HX BLD TRANSF B/F 1992	1/1/2015	RBRVS	$0.00	$0.00									
G9450		HX INJEC DRUG USE	1/1/2015	RBRVS	$0.00	$0.00									
G9451		1X SCRN HCV INFECT	1/1/2015	RBRVS	$0.00	$0.00									
G9452		DOC MED REAS NO SCRN HCV	1/1/2015	RBRVS	$0.00	$0.00									
G9453		PT REAS NO HCV INFECT	1/1/2015	RBRVS	$0.00	$0.00									
G9454		NO HCV INFECT SRN	1/1/2015	RBRVS	$0.00	$0.00									
G9455		ABD IMAG W/US, CT OR MRI	1/1/2015	RBRVS	$0.00	$0.00									
G9456		DOC MED PT REAS NO HCC SCRN	1/1/2015	RBRVS	$0.00	$0.00									
G9457		NO ABD IMAG W/O REASON	1/1/2015	RBRVS	$0.00	$0.00									
G9458		TOB USER RECD CESS INTERV	1/1/2015	RBRVS	$0.00	$0.00									
G9459		TOB NON-USER	1/1/2015	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
G9460		NO TOB ASSESS OR CESS INTER	1/1/2015	RBRVS	$0.00	$0.00									
G9463		SINUSITIS INTENT	1/1/2015	RBRVS	$0.00	$0.00									
G9464		SINUSITIS COMP	1/1/2015	RBRVS	$0.00	$0.00									
G9465		AOE INTENT	1/1/2015	RBRVS	$0.00	$0.00									
G9466		AOE COMP	1/1/2015	RBRVS	$0.00	$0.00									
G9467		RECD CORTICO >=10MG/DAY >60D	1/1/2015	RBRVS	$0.00	$0.00									
G9468		NO RECD CORTICO>=10MG/D >60D	1/1/2015	RBRVS	$0.00	$0.00									
G9469		REC CORTICO>60D OR 1RX 600MG	1/1/2015	RBRVS	$0.00	$0.00									
G9470		NO REC CORTICO>60D 1RX 600MG	1/1/2015	RBRVS	$0.00	$0.00									
G9471		W/IN 2YR DXA NOT ORDER	1/1/2015	RBRVS	$0.00	$0.00									
G9472		NO DXA NO MED HX NO RV SX	1/1/2015	RBRVS	$0.00	$0.00									
J0120		TETRACYCLIN INJECTION	1/1/2009	EAC	$0.00	$0.00									
J0129		ABATACEPT INJECTION	1/1/2015	FEE SCHED	$33.15	$0.00									
J0130		ABCIXIMAB INJECTION	1/1/2015	FEE SCHED	$804.37	$0.00									
J0131		ACETAMINOPHEN INJECTION	1/1/2012	EAC	$0.00	$0.00									
J0132		ACETYLCYSTEINE INJECTION	1/1/2015	FEE SCHED	$1.56	$0.00									
J0133		ACYCLOVIR INJECTION	1/1/2015	FEE SCHED	$0.07	$0.00									
J0153		ADENOSINE INJ 1MG	1/1/2015	FEE SCHED	$0.85	$0.00									
J0171		ADRENALIN EPINEPHRINE INJECT	1/1/2015	FEE SCHED	$0.14	$0.00									
J0178		AFLIBERCEPT INJECTION	1/1/2013	FEE SCHED	$980.50	$0.00									
J0180		AGALSIDASE BETA INJECTION	10/1/2014	FEE SCHED	$152.35	$0.00									
J0190		INJ BIPERIDEN LACTATE/5 MG	1/1/2009	EAC	$0.00	$0.00									
J0200		ALATROFLOXACIN MESYLATE	7/19/2005	MEDICARE	$16.99	$0.00									
J0205		ALGLUCERASE INJECTION	1/1/2013	FEE SCHED	$42.03	$0.00									
J0207		AMIFOSTINE	1/1/2015	FEE SCHED	$479.05	$0.00									
J0210		METHYLDOPATE HCL INJECTION	1/1/2012	FEE SCHED	$42.40	$0.00									
J0215		ALEFACEPT	7/1/2012	FEE SCHED	$41.64	$0.00									
J0220		ALGLUCOSIDASE ALFA INJECTION	7/1/2014	FEE SCHED	$206.63	$0.00									
J0221		LUMIZYME INJECTION	1/1/2015	FEE SCHED	$153.62	$0.00									
J0256		ALPHA 1 PROTEINASE INHIBITOR	1/1/2015	FEE SCHED	$4.24	$0.00									
J0257		GLASSIA INJECTION	10/1/2014	FEE SCHED	$3.98	$0.00									
J0278		AMIKACIN SULFATE INJECTION	1/1/2015	FEE SCHED	$1.19	$0.00									
J0280		AMINOPHYLLIN 250 MG INJ	1/1/2015	FEE SCHED	$3.21	$0.00									
J0282		AMIODARONE HCL	7/1/2011	FEE SCHED	$0.23	$0.00									
J0285		AMPHOTERICIN B	1/1/2015	FEE SCHED	$16.90	$0.00									
J0287		AMPHOTERICIN B LIPID COMPLEX	1/1/2015	FEE SCHED	$11.01	$0.00									
J0288		AMPHO B CHOLESTERYL SULFATE	4/1/2012	FEE SCHED	$14.00	$0.00									
J0289		AMPHOTERICIN B LIPOSOME INJ	1/1/2015	FEE SCHED	$16.98	$0.00									
J0290		AMPICILLIN 500 MG INJ	1/1/2015	FEE SCHED	$1.18	$0.00									
J0295		AMPICILLIN SODIUM PER 1.5 GM	1/1/2015	FEE SCHED	$1.86	$0.00									
J0300		AMOBARBITAL 125 MG INJ	7/1/2009	FEE SCHED	$6.33	$0.00									
J0330		SUCCINYCHOLINE CHLORIDE INJ	1/1/2011	FEE SCHED	$0.15	$0.00									
J0348		ANADULAFUNGIN INJECTION	1/1/2015	FEE SCHED	$0.66	$0.00									
J0350		INJECTION ANISTREPLASE 30 U	7/20/2006	MEDICARE	$2,268.46	$0.00									
J0360		HYDRALAZINE HCL INJECTION	1/1/2015	FEE SCHED	$2.45	$0.00									
J0364		APOMORPHINE HYDROCHLORIDE	4/1/2014	FEE SCHED	$32.69	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J0365		APROTONIN 10 000 KIU	7/1/2009	FEE SCHED	$2.65	$0.00									
J0380		INJ METARAMINOL BITARTRATE	7/19/2005	MEDICARE	$1.15	$0.00									
J0390		CHLOROQUINE INJECTION	5/1/2005	MEDICARE	$17.27	$0.00									
J0395		ARBUTAMINE HCL INJECTION	5/1/2005	MEDICARE	$160.00	$0.00									
J0400		ARIPIPRAZOLE INJECTION	10/1/2014	FEE SCHED	$0.65	$0.00									
J0456		AZITHROMYCIN	1/1/2015	FEE SCHED	$2.94	$0.00									
J0461		ATROPINE SULFATE INJECTION	10/1/2014	FEE SCHED	$0.05	$0.00									
J0470		DIMECAPROL INJECTION	1/1/2015	FEE SCHED	$29.01	$0.00									
J0475		BACLOFEN 10 MG INJECTION	1/1/2015	FEE SCHED	$159.74	$0.00									
J0476		BACLOFEN INTRATHECAL TRIAL	1/1/2015	FEE SCHED	$75.84	$0.00									
J0480		BASILIXIMAB	1/1/2015	FEE SCHED	$2,723.28	$0.00									
J0485		BELATACEPT INJECTION	1/1/2015	FEE SCHED	$3.80	$0.00									
J0490		BELIMUMAB INJECTION	1/1/2015	FEE SCHED	$40.03	$0.00									
J0500		DICYCLOMINE INJECTION	1/1/2015	FEE SCHED	$40.88	$0.00									
J0515		INJ BENZTROPINE MESYLATE	1/1/2015	FEE SCHED	$19.60	$0.00									
J0520		BETHANECHOL CHLORIDE INJECT	5/1/2005	MEDICARE	$4.49	$0.00									
J0558		PENG BENZATHINE/PROCAINE INJ	1/1/2015	FEE SCHED	$5.25	$0.00									
J0561		PENICILLIN G BENZATHINE INJ	1/1/2015	FEE SCHED	$6.61	$0.00									
J0583		BIVALIRUDIN	1/1/2015	FEE SCHED	$3.54	$0.00									
J0585		INJECTION,ONABOTULINUMTOXINA	1/1/2015	FEE SCHED	$5.58	$0.00		Y							
J0586		ABOBOTULINUMTOXINA	1/1/2015	FEE SCHED	$7.62	$0.00		Y							
J0587		INJ, RIMABOTULINUMTOXINB	1/1/2015	FEE SCHED	$11.28	$0.00		Y							
J0588		INCOBOTULINUMTOXIN A	1/1/2015	FEE SCHED	$4.47	$0.00		Y							
J0592		BUPRENORPHINE HYDROCHLORIDE	1/1/2015	FEE SCHED	$3.01	$0.00									
J0594		BUSULFAN INJECTION	1/1/2015	FEE SCHED	$32.86	$0.00									
J0595		BUTORPHANOL TARTRATE 1 MG	1/1/2015	FEE SCHED	$1.74	$0.00									
J0597		C-1 ESTERASE, BERINERT	1/1/2015	FEE SCHED	$38.58	$0.00									
J0598		C-1 ESTERASE, CINRYZE	1/1/2015	FEE SCHED	$51.89	$0.00									
J0600		EDETATE CALCIUM DISODIUM INJ	1/1/2015	FEE SCHED	$3,063.72	$0.00									
J0610		CALCIUM GLUCONATE INJECTION	1/1/2015	FEE SCHED	$2.07	$0.00									
J0620		CALCIUM GLYCER & LACT/10 ML	5/1/2005	MEDICARE	$8.96	$0.00									
J0636		INJ CALCITRIOL PER 0.1 MCG	1/1/2015	FEE SCHED	$0.36	$0.00									
J0637		CASPOFUNGIN ACETATE	1/1/2015	FEE SCHED	$12.32	$0.00									
J0638		CANAKINUMAB INJECTION	1/1/2015	FEE SCHED	$91.00	$0.00									
J0640		LEUCOVORIN CALCIUM INJECTION	1/1/2015	FEE SCHED	$3.99	$0.00									
J0641		LEVOLEUCOVORIN INJECTION	1/1/2015	FEE SCHED	$1.75	$0.00									
J0670		INJ MEPIVACAINE HCL/10 ML	1/1/2015	FEE SCHED	$2.42	$0.00									
J0690		CEFAZOLIN SODIUM INJECTION	1/1/2015	FEE SCHED	$0.90	$0.00									
J0692		CEFEPIME HCL FOR INJECTION	1/1/2015	FEE SCHED	$2.52	$0.00									
J0694		CEFOXITIN SODIUM INJECTION	1/1/2015	FEE SCHED	$5.03	$0.00									
J0696		CEFTRIAXONE SODIUM INJECTION	1/1/2015	FEE SCHED	$0.68	$0.00									
J0697		STERILE CEFUROXIME INJECTION	1/1/2015	FEE SCHED	$2.72	$0.00									
J0698		CEFOTAXIME SODIUM INJECTION	1/1/2015	FEE SCHED	$1.90	$0.00									
J0702		BETAMETHASONE ACET&SOD PHOSP	1/1/2015	FEE SCHED	$5.90	$0.00									
J0706		CAFFEINE CITRATE INJECTION	4/1/2014	FEE SCHED	$0.55	$0.00									
J0710		CEPHAPIRIN SODIUM INJECTION	1/1/2009	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J0712		CEFTAROLINE FOSAMIL INJ	10/1/2014	FEE SCHED	$1.13	$0.00									
J0713		INJ CEFTAZIDIME PER 500 MG	1/1/2015	FEE SCHED	$2.06	$0.00									
J0715		CEFTIZOXIME SODIUM / 500 MG	7/1/2009	FEE SCHED	$5.24	$0.00									
J0716		CENTRUROIDES IMMUNE F(AB)	1/1/2013	EAC	$0.00	$0.00									
J0717		CERTOLIZUMAB PEGOL INJ 1MG	1/1/2015	FEE SCHED	$6.60	$0.00									
J0720		CHLORAMPHENICOL SODIUM INJEC	7/1/2014	FEE SCHED	$31.74	$0.00									
J0725		CHORIONIC GONADOTROPIN/1000U	1/1/2015	FEE SCHED	$18.40	$0.00									
J0735		CLONIDINE HYDROCHLORIDE	1/1/2015	FEE SCHED	$21.88	$0.00									
J0740		CIDOFOVIR INJECTION	1/1/2015	FEE SCHED	$584.51	$0.00									
J0743		CILASTATIN SODIUM INJECTION	1/1/2015	FEE SCHED	$5.12	$0.00									
J0744		CIPROFLOXACIN IV	10/1/2014	FEE SCHED	$1.10	$0.00									
J0745		INJ CODEINE PHOSPHATE /30 MG	1/1/2011	FEE SCHED	$1.35	$0.00									
J0760		COLCHICINE INJECTION	7/1/2009	FEE SCHED	$6.57	$0.00									
J0770		COLISTIMETHATE SODIUM INJ	1/1/2015	FEE SCHED	$11.59	$0.00									
J0775		COLLAGENASE, CLOST HIST INJ	1/1/2015	FEE SCHED	$38.45	$0.00									
J0780		PROCHLORPERAZINE INJECTION	1/1/2015	FEE SCHED	$13.84	$0.00									
J0795		CORTICORELIN OVINE TRIFLUTAL	1/1/2015	FEE SCHED	$7.73	$0.00									
J0833		COSYNTROPIN INJECTION NOS	1/1/2011	FEE SCHED	$52.30	$0.00									
J0834		COSYNTROPIN CORTROSYN INJ	1/1/2015	FEE SCHED	$47.02	$0.00									
J0840		CROTALIDAE POLY IMMUNE FAB	10/1/2014	FEE SCHED	$2,493.12	$0.00									
J0850		CYTOMEGALOVIRUS IMM IV /VIAL	10/1/2013	FEE SCHED	$1,013.87	$0.00									
J0878		DAPTOMYCIN INJECTION	1/1/2015	FEE SCHED	$0.71	$0.00									
J0881		DARBEPOETIN ALFA NON-ESRD	1/1/2015	FEE SCHED	$3.90	$0.00									
J0882		DARBEPOETIN ALFA ESRD USE	1/1/2015	FEE SCHED	$3.90	$0.00									
J0885		EPOETIN ALFA NON-ESRD	1/1/2015	FEE SCHED	$11.89	$0.00									
J0886		EPOETIN ALFA ESRD	1/1/2015	FEE SCHED	$11.89	$0.00									
J0890		PEGINESATIDE INJECTION	7/1/2013	FEE SCHED	$8.20	$0.00									
J0894		DECITABINE INJECTION	1/1/2015	FEE SCHED	$27.27	$0.00									
J0895		DEFEROXAMINE MESYLATE INJ	1/1/2015	FEE SCHED	$8.93	$0.00									
J0897		DENOSUMAB INJECTION	1/1/2015	FEE SCHED	$14.69	$0.00									
J0945		BROMPHENIRAMINE MALEATE INJ	4/10/2007	MEDICARE	$0.80	$0.00									
J1000		DEPO-ESTRADIOL CYPIONATE INJ	1/1/2015	FEE SCHED	$10.98	$0.00									
J1020		METHYLPREDNISOLONE 20 MG INJ	1/1/2015	FEE SCHED	$3.44	$0.00									
J1030		METHYLPREDNISOLONE 40 MG INJ	1/1/2015	FEE SCHED	$3.35	$0.00									
J1040		METHYLPREDNISOLONE 80 MG INJ	1/1/2015	FEE SCHED	$6.15	$0.00									
J1050		MEDROXYPROGESTERONE ACETATE	1/1/2015	FEE SCHED	$0.30	$0.00									
J1071		INJ TESTOSTERONE CYPIONATE	1/1/2015	FEE SCHED	$0.03	$0.00									
J1094		INJ DEXAMETHASONE ACETATE	7/1/2009	FEE SCHED	$0.23	$0.00									
J1100		DEXAMETHASONE SODIUM PHOS	1/1/2015	FEE SCHED	$0.15	$0.00									
J1110		INJ DIHYDROERGOTAMINE MESYLT	1/1/2015	FEE SCHED	$53.69	$0.00									
J1120		ACETAZOLAMID SODIUM INJECTIO	1/1/2015	FEE SCHED	$21.40	$0.00									
J1160		DIGOXIN INJECTION	1/1/2015	FEE SCHED	$9.47	$0.00									
J1162		DIGOXIN IMMUNE FAB (OVINE)	10/1/2014	FEE SCHED	$2,051.63	$0.00									
J1165		PHENYTOIN SODIUM INJECTION	1/1/2015	FEE SCHED	$0.57	$0.00									
J1170		HYDROMORPHONE INJECTION	1/1/2015	FEE SCHED	$2.13	$0.00									
J1180		DYPHYLLINE INJECTION	7/19/2005	MEDICARE	$8.05	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J1190		DEXRAZOXANE HCL INJECTION	1/1/2015	FEE SCHED	$138.61	$0.00									
J1200		DIPHENHYDRAMINE HCL INJECTIO	1/1/2015	FEE SCHED	$0.60	$0.00									
J1205		CHLOROTHIAZIDE SODIUM INJ	1/1/2015	FEE SCHED	$119.20	$0.00									
J1212		DIMETHYL SULFOXIDE 50% 50 ML	1/1/2015	FEE SCHED	$88.72	$0.00									
J1230		METHADONE INJECTION	1/1/2015	FEE SCHED	$9.31	$0.00									
J1240		DIMENHYDRINATE INJECTION	1/1/2015	FEE SCHED	$5.35	$0.00									
J1245		DIPYRIDAMOLE INJECTION	1/1/2015	FEE SCHED	$0.80	$0.00									
J1250		INJ DOBUTAMINE HCL/250 MG	1/1/2015	FEE SCHED	$6.40	$0.00									
J1260		DOLASETRON MESYLATE	1/1/2015	FEE SCHED	$6.76	$0.00									
J1265		DOPAMINE INJECTION	1/1/2015	FEE SCHED	$0.62	$0.00									
J1267		DORIPENEM INJECTION	1/1/2015	FEE SCHED	$0.65	$0.00									
J1270		INJECTION, DOXERCALCIFEROL	1/1/2015	FEE SCHED	$1.48	$0.00									
J1290		ECALLANTIDE INJECTION	1/1/2015	FEE SCHED	$374.64	$0.00									
J1300		ECULIZUMAB INJECTION	1/1/2015	FEE SCHED	$210.35	$0.00									
J1320		AMITRIPTYLINE INJECTION	7/19/2005	MEDICARE	$2.24	$0.00									
J1325		EPOPROSTENOL INJECTION	1/1/2015	FEE SCHED	$15.33	$0.00									
J1327		EPTIFIBATIDE INJECTION	4/1/2014	FEE SCHED	$27.58	$0.00									
J1330		ERGONOVINE MALEATE INJECTION	1/1/2009	EAC	$0.00	$0.00									
J1335		ERTAPENEM INJECTION	1/1/2015	FEE SCHED	$36.48	$0.00									
J1364		ERYTHRO LACTOBIONATE /500 MG	1/1/2015	FEE SCHED	$43.93	$0.00									
J1380		ESTRADIOL VALERATE 10 MG INJ	1/1/2015	FEE SCHED	$9.39	$0.00									
J1410		INJ ESTROGEN CONJUGATE 25 MG	1/1/2015	FEE SCHED	$190.66	$0.00									
J1430		ETHANOLAMINE OLEATE 100 MG	1/1/2015	FEE SCHED	$311.12	$0.00									
J1435		INJECTION ESTRONE PER 1 MG	4/10/2007	MEDICARE	$0.24	$0.00									
J1436		ETIDRONATE DISODIUM INJ	7/19/2005	MEDICARE	$71.41	$0.00									
J1439		INJ FERRIC CARBOXYMALTOS 1MG	1/1/2015	FEE SCHED	$1.06	$0.00									
J1442		INJ, FILGRASTIM G-CSF 1MCG	1/1/2015	FEE SCHED	$1.00	$0.00									
J1450		FLUCONAZOLE	1/1/2015	FEE SCHED	$3.76	$0.00									
J1451		FOMEPIZOLE 15 MG	4/1/2014	FEE SCHED	$6.70	$0.00									
J1452		INTRAOCULAR FOMIVIRSEN NA	7/19/2005	MEDICARE	$212.00	$0.00									
J1453		FOSAPREPITANT INJECTION	10/1/2014	FEE SCHED	$1.73	$0.00									
J1455		FOSCARNET SODIUM INJECTION	10/1/2012	FEE SCHED	$3.50	$0.00									
J1457		GALLIUM NITRATE INJECTION	4/1/2012	FEE SCHED	$2.08	$0.00									
J1458		GALSULFASE INJECTION	1/1/2015	FEE SCHED	$358.97	$0.00									
J1459		INJ IVIG PRIVIGEN 500 MG	1/1/2015	FEE SCHED	$36.66	$0.00									
J1460		GAMMA GLOBULIN 1 CC INJ	1/1/2015	FEE SCHED	$28.89	$0.00									
J1556		INJ, IMM GLOB BIVIGAM, 500MG	1/1/2015	FEE SCHED	$38.47	$0.00									
J1557		GAMMAPLEX INJECTION	1/1/2015	FEE SCHED	$35.92	$0.00									
J1560		GAMMA GLOBULIN > 10 CC INJ	1/1/2015	FEE SCHED	$288.94	$0.00									
J1561		GAMUNEX/GAMUNEX C	1/1/2015	FEE SCHED	$40.22	$0.00									
J1566		IMMUNE GLOBULIN POWDER	1/1/2015	FEE SCHED	$26.73	$0.00									
J1568		OCTAGAM INJECTION	1/1/2015	FEE SCHED	$36.87	$0.00									
J1569		GAMMAGARD LIQUID INJECTION	1/1/2015	FEE SCHED	$39.15	$0.00									
J1570		GANCICLOVIR SODIUM INJECTION	1/1/2015	FEE SCHED	$75.47	$0.00									
J1572		FLEBOGAMMA INJECTION	1/1/2015	FEE SCHED	$36.14	$0.00									
J1573		HEPAGAM B INTRAVENOUS, INJ	1/1/2014	FEE SCHED	$51.29	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J1580		GARAMYCIN GENTAMICIN INJ	1/1/2015	FEE SCHED	$1.45	$0.00									
J1590		GATIFLOXACIN INJECTION	7/1/2009	FEE SCHED	$0.80	$0.00									
J1599		IVIG NON-LYOPHILIZED, NOS	1/1/2011	EAC	$0.00	$0.00									
J1600		GOLD SODIUM THIOMALEATE INJ	7/1/2013	FEE SCHED	$30.15	$0.00									
J1602		GOLIMUMAB FOR IV USE 1MG	1/1/2015	FEE SCHED	$23.92	$0.00									
J1610		GLUCAGON HYDROCHLORIDE/1 MG	1/1/2015	FEE SCHED	$162.08	$0.00									
J1620		GONADORELIN HYDROCH/ 100 MCG	1/15/2007	MEDICARE	$180.30	$0.00									
J1626		GRANISETRON HCL INJECTION	1/1/2015	FEE SCHED	$0.49	$0.00									
J1630		HALOPERIDOL INJECTION	1/1/2015	FEE SCHED	$2.79	$0.00									
J1631		HALOPERIDOL DECANOATE INJ	1/1/2015	FEE SCHED	$18.67	$0.00									
J1640		HEMIN, 1 MG	10/1/2014	FEE SCHED	$20.73	$0.00									
J1642		INJ HEPARIN SODIUM PER 10 U	1/1/2015	FEE SCHED	$0.19	$0.00									
J1644		INJ HEPARIN SODIUM PER 1000U	1/1/2015	FEE SCHED	$0.18	$0.00									
J1645		DALTEPARIN SODIUM	1/1/2015	FEE SCHED	$12.86	$0.00									
J1650		INJ ENOXAPARIN SODIUM	1/1/2015	FEE SCHED	$1.55	$0.00									
J1652		FONDAPARINUX SODIUM	1/1/2015	FEE SCHED	$3.89	$0.00									
J1655		TINZAPARIN SODIUM INJECTION	7/1/2011	FEE SCHED	$3.49	$0.00									
J1670		TETANUS IMMUNE GLOBULIN INJ	1/1/2015	FEE SCHED	$328.40	$0.00									
J1675		HISTRELIN ACETATE	1/1/2009	EAC	$0.00	$0.00									
J1700		HYDROCORTISONE ACETATE INJ	2/20/2005	MEDICARE	$0.66	$0.00									
J1710		HYDROCORTISONE SODIUM PH INJ	2/20/2005	MEDICARE	$4.69	$0.00									
J1720		HYDROCORTISONE SODIUM SUCC I	1/1/2015	FEE SCHED	$6.35	$0.00									
J1725		HYDROXYPROGESTERONE CAPROATE	1/1/2012	EAC	$0.00	$0.00									
J1730		DIAZOXIDE INJECTION	1/15/2007	MEDICARE	$111.85	$0.00									
J1740		IBANDRONATE SODIUM INJECTION	1/1/2015	FEE SCHED	$123.88	$0.00									
J1742		IBUTILIDE FUMARATE INJECTION	1/1/2015	FEE SCHED	$110.02	$0.00									
J1743		IDURSULFASE INJECTION	1/1/2015	FEE SCHED	$483.10	$0.00									
J1745		INFLIXIMAB INJECTION	1/1/2015	FEE SCHED	$74.11	$0.00									
J1750		INJ IRON DEXTRAN	1/1/2015	FEE SCHED	$12.12	$0.00									
J1756		IRON SUCROSE INJECTION	1/1/2015	FEE SCHED	$0.21	$0.00									
J1790		DROPERIDOL INJECTION	10/1/2013	FEE SCHED	$2.14	$0.00									
J1800		PROPRANOLOL INJECTION	1/1/2015	FEE SCHED	$2.95	$0.00									
J1810		DROPERIDOL/FENTANYL INJ	7/20/2006	MEDICARE	$5.58	$0.00									
J1835		INTRACONAZOLE INJECTION	7/1/2009	FEE SCHED	$42.28	$0.00									
J1840		KANAMYCIN SULFATE 500 MG INJ	1/1/2010	FEE SCHED	$7.69	$0.00									
J1850		KANAMYCIN SULFATE 75 MG INJ	1/1/2010	FEE SCHED	$1.15	$0.00									
J1885		KETOROLAC TROMETHAMINE INJ	1/1/2015	FEE SCHED	$0.47	$0.00									
J1890		CEPHALOTHIN SODIUM INJECTION	2/20/2005	MEDICARE	$8.64	$0.00									
J1930		LANREOTIDE INJECTION	1/1/2015	FEE SCHED	$46.70	$0.00									
J1931		LARONIDASE INJECTION	10/1/2014	FEE SCHED	$29.45	$0.00									
J1940		FUROSEMIDE INJECTION	1/1/2015	FEE SCHED	$4.77	$0.00									
J1945		LEPIRUDIN	1/1/2013	FEE SCHED	$570.54	$0.00									
J1950		LEUPROLIDE ACETATE /3.75 MG	1/1/2015	FEE SCHED	$810.14	$0.00									
J1953		LEVETIRACETAM INJECTION	10/1/2014	FEE SCHED	$0.12	$0.00									
J1955		INJ LEVOCARNITINE PER 1 GM	1/1/2015	FEE SCHED	$8.58	$0.00									
J1956		LEVOFLOXACIN INJECTION	1/1/2015	FEE SCHED	$2.18	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J1960		LEVORPHANOL TARTRATE INJ	5/1/2005	MEDICARE	$3.17	$0.00									
J1980		HYOSCYAMINE SULFATE INJ	1/1/2015	FEE SCHED	$18.54	$0.00									
J1990		CHLORDIAZEPOXIDE INJECTION	4/1/2009	EAC	$0.00	$0.00									
J2001		LIDOCAINE INJECTION	7/1/2009	FEE SCHED	$0.02	$0.00									
J2010		LINCOMYCIN INJECTION	1/1/2015	FEE SCHED	$9.56	$0.00									
J2020		LINEZOLID INJECTION	1/1/2015	FEE SCHED	$47.75	$0.00									
J2060		LORAZEPAM INJECTION	1/1/2015	FEE SCHED	$0.70	$0.00									
J2150		MANNITOL INJECTION	1/1/2015	FEE SCHED	$1.74	$0.00									
J2175		MEPERIDINE HYDROCHL /100 MG	1/1/2015	FEE SCHED	$5.00	$0.00									
J2180		MEPERIDINE/PROMETHAZINE INJ	2/20/2005	MEDICARE	$3.79	$0.00									
J2185		MEROPENEM	1/1/2015	FEE SCHED	$1.05	$0.00									
J2210		METHYLERGONOVIN MALEATE INJ	1/1/2015	FEE SCHED	$5.05	$0.00									
J2248		MICAFUNGIN SODIUM INJECTION	1/1/2015	FEE SCHED	$0.95	$0.00									
J2250		INJ MIDAZOLAM HYDROCHLORIDE	1/1/2015	FEE SCHED	$0.13	$0.00									
J2260		INJ MILRINONE LACTATE / 5 MG	1/1/2015	FEE SCHED	$3.20	$0.00									
J2265		MINOCYCLINE HYDROCHLORIDE	1/1/2012	EAC	$0.00	$0.00									
J2270		MORPHINE SULFATE INJECTION	1/1/2015	FEE SCHED	$1.81	$0.00									
J2274		IN MORPHINE PRESERVATIV FREE	1/1/2015	FEE SCHED	$9.28	$0.00									
J2278		ZICONOTIDE INJECTION	1/1/2015	FEE SCHED	$6.97	$0.00									
J2280		INJ, MOXIFLOXACIN 100MG	1/1/2015	FEE SCHED	$5.42	$0.00									
J2300		INJ NALBUPHINE HYDROCHLORIDE	1/1/2015	FEE SCHED	$2.36	$0.00									
J2310		INJ NALOXONE HYDROCHLORIDE	1/1/2015	FEE SCHED	$35.93	$0.00									
J2315		NALTREXONE, DEPOT FORM	1/1/2015	FEE SCHED	$2.89	$0.00									
J2320		NANDROLONE DECANOATE 50 MG	7/1/2009	FEE SCHED	$3.75	$0.00									
J2323		NATALIZUMAB INJECTION	1/1/2015	FEE SCHED	$15.49	$0.00									
J2325		NESIRITIDE INJECTION	4/1/2014	FEE SCHED	$60.25	$0.00									
J2353		OCTREOTIDE INJECTION DEPOT	1/1/2015	FEE SCHED	$143.32	$0.00									
J2355		OPRELVEKIN INJECTION	1/1/2015	FEE SCHED	$322.70	$0.00									
J2357		OMALIZUMAB INJECTION	1/1/2015	FEE SCHED	$27.68	$0.00									
J2360		ORPHENADRINE INJECTION	1/1/2015	FEE SCHED	$5.75	$0.00									
J2370		PHENYLEPHRINE HCL INJECTION	1/1/2015	FEE SCHED	$3.34	$0.00									
J2400		CHLOROPROCAINE HCL INJECTION	1/1/2015	FEE SCHED	$16.73	$0.00									
J2405		ONDANSETRON HCL INJECTION	10/1/2014	FEE SCHED	$0.08	$0.00									
J2410		OXYMORPHONE HCL INJECTION	1/1/2015	FEE SCHED	$2.89	$0.00									
J2425		PALIFERMIN INJECTION	1/1/2015	FEE SCHED	$15.22	$0.00									
J2426		PALIPERIDONE PALMITATE INJ	1/1/2015	FEE SCHED	$8.12	$0.00									
J2430		PAMIDRONATE DISODIUM /30 MG	1/1/2015	FEE SCHED	$12.97	$0.00									
J2440		PAPAVERIN HCL INJECTION	7/1/2013	FEE SCHED	$0.00	$0.00									
J2460		OXYTETRACYCLINE INJECTION	6/29/2006	MEDICARE	$0.94	$0.00									
J2469		PALONOSETRON HCL	1/1/2015	FEE SCHED	$20.15	$0.00									
J2501		PARICALCITOL	1/1/2015	FEE SCHED	$1.42	$0.00									
J2503		PEGAPTANIB SODIUM INJECTION	1/1/2015	FEE SCHED	$1,035.10	$0.00									
J2504		PEGADEMASE BOVINE 25 IU	10/1/2014	FEE SCHED	$281.40	$0.00									
J2505		INJECTION PEGFILGRASTIM 6MG	1/1/2015	FEE SCHED	$3,495.46	$0.00									
J2507		PEGLOTICASE INJECTION	1/1/2015	FEE SCHED	$1,006.47	$0.00		Y							
J2510		PENICILLIN G PROCAINE INJ	1/1/2015	FEE SCHED	$17.92	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J2513		PENTASTARCH 10% SOLUTION	1/1/2006	MEDICARE	$12.72	$0.00									
J2515		PENTOBARBITAL SODIUM INJ	1/1/2015	FEE SCHED	$35.84	$0.00									
J2540		PENICILLIN G POTASSIUM INJ	1/1/2015	FEE SCHED	$0.72	$0.00									
J2543		PIPERACILLIN/TAZOBACTAM	1/1/2015	FEE SCHED	$1.32	$0.00									
J2545		PENTAMIDINE ISETHIONTE/300MG	1/1/2015	FEE SCHED	$97.37	$0.00									
J2550		PROMETHAZINE HCL INJECTION	1/1/2015	FEE SCHED	$1.56	$0.00									
J2560		PHENOBARBITAL SODIUM INJ	1/1/2015	FEE SCHED	$23.51	$0.00									
J2562		PLERIXAFOR INJECTION	1/1/2015	FEE SCHED	$304.06	$0.00									
J2590		OXYTOCIN INJECTION	4/1/2014	FEE SCHED	$0.53	$0.00									
J2597		INJ DESMOPRESSIN ACETATE	1/1/2015	FEE SCHED	$5.04	$0.00									
J2650		PREDNISOLONE ACETATE INJ	10/1/2010	FEE SCHED	$0.52	$0.00									
J2670		TOTAZOLINE HCL INJECTION	2/20/2005	MEDICARE	$3.44	$0.00									
J2675		INJ PROGESTERONE PER 50 MG	1/1/2015	FEE SCHED	$1.42	$0.00									
J2680		FLUPHENAZINE DECANOATE 25 MG	1/1/2015	FEE SCHED	$23.28	$0.00									
J2690		0ROCAINAMIDE HCL INJECTION	1/1/2015	FEE SCHED	$57.27	$0.00									
J2700		OXACILLIN SODIUM INJECITON	1/1/2015	FEE SCHED	$1.73	$0.00									
J2704		INJ, PROPOFOL, 10 MG	1/1/2015	FEE SCHED	$0.13	$0.00									
J2710		NEOSTIGMINE METHYLSLFTE INJ	7/1/2009	FEE SCHED	$0.09	$0.00									
J2720		INJ PROTAMINE SULFATE/10 MG	10/1/2014	FEE SCHED	$1.04	$0.00									
J2724		PROTEIN C CONCENTRATE	1/1/2015	FEE SCHED	$14.61	$0.00									
J2725		INJ PROTIRELIN PER 250 MCG	7/19/2005	MEDICARE	$21.78	$0.00									
J2730		PRALIDOXIME CHLORIDE INJ	1/1/2015	FEE SCHED	$87.66	$0.00									
J2765		METOCLOPRAMIDE HCL INJECTION	1/1/2015	FEE SCHED	$0.73	$0.00									
J2770		QUINUPRISTIN/DALFOPRISTIN	1/1/2015	FEE SCHED	$262.29	$0.00									
J2778		RANIBIZUMAB INJECTION	1/1/2015	FEE SCHED	$396.05	$0.00									
J2780		RANITIDINE HYDROCHLORIDE INJ	1/1/2015	FEE SCHED	$1.08	$0.00									
J2783		RASBURICASE	1/1/2015	FEE SCHED	$223.00	$0.00									
J2785		REGADENOSON INJECTION	1/1/2015	FEE SCHED	$52.62	$0.00									
J2788		RHO D IMMUNE GLOBULIN 50 MCG	1/1/2015	FEE SCHED	$26.20	$0.00									
J2790		RHO D IMMUNE GLOBULIN INJ	1/1/2015	FEE SCHED	$83.11	$0.00									
J2791		RHOPHYLAC INJECTION	1/1/2015	FEE SCHED	$4.77	$0.00									
J2792		RHO(D) IMMUNE GLOBULIN H, SD	1/1/2015	FEE SCHED	$18.64	$0.00									
J2793		RILONACEPT INJECTION	1/1/2010	EAC	$0.00	$0.00									
J2794		RISPERIDONE LONG ACTING	1/1/2015	FEE SCHED	$6.50	$0.00									
J2795		ROPIVACAINE HCL INJECTION	10/1/2014	FEE SCHED	$0.12	$0.00									
J2796		ROMIPLOSTIM INJECTION	1/1/2015	FEE SCHED	$54.99	$0.00									
J2800		METHOCARBAMOL INJECTION	1/1/2015	FEE SCHED	$46.57	$0.00									
J2805		SINCALIDE INJECTION	1/1/2015	FEE SCHED	$86.98	$0.00									
J2810		INJ THEOPHYLLINE PER 40 MG	1/1/2015	FEE SCHED	$0.27	$0.00									
J2820		SARGRAMOSTIM INJECTION	1/1/2015	FEE SCHED	$33.15	$0.00									
J2850		INJ SECRETIN SYNTHETIC HUMAN	10/1/2014	FEE SCHED	$34.78	$0.00									
J2910		AUROTHIOGLUCOSE INJECITON	6/29/2006	MEDICARE	$24.50	$0.00									
J2916		NA FERRIC GLUCONATE COMPLEX	1/1/2015	FEE SCHED	$2.77	$0.00									
J2920		METHYLPREDNISOLONE INJECTION	1/1/2015	FEE SCHED	$2.05	$0.00									
J2930		METHYLPREDNISOLONE INJECTION	1/1/2015	FEE SCHED	$2.97	$0.00									
J2950		PROMAZINE HCL INJECITON	7/19/2005	MEDICARE	$0.38	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J2993		RETEPLASE INJECTION	10/1/2013	FEE SCHED	$2,301.91	$0.00									
J2995		INJ STREPTOKINASE /250000 IU	7/19/2005	MEDICARE	$79.50	$0.00									
J2997		ALTEPLASE RECOMBINANT	1/1/2015	FEE SCHED	$68.19	$0.00									
J3000		STREPTOMYCIN INJECTION	1/1/2015	FEE SCHED	$12.53	$0.00									
J3010		FENTANYL CITRATE INJECITON	1/1/2015	FEE SCHED	$0.57	$0.00									
J3060		INJ, TALIGLUCERACE ALFA 10 U	1/1/2015	FEE SCHED	$35.23	$0.00									
J3070		PENTAZOCINE INJECTION	1/1/2015	FEE SCHED	$113.72	$0.00									
J3095		TELAVANCIN INJECTION	1/1/2015	FEE SCHED	$4.79	$0.00									
J3101		TENECTEPLASE INJECTION	1/1/2015	FEE SCHED	$86.23	$0.00									
J3105		TERBUTALINE SULFATE INJ	1/1/2015	FEE SCHED	$4.80	$0.00									
J3121		INJ TESTOSTERO ENANTHATE 1MG	1/1/2015	FEE SCHED	$0.06	$0.00									
J3230		CHLORPROMAZINE HCL INJECTION	1/1/2015	FEE SCHED	$23.92	$0.00									
J3240		THYROTROPIN INJECTION	1/1/2015	FEE SCHED	$1,428.67	$0.00									
J3243		TIGECYCLINE INJECTION	1/1/2015	FEE SCHED	$2.08	$0.00									
J3246		TIROFIBAN HCL	4/1/2014	FEE SCHED	$9.31	$0.00									
J3250		TRIMETHOBENZAMIDE HCL INJ	1/1/2015	FEE SCHED	$20.72	$0.00									
J3260		TOBRAMYCIN SULFATE INJECTION	1/1/2015	FEE SCHED	$2.81	$0.00									
J3262		TOCILIZUMAB INJECTION	1/1/2015	FEE SCHED	$3.80	$0.00									
J3265		INJECTION TORSEMIDE 10 MG/ML	7/1/2009	FEE SCHED	$2.19	$0.00									
J3280		THIETHYLPERAZINE MALEATE INJ	7/19/2005	MEDICARE	$3.87	$0.00									
J3285		TREPROSTINIL INJECTION	1/1/2011	FEE SCHED	$61.24	$0.00									
J3300		TRIAMCINOLONE A INJ PRS-FREE	1/1/2015	FEE SCHED	$3.74	$0.00									
J3301		TRIAMCINOLONE ACETONIDE INJ	1/1/2015	FEE SCHED	$1.81	$0.00									
J3302		TRIAMCINOLONE DIACETATE INJ	7/1/2009	FEE SCHED	$0.28	$0.00									
J3303		TRIAMCINOLONE HEXACETONL INJ	1/1/2015	FEE SCHED	$2.14	$0.00									
J3305		INJ TRIMETREXATE GLUCORONATE	10/1/2007	MEDICARE	$149.71	$0.00									
J3310		PERPHENAZINE INJECITON	1/1/2009	EAC	$0.00	$0.00									
J3315		TRIPTORELIN PAMOATE	1/1/2015	FEE SCHED	$169.45	$0.00									
J3320		SPECTINOMYCN DI-HCL INJ	4/10/2007	MEDICARE	$30.08	$0.00									
J3350		UREA INJECTION	1/1/2009	EAC	$0.00	$0.00									
J3357		USTEKINUMAB INJECTION	1/1/2015	FEE SCHED	$160.48	$0.00									
J3360		DIAZEPAM INJECTION	1/1/2015	FEE SCHED	$4.60	$0.00									
J3364		UROKINASE 5000 IU INJECTION	10/1/2009	FEE SCHED	$9.16	$0.00									
J3365		UROKINASE 250,000 IU INJ	7/1/2009	FEE SCHED	$457.73	$0.00									
J3370		VANCOMYCIN HCL INJECITON	1/1/2015	FEE SCHED	$2.06	$0.00									
J3385		VELAGLUCERASE ALFA	1/1/2015	FEE SCHED	$352.81	$0.00									
J3396		VERTEPORFIN INJECTION	1/1/2015	FEE SCHED	$10.75	$0.00									
J3400		TRIFLUPROMAZINE HCL INJ	1/1/2009	EAC	$0.00	$0.00									
J3410		HYDROXYZINE HCL INJECITON	7/1/2014	FEE SCHED	$0.45	$0.00									
J3411		THIAMINE HCL 100 MG	1/1/2015	FEE SCHED	$3.53	$0.00									
J3415		PYRIDOXINE HCL 100 MG	1/1/2015	FEE SCHED	$7.27	$0.00									
J3420		VITAMIN B12 INJECTION	1/1/2015	FEE SCHED	$3.32	$0.00									
J3430		VITAMIN K PHYTONADIONE INJ	1/1/2015	FEE SCHED	$2.94	$0.00									
J3465		INJECTION VORICONAZOLE	1/1/2015	FEE SCHED	$3.73	$0.00									
J3470		HYALURONIDASE INJECTION	7/1/2010	FEE SCHED	$21.20	$0.00									
J3471		OVINE UP TO 999 USP UNITS	1/1/2013	FEE SCHED	$0.25	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J3472		OVINE 1000 USP UNITS	4/1/2010	FEE SCHED	$137.80	$0.00									
J3473		HYALURONIDASE RECOMBINANT	10/1/2014	FEE SCHED	$0.33	$0.00									
J3475		INJ MAGNESIUM SULFATE	1/1/2015	FEE SCHED	$0.23	$0.00									
J3480		INJ POTASSIUM CHLORIDE	1/1/2015	FEE SCHED	$0.13	$0.00									
J3485		ZIDOVUDINE	4/1/2013	FEE SCHED	$1.50	$0.00									
J3486		ZIPRASIDONE MESYLATE	1/1/2015	FEE SCHED	$12.37	$0.00									
J3489		ZOLEDRONIC ACID 1MG	1/1/2015	FEE SCHED	$41.29	$0.00									
J3490		DRUGS UNCLASSIFIED INJECTION	1/1/2009	EAC	$0.00	$0.00									
J3520		EDETATE DISODIUM PER 150 MG	1/1/2009	EAC	$0.00	$0.00									
J3530		NASAL VACCINE INHALATION	1/1/2009	EAC	$0.00	$0.00									
J3535		METERED DOSE INHALER DRUG	1/1/2009	EAC	$0.00	$0.00									
J3590		UNCLASSIFIED BIOLOGICS	1/1/2009	EAC	$0.00	$0.00									
J7030		NORMAL SALINE SOLUTION INFUS	1/1/2015	FEE SCHED	$1.49	$0.00									
J7040		NORMAL SALINE SOLUTION INFUS	1/1/2015	FEE SCHED	$0.74	$0.00									
J7042		5% DEXTROSE/NORMAL SALINE	1/1/2015	FEE SCHED	$0.57	$0.00									
J7050		NORMAL SALINE SOLUTION INFUS	1/1/2015	FEE SCHED	$0.37	$0.00									
J7060		5% DEXTROSE/WATER	1/1/2015	FEE SCHED	$1.28	$0.00									
J7070		D5W INFUSION	1/1/2015	FEE SCHED	$2.43	$0.00									
J7100		DEXTRAN 40 INFUSION	1/1/2015	FEE SCHED	$17.77	$0.00									
J7110		DEXTRAN 75 INFUSION	1/1/2012	FEE SCHED	$14.52	$0.00									
J7120		RINGERS LACTATE INFUSION	1/1/2015	FEE SCHED	$1.30	$0.00									
J7131		HYPERTONIC SALINE SOL	1/1/2012	EAC	$0.00	$0.00									
J7180		FACTOR XIII ANTI-HEM FACTOR	1/1/2015	FEE SCHED	$7.06	$0.00									
J7183		WILATE INJECTION	1/1/2015	FEE SCHED	$0.96	$0.00									
J7185		XYNTHA INJ	1/1/2015	FEE SCHED	$1.19	$0.00									
J7186		ANTIHEMOPHILIC VIII/VWF COMP	1/1/2015	FEE SCHED	$0.95	$0.00									
J7187		INJ VONWILLEBRAND FACTOR IU	1/1/2015	FEE SCHED	$0.96	$0.00									
J7189		FACTOR VIIA	1/1/2015	FEE SCHED	$1.77	$0.00									
J7190		FACTOR VIII	1/1/2015	FEE SCHED	$0.94	$0.00									
J7191		FACTOR VIII (PORCINE)	2/20/2005	MEDICARE	$1.86	$0.00									
J7192		FACTOR VIII RECOMBINANT	7/1/2014	FEE SCHED	$1.14	$0.00									
J7193		FACTOR IX NON-RECOMBINANT	1/1/2015	FEE SCHED	$1.04	$0.00									
J7194		FACTOR IX COMPLEX	1/1/2015	FEE SCHED	$1.14	$0.00									
J7195		FACTOR IX RECOMBINANT	10/1/2014	FEE SCHED	$1.35	$0.00									
J7196		ANTITHROMBIN RECOMBINANT	1/1/2011	EAC	$0.00	$0.00									
J7197		ANTITHROMBIN III INJECTION	10/1/2014	FEE SCHED	$3.27	$0.00									
J7198		ANTI-INHIBITOR	1/1/2015	FEE SCHED	$1.76	$0.00									
J7199		HEMOPHILIA CLOT FACTOR NOC	1/1/2009	EAC	$0.00	$0.00									
J7200		FACTOR IX RECOMBINAN RIXUBIS	1/1/2015	FEE SCHED	$1.24	$0.00									
J7201		FACTOR IX FC FUSION RECOMB	1/1/2015	FEE SCHED	$2.82	$0.00									
J7300		INTRAUT COPPER CONTRACEPTIVE	10/1/2014	FEE SCHED	$753.78	$0.00									
J7301		SKYLA 13.5MG	1/1/2014	FEE SCHED	$663.30	$0.00									
J7302		LEVONORGESTREL IU 52 MG	1/1/2015	FEE SCHED	$826.72	$0.00									
J7303		CONTRACEPTIVE VAGINAL RING	10/1/2014	FEE SCHED	$102.78	$0.00									
J7304		CONTRACEPTIVE HORMONE PATCH	10/1/2014	FEE SCHED	$37.47	$0.00									
J7307		ETONOGESTREL IMPLANT SYSTEM	10/1/2011	FEE SCHED	$672.60	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J7308		AMINOLEVULINIC ACID HCL TOP	1/1/2015	FEE SCHED	$244.25	$0.00									
J7309		METHYL AMINOLEVULINATE, TOP	7/1/2013	FEE SCHED	$83.69	$0.00									
J7310		GANCICLOVIR LONG ACT IMPLANT	7/1/2009	FEE SCHED	$16,960.00	$0.00		Y							
J7311		FLUOCINOLONE ACETONIDE IMPLT	1/1/2015	FEE SCHED	$19,725.67	$0.00		Y							
J7312		DEXAMETHASONE INTRA IMPLANT	1/1/2015	FEE SCHED	$201.25	$0.00									
J7316		INJ, OCRIPLASMIN, 0.125 MG	7/1/2014	FEE SCHED	$1,046.75	$0.00									
J7321		HYALGAN/SUPARTZ INJ PER DOSE	1/1/2015	FEE SCHED	$88.90	$0.00									
J7323		EUFLEXXA INJ PER DOSE	1/1/2015	FEE SCHED	$154.62	$0.00									
J7324		ORTHOVISC INJ PER DOSE	1/1/2015	FEE SCHED	$174.75	$0.00									
J7325		SYNVISC OR SYNVISC-ONE	1/1/2015	FEE SCHED	$12.74	$0.00									
J7326		GEL-ONE	1/1/2015	FEE SCHED	$563.86	$0.00									
J7327		MONOVISC INJ PER DOSE	1/1/2015	FEE SCHED	$988.38	$0.00									
J7330		CULTURED CHONDROCYTES IMPLNT	4/1/2014	FEE SCHED	$31,905.54	$0.00		Y							
J7336		CAPSAICIN 8% PATCH	1/1/2015	FEE SCHED	$2.73	$0.00									
J7500		AZATHIOPRINE ORAL 50MG	1/1/2015	FEE SCHED	$0.21	$0.00									
J7501		AZATHIOPRINE PARENTERAL	1/1/2014	FEE SCHED	$217.30	$0.00									
J7502		CYCLOSPORINE ORAL 100 MG	1/1/2015	FEE SCHED	$3.46	$0.00									
J7504		LYMPHOCYTE IMMUNE GLOBULIN	1/1/2015	FEE SCHED	$902.25	$0.00									
J7505		MONOCLONAL ANTIBODIES	4/1/2012	FEE SCHED	$1,156.08	$0.00									
J7506		PREDNISONE ORAL	4/1/2014	FEE SCHED	$0.08	$0.00									
J7507		TACROLIMUS ORAL PER 1 MG	1/1/2015	FEE SCHED	$1.04	$0.00									
J7508		TACROLIMUS EX REL ORAL 0.1MG	1/1/2015	FEE SCHED	$0.39	$0.00									
J7509		METHYLPREDNISOLONE ORAL	1/1/2015	FEE SCHED	$0.51	$0.00									
J7510		PREDNISOLONE ORAL PER 5 MG	1/1/2015	FEE SCHED	$0.11	$0.00									
J7511		ANTITHYMOCYTE GLOBULN RABBIT	1/1/2015	FEE SCHED	$588.77	$0.00									
J7513		DACLIZUMAB, PARENTERAL	7/1/2010	FEE SCHED	$526.34	$0.00									
J7515		CYCLOSPORINE ORAL 25 MG	1/1/2015	FEE SCHED	$0.89	$0.00									
J7516		CYCLOSPORIN PARENTERAL 250MG	1/1/2015	FEE SCHED	$33.02	$0.00									
J7517		MYCOPHENOLATE MOFETIL ORAL	1/1/2015	FEE SCHED	$1.49	$0.00									
J7518		MYCOPHENOLIC ACID	1/1/2015	FEE SCHED	$3.31	$0.00									
J7520		SIROLIMUS, ORAL	1/1/2015	FEE SCHED	$17.23	$0.00									
J7525		TACROLIMUS INJECTION	1/1/2015	FEE SCHED	$149.15	$0.00									
J7527		ORAL EVEROLIMUS	1/1/2015	FEE SCHED	$6.86	$0.00									
J7599		IMMUNOSUPPRESSIVE DRUG NOC	1/1/2009	EAC	$0.00	$0.00									
J7604		ACETYLCYSTEINE COMP UNIT	1/1/2008	EAC	$0.00	$0.00									
J7605		ARFORMOTEROL NON-COMP UNIT	1/1/2015	FEE SCHED	$6.98	$0.00									
J7606		FORMOTEROL FUMARATE, INH	1/1/2015	FEE SCHED	$7.70	$0.00									
J7607		LEVALBUTEROL COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7608		ACETYLCYSTEINE INH SOL U D	1/1/2015	FEE SCHED	$5.39	$0.00									
J7609		ALBUTEROL COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7610		ALBUTEROL COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7611		ALBUTEROL NON-COMP	1/1/2015	FEE SCHED	$0.12	$0.00									
J7612		LEVALBUTEROL NONCOMP CON	1/1/2015	FEE SCHED	$0.17	$0.00									
J7613		ALBUTEROL NON-COMP UNIT	1/1/2015	FEE SCHED	$0.05	$0.00									
J7614		LEVALBUTEROL NON-COMP UNIT	1/1/2015	FEE SCHED	$0.09	$0.00									
J7615		LEVALBUTEROL COMP UNIT	1/1/2009	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J7620		ALBUTEROL NON-COMPOUNDED	1/1/2015	FEE SCHED	$0.19	$0.00									
J7622		BECLOMETHASONE COMP UNIT	7/19/2005	MEDICARE	$0.04	$0.00									
J7624		BETAMETHASONE COMP UNIT	3/1/2011	EAC	$0.00	$0.00									
J7626		BUDESONIDE NON-COMP UNIT	1/1/2015	FEE SCHED	$5.30	$0.00									
J7627		BUDESONIDE COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7628		BITOLTEROL MES INHAL SOL CON	5/1/2005	MEDICARE	$0.18	$0.00									
J7629		BITOLTEROL MES INH SOL U D	3/1/2011	EAC	$0.00	$0.00									
J7631		CROMOLYN SODIUM INH SOL U D	1/1/2015	FEE SCHED	$0.63	$0.00									
J7632		CROMOLYN SODIUM COMP UNIT	1/1/2008	EAC	$0.00	$0.00									
J7633		BUDESONIDE NON-COMP CON	7/19/2005	MEDICARE	$0.01	$0.00									
J7634		BUDESONIDE COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7635		ATROPINE INHAL SOL CON	7/19/2005	MEDICARE	$0.10	$0.00									
J7636		ATROPINE INHAL SOL UNIT DOSE	7/19/2005	MEDICARE	$0.10	$0.00									
J7637		DEXAMETHASONE INHAL SOL CON	3/1/2011	EAC	$0.00	$0.00									
J7638		DEXAMETHASONE INHAL SOL U D	6/29/2006	MEDICARE	$0.13	$0.00									
J7639		DORNASE ALPHA INHAL SOL U D	10/1/2014	FEE SCHED	$35.75	$0.00									
J7640		FORMOTEROL COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7641		FLUNISOLIDE COMP UNIT	7/19/2005	MEDICARE	$0.17	$0.00									
J7642		GLYCOPYRROLATE INHAL SOL CON	6/29/2006	MEDICARE	$1.04	$0.00									
J7643		GLYCOPYRROLATE INHAL SOL U D	6/29/2006	MEDICARE	$1.04	$0.00									
J7644		IPRATROPIUM BROM INH SOL U D	1/1/2015	FEE SCHED	$0.23	$0.00									
J7645		IPRATROPIUM BROMIDE COMP	1/1/2009	EAC	$0.00	$0.00									
J7647		ISOETHARINE COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7648		ISOETHARINE HCL INH SOL CON	3/1/2011	EAC	$0.00	$0.00									
J7649		ISOETHARINE HCL INH SOL U D	3/1/2011	EAC	$0.00	$0.00									
J7650		ISOETHARINE COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7657		ISOPROTERENOL COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7658		ISOPROTERENOLHCL INH SOL CON	7/19/2005	MEDICARE	$2.07	$0.00									
J7659		ISOPROTERENOL HCL INH SOL UD	7/19/2005	MEDICARE	$2.07	$0.00									
J7660		ISOPROTERENOL COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7665		MANNITOL FOR INHALER	4/1/2013	FEE SCHED	$0.67	$0.00									
J7667		METAPROTERENOL COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7668		METAPROTERENOL INH SOL CON	3/1/2011	EAC	$0.00	$0.00									
J7669		METAPROTERENOL INH SOL U D	7/1/2013	FEE SCHED	$0.43	$0.00									
J7670		METAPROTERENOL COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7674		METHACHOLINE CHLORIDE NEB	10/1/2014	FEE SCHED	$0.52	$0.00									
J7676		PENTAMIDINE COMP UNIT DOSE	1/1/2008	EAC	$0.00	$0.00									
J7680		TERBUTALINE SO4 INH SOL CON	3/1/2011	EAC	$0.00	$0.00									
J7681		TERBUTALINE SO4 INH SOL U D	7/19/2005	MEDICARE	$0.01	$0.00									
J7682		TOBRAMYCIN INHALATION SOL	1/1/2015	FEE SCHED	$89.26	$0.00									
J7683		TRIAMCINOLONE INH SOL CON	5/1/2005	MEDICARE	$0.56	$0.00									
J7684		TRIAMCINOLONE INH SOL U D	5/1/2005	MEDICARE	$0.56	$0.00									
J7685		TOBRAMYCIN COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7686		TREPROSTINIL, NON-COMP UNIT	1/1/2015	FEE SCHED	$482.99	$0.00									
J7699		INHALATION SOLUTION FOR DME	1/1/2009	EAC	$0.00	$0.00									
J7799		NON-INHALATION DRUG FOR DME	1/1/2009	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J8498		ANTIEMETIC RECTAL/SUPP NOS	1/1/2009	EAC	$0.00	$0.00									
J8499		ORAL PRESCRIP DRUG NON CHEMO	1/1/2009	EAC	$0.00	$0.00									
J8501		ORAL APREPITANT	1/1/2015	FEE SCHED	$7.67	$0.00									
J8510		ORAL BUSULFAN	1/1/2015	FEE SCHED	$12.62	$0.00									
J8515		CABERGOLINE ORAL 0.25MG	10/1/2010	FEE SCHED	$14.57	$0.00									
J8520		CAPECITABINE, ORAL, 150 MG	1/1/2015	FEE SCHED	$8.10	$0.00									
J8521		CAPECITABINE, ORAL, 500 MG	1/1/2015	FEE SCHED	$26.34	$0.00									
J8530		CYCLOPHOSPHAMIDE ORAL 25 MG	1/1/2015	FEE SCHED	$4.82	$0.00									
J8540		ORAL DEXAMETHASONE	1/1/2015	FEE SCHED	$0.25	$0.00									
J8560		ETOPOSIDE ORAL 50 MG	1/1/2015	FEE SCHED	$56.88	$0.00									
J8562		ORAL FLUDARABINE PHOSPHATE	4/1/2012	FEE SCHED	$81.77	$0.00									
J8565		GEFITINIB ORAL	1/1/2009	EAC	$0.00	$0.00									
J8597		ANTIEMETIC DRUG ORAL NOS	1/1/2009	EAC	$0.00	$0.00									
J8600		MELPHALAN ORAL 2 MG	1/1/2015	FEE SCHED	$9.80	$0.00									
J8610		METHOTREXATE ORAL 2.5 MG	1/1/2015	FEE SCHED	$1.87	$0.00									
J8700		TEMOZOLMIDE	1/1/2015	FEE SCHED	$3.65	$0.00									
J8705		TOPOTECAN ORAL	1/1/2015	FEE SCHED	$97.56	$0.00									
J8999		ORAL PRESCRIPTION DRUG CHEMO	1/1/2009	EAC	$0.00	$0.00									
J9000		DOXORUBIC HCL 10 MG VL CHEMO	1/1/2015	FEE SCHED	$3.48	$0.00									
J9010		ALEMTUZUMAB 10 MG	4/1/2013	FEE SCHED	$623.63	$0.00									
J9015		ALDESLEUKIN/SINGLE USE VIAL	10/1/2014	FEE SCHED	$2,110.63	$0.00									
J9017		ARSENIC TRIOXIDE	1/1/2015	FEE SCHED	$53.72	$0.00									
J9019		ERWINAZE INJECTION	1/1/2015	FEE SCHED	$364.68	$0.00									
J9020		ASPARAGINASE INJECTION	7/1/2013	FEE SCHED	$64.56	$0.00									
J9025		AZACITIDINE INJECTION	1/1/2015	FEE SCHED	$3.67	$0.00									
J9027		CLOFARABINE INJECTION	1/1/2015	FEE SCHED	$134.03	$0.00									
J9031		BCG LIVE INTRAVESICAL VAC	1/1/2015	FEE SCHED	$120.44	$0.00									
J9033		BENDAMUSTINE INJECTION	1/1/2015	FEE SCHED	$22.72	$0.00									
J9035		BEVACIZUMAB INJECTION	1/1/2015	FEE SCHED	$67.90	$0.00									
J9040		BLEOMYCIN SULFATE INJECTION	1/1/2015	FEE SCHED	$23.32	$0.00									
J9041		BORTEZOMIB INJECTION	1/1/2015	FEE SCHED	$46.55	$0.00									
J9042		BRENTUXIMAB VEDOTIN INJ	1/1/2015	FEE SCHED	$115.39	$0.00									
J9043		CABAZITAXEL INJECTION	1/1/2015	FEE SCHED	$142.38	$0.00									
J9045		CARBOPLATIN INJECTION	1/1/2015	FEE SCHED	$3.55	$0.00									
J9047		INJECTION, CARFILZOMIB, 1 MG	1/1/2015	FEE SCHED	$30.03	$0.00									
J9050		CARMUS BISCHL NITRO INJ	1/1/2015	FEE SCHED	$1,982.07	$0.00									
J9055		CETUXIMAB INJECTION	1/1/2015	FEE SCHED	$53.75	$0.00									
J9060		CISPLATIN 10 MG INJECITON	1/1/2015	FEE SCHED	$2.18	$0.00									
J9065		INJ CLADRIBINE PER 1 MG	1/1/2015	FEE SCHED	$21.98	$0.00									
J9070		CYCLOPHOSPHAMIDE 100 MG INJ	1/1/2015	FEE SCHED	$58.02	$0.00									
J9098		CYTARABINE LIPOSOME	1/1/2015	FEE SCHED	$559.09	$0.00									
J9100		CYTARABINE HCL 100 MG INJ	1/1/2015	FEE SCHED	$0.92	$0.00									
J9120		DACTINOMYCIN ACTINOMYCIN D	10/1/2014	FEE SCHED	$807.19	$0.00									
J9130		DACARBAZINE 100 MG INJ	1/1/2015	FEE SCHED	$4.32	$0.00									
J9150		DAUNORUBICIN	1/1/2015	FEE SCHED	$27.70	$0.00									
J9151		DAUNORUBICIN CITRATE LIPOSOM	7/1/2010	FEE SCHED	$57.66	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J9155		DEGARELIX INJECTION	1/1/2015	FEE SCHED	$3.42	$0.00									
J9160		DENILEUKIN DIFTITOX, 300 MCG	1/1/2012	FEE SCHED	$1,646.18	$0.00									
J9165		DIETHYLSTILBESTROL INJECTION	3/1/2011	EAC	$0.00	$0.00									
J9171		DOCETAXEL INJECTION	1/1/2015	FEE SCHED	$3.98	$0.00									
J9175		ELLIOTTS B SOLUTION PER ML	1/1/2014	FEE SCHED	$4.16	$0.00									
J9178		INJ EPIRUBICIN HCL 2 MG	1/1/2015	FEE SCHED	$1.28	$0.00									
J9179		ERIBULIN MESYLATE INJECTION	1/1/2015	FEE SCHED	$100.08	$0.00									
J9181		ETOPOSIDE 10 MG INJ	1/1/2015	FEE SCHED	$0.67	$0.00									
J9185		FLUDARABINE PHOSPHATE INJ	1/1/2015	FEE SCHED	$88.90	$0.00									
J9190		FLUOROURACIL INJECTION	1/1/2015	FEE SCHED	$2.00	$0.00									
J9200		FLOXURIDINE INJECTION	1/1/2015	FEE SCHED	$60.25	$0.00									
J9201		GEMCITABINE HCL, 200 MG	1/1/2015	FEE SCHED	$7.12	$0.00									
J9202		GOSERELIN ACETATE IMPLANT	1/1/2015	FEE SCHED	$230.01	$0.00									
J9206		IRINOTECAN 20 MG	1/1/2015	FEE SCHED	$4.17	$0.00									
J9207		IXABEPILONE INJECTION	1/1/2015	FEE SCHED	$71.34	$0.00									
J9208		IFOSFAMIDE INJECTION	1/1/2015	FEE SCHED	$30.83	$0.00									
J9209		MESNA INJECTION	1/1/2015	FEE SCHED	$2.76	$0.00									
J9211		IDARUBICIN HCL INJECITON	1/1/2015	FEE SCHED	$42.26	$0.00									
J9214		INTERFERON ALFA-2B INJ	1/1/2015	FEE SCHED	$21.28	$0.00									
J9215		INTERFERON ALFA-N3 INJ	2/20/2005	MEDICARE	$8.60	$0.00									
J9217		LEUPROLIDE ACETATE SUSPNSION	1/1/2015	FEE SCHED	$237.16	$0.00									
J9219		LEUPROLIDE ACETATE IMPLANT	7/1/2009	FEE SCHED	$4,819.82	$0.00									
J9225		HISTRELIN IMPLANT	1/1/2015	FEE SCHED	$3,000.24	$0.00									
J9226		SUPPRELIN LA IMPLANT	1/1/2015	FEE SCHED	$20,115.46	$0.00		Y							
J9228		IPILIMUMAB INJECTION	1/1/2015	FEE SCHED	$133.66	$0.00									
J9230		MECHLORETHAMINE HCL INJ	1/1/2015	FEE SCHED	$194.13	$0.00									
J9245		INJ MELPHALAN HYDROCHL 50 MG	1/1/2015	FEE SCHED	$1,292.71	$0.00									
J9250		METHOTREXATE SODIUM INJ	1/1/2015	FEE SCHED	$0.25	$0.00									
J9260		METHOTREXATE SODIUM INJ	1/1/2015	FEE SCHED	$2.49	$0.00									
J9261		NELARABINE INJECTION	1/1/2015	FEE SCHED	$142.92	$0.00									
J9263		OXALIPLATIN	1/1/2015	FEE SCHED	$0.59	$0.00									
J9264		PACLITAXEL INJECTION	1/1/2015	FEE SCHED	$9.69	$0.00									
J9266		PEGASPARGASE/SINGL DOSE VIAL	1/1/2015	FEE SCHED	$6,200.82	$0.00									
J9267		PACLITAXEL INJECTION	1/1/2015	FEE SCHED	$0.16	$0.00									
J9268		PENTOSTATIN INJECTION	1/1/2015	FEE SCHED	$1,510.36	$0.00									
J9270		PLICAMYCIN (MITHRAMYCIN) INJ	2/20/2005	MEDICARE	$78.99	$0.00									
J9280		MITOMYCIN 5 MG INJ	1/1/2015	FEE SCHED	$39.86	$0.00									
J9293		MITOXANTRONE HYDROCHL / 5 MG	1/1/2015	FEE SCHED	$34.79	$0.00									
J9300		GEMTUZUMAB OZOGAMICIN	7/1/2011	FEE SCHED	$2,742.59	$0.00									
J9301		OBINUTUZUMAB INJ	1/1/2015	FEE SCHED	$54.24	$0.00									
J9302		OFATUMUMAB INJECTION	1/1/2015	FEE SCHED	$48.35	$0.00									
J9303		PANITUMUMAB INJECTION	1/1/2015	FEE SCHED	$96.98	$0.00									
J9305		PEMETREXED INJECTION	1/1/2015	FEE SCHED	$60.70	$0.00									
J9306		INJECTION, PERTUZUMAB, 1 MG	7/1/2014	FEE SCHED	$10.22	$0.00									
J9307		PRALATREXATE INJECTION	1/1/2015	FEE SCHED	$204.47	$0.00									
J9310		RITUXIMAB CANCER TREATMENT	1/1/2015	FEE SCHED	$725.44	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
J9315		ROMIDEPSIN INJECTION	1/1/2015	FEE SCHED	$279.81	$0.00									
J9320		STREPTOZOCIN INJECTION	1/1/2015	FEE SCHED	$336.01	$0.00									
J9328		TEMOZOLOMIDE INJECTION	1/1/2015	FEE SCHED	$5.71	$0.00									
J9330		TEMSIROLIMUS INJECTION	1/1/2015	FEE SCHED	$60.04	$0.00									
J9340		THIOTEPA INJECTION	10/1/2013	FEE SCHED	$630.70	$0.00									
J9351		TOPOTECAN INJECTION	1/1/2015	FEE SCHED	$1.53	$0.00									
J9354		INJ, ADO-TRASTUZUMAB EMT 1MG	1/1/2015	FEE SCHED	$29.17	$0.00									
J9355		TRASTUZUMAB	1/1/2015	FEE SCHED	$84.45	$0.00									
J9357		VALRUBICIN, 200 MG	1/1/2015	FEE SCHED	$1,098.82	$0.00									
J9360		VINBLASTINE SULFATE INJ	1/1/2015	FEE SCHED	$2.64	$0.00									
J9370		VINCRISTINE SULFATE 1 MG INJ	1/1/2015	FEE SCHED	$4.86	$0.00									
J9390		VINORELBINE TARTRATE/10 MG	1/1/2015	FEE SCHED	$10.40	$0.00									
J9395		INJECTION FULVESTRANT	1/1/2015	FEE SCHED	$91.30	$0.00									
J9400		INJ, ZIV-AFLIBERCEPT, 1MG	1/1/2015	FEE SCHED	$7.62	$0.00									
J9600		PORFIMER SODIUM	7/1/2011	FEE SCHED	$3,004.74	$0.00									
J9999		CHEMOTHERAPY DRUG	1/1/2009	EAC	$0.00	$0.00									
K0730		CTRL DOSE INH DRUG DELIV SYS	1/1/2014	MEDICARE	$1,885.29	$0.00		Y							
L0112		CRANIAL CERVICAL ORTHOSIS	1/1/2015	MEDICARE	$1,354.34	$0.00		Y							
L0113		CRANIAL CERVICAL TORTICOLLIS	1/1/2015	MEDICARE	$275.96	$0.00		Y							
L0120		CERV FLEX N/ADJ FOAM PRE OTS	1/1/2015	MEDICARE	$23.75	$0.00									
L0130		FLEX THERMOPLASTIC COLLAR MO	1/1/2015	MEDICARE	$146.01	$0.00									
L0140		CERVICAL SEMI-RIGID ADJUSTAB	1/1/2015	MEDICARE	$64.69	$0.00									
L0150		CERV SEMI-RIG ADJ MOLDED CHN	1/1/2015	MEDICARE	$96.71	$0.00									
L0160		CERV SR WIRE OCC/MAN PRE OTS	1/1/2015	MEDICARE	$140.17	$0.00									
L0170		CERVICAL COLLAR MOLDED TO PT	1/1/2015	MEDICARE	$577.18	$0.00									
L0172		CERV COL SR FOAM 2PC PRE OTS	1/1/2015	MEDICARE	$118.04	$0.00									
L0174		CERV SR 2PC THOR EXT PRE OTS	1/1/2015	MEDICARE	$287.57	$0.00									
L0180		CER POST COL OCC/MAN SUP ADJ	1/1/2015	MEDICARE	$331.61	$0.00									
L0450		TLSO FLEX TRUNK/THOR PRE OTS	1/1/2015	MEDICARE	$155.54	$0.00									
L0454		TLSO TRNK SJ-T9 PRE CST	1/1/2015	MEDICARE	$335.60	$0.00									
L0456		TLSO FLEX TRNK SJ-SS PRE CST	1/1/2015	MEDICARE	$962.41	$0.00									
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	1/1/2015	MEDICARE	$862.98	$0.00									
L0460		TLSO 2 SHL SYMPHYS-STERN CST	1/1/2015	MEDICARE	$971.38	$0.00									
L0462		TLSO 3MOD SACRO-SCAP PRE	1/1/2015	MEDICARE	$1,208.21	$0.00		Y							
L0464		TLSO 4MOD SACRO-SCAP PRE	1/1/2015	MEDICARE	$1,438.34	$0.00		Y							
L0466		TLSO R FRAM SOFT ANT PRE CST	1/1/2015	MEDICARE	$349.37	$0.00									
L0468		TLSO RIG FRAM PELVIC PRE CST	1/1/2015	MEDICARE	$410.24	$0.00									
L0470		TLSO RIGID FRAME PRE SUBCLAV	1/1/2015	MEDICARE	$570.60	$0.00									
L0472		TLSO RIGID FRAME HYPEREX PRE	1/1/2015	MEDICARE	$361.88	$0.00									
L0491		TLSO 2 PIECE RIGID SHELL	1/1/2015	MEDICARE	$743.16	$0.00									
L0492		TLSO 3 PIECE RIGID SHELL	1/1/2015	MEDICARE	$468.34	$0.00									
L0621		SIO FLEX PELVIC/SACR PRE OTS	1/1/2015	MEDICARE	$102.11	$0.00									
L0622		SIO FLEX PELVISACRAL CUSTOM	1/1/2015	MEDICARE	$231.21	$0.00									
L0625		LO FLEX L1-BELOW L5 PRE OTS	1/1/2015	MEDICARE	$53.42	$0.00									
L0626		LO SAG RIG PNL STAYS PRE CST	1/1/2015	MEDICARE	$75.56	$0.00									
L0627		LO SAG RI AN/POS PNL PRE CST	1/1/2015	MEDICARE	$398.54	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
L0628		LSO FLEX NO RI STAYS PRE OTS	1/1/2015	MEDICARE	$81.32	$0.00									
L0630		LSO R POST PNL SJ-T9 PRE CST	1/1/2015	MEDICARE	$157.01	$0.00									
L0631		LSO SAG R AN/POS PNL PRE CST	1/1/2015	MEDICARE	$995.36	$0.00									
L0633		LSO SC R POS/LAT PNL PRE CST	1/1/2015	MEDICARE	$278.03	$0.00									
L0635		LSO SAGIT RIGID PANEL PREFAB	1/1/2015	MEDICARE	$856.67	$0.00									
L0636		LSO SAGITTAL RIGID PANEL CUS	1/1/2015	MEDICARE	$1,490.75	$0.00		Y							
L0637		LSO SC R ANT/POS PNL PRE CST	1/1/2015	MEDICARE	$1,003.61	$0.00									
L0638		LSO SAG-CORONAL PANEL CUSTOM	1/1/2015	MEDICARE	$1,276.27	$0.00		Y							
L0639		LSO S/C SHELL/PANEL PREFAB	1/1/2015	MEDICARE	$1,003.61	$0.00									
L0640		LSO S/C SHELL/PANEL CUSTOM	1/1/2015	MEDICARE	$1,012.54	$0.00		Y							
L0859		MRI COMPATIBLE SYSTEM	1/1/2015	MEDICARE	$1,453.72	$0.00		Y							
L1260		ANTERIOR THORACIC DEROTATION	1/1/2015	MEDICARE	$67.70	$0.00									
L1620		HO FLEX PAVLIK HARNS PRE CST	1/1/2015	MEDICARE	$119.91	$0.00									
L1652		HO BI THIGHCUFFS W SPRDR BAR	1/1/2015	MEDICARE	$344.94	$0.00									
L1660		HO ABDUCTION STATIC PLASTIC	1/1/2015	MEDICARE	$153.16	$0.00									
L1810		KO ELASTIC WITH JOINTS	1/1/2015	MEDICARE	$90.36	$0.00									
L1812		KO ELASTIC W/JOINTS PRE OTS	1/1/2015	MEDICARE	$90.36	$0.00									
L1820		KO ELAS W/ CONDYLE PADS & JO	1/1/2015	MEDICARE	$126.92	$0.00									
L1830		KO IMMOB CANVAS LONG PRE OTS	1/1/2015	MEDICARE	$82.68	$0.00									
L1831		KNEE ORTH POS LOCKING JOINT	1/1/2015	MEDICARE	$284.80	$0.00									
L1832		KO ADJ JNT POS R SUP PRE CST	1/1/2015	MEDICARE	$544.12	$0.00									
L1833		KO ADJ JNT POS R SUP PRE OTS	1/1/2015	MEDICARE	$544.12	$0.00									
L1836		KO RIGID W/O JOINTS PRE OTS	1/1/2015	MEDICARE	$129.14	$0.00									
L1840		KO DEROT ANT CRUCIATE CUSTOM	1/1/2015	MEDICARE	$822.91	$0.00									
L1844		KO W/ADJ JT ROT CNTRL MOLDED	1/1/2015	MEDICARE	$1,606.47	$0.00		Y							
L1845		KO DOUBLE UPRIGHT PRE CST	1/1/2015	MEDICARE	$755.51	$0.00									
L1846		KO W ADJ FLEX/EXT ROTAT MOLD	1/1/2015	MEDICARE	$1,004.50	$0.00									
L1902		AFO ANKLE GAUNTLET PRE OTS	1/1/2015	MEDICARE	$71.44	$0.00									
L1904		AFO MOLDED ANKLE GAUNTLET	1/1/2015	MEDICARE	$420.86	$0.00									
L1906		AFO MULTILIG ANK SUP PRE OTS	1/1/2015	MEDICARE	$143.50	$0.00									
L1920		AFO SING UPRIGHT W/ ADJUST S	1/1/2015	MEDICARE	$393.53	$0.00									
L1930		AFO PLASTIC	1/1/2015	MEDICARE	$231.07	$0.00									
L1932		AFO RIG ANT TIB PREFAB TCF/=	1/1/2015	MEDICARE	$863.45	$0.00									
L1945		AFO MOLDED PLAS RIG ANT TIB	1/1/2015	MEDICARE	$852.45	$0.00									
L1951		AFO SPIRAL PREFABRICATED	1/1/2015	MEDICARE	$812.66	$0.00									
L1960		AFO POS SOLID ANK PLASTIC MO	1/1/2015	MEDICARE	$496.07	$0.00									
L1971		AFO W/ANKLE JOINT, PREFAB	1/1/2015	MEDICARE	$453.55	$0.00									
L1990		AFO DOUB SOLID STIRRUP CALF	1/1/2015	MEDICARE	$398.93	$0.00									
L2000		KAFO SING FRE STIRR THI/CALF	1/1/2015	MEDICARE	$940.52	$0.00									
L2020		KAFO DBL SOLID STIRRUP BAND/	1/1/2015	MEDICARE	$1,045.02	$0.00		Y							
L2034		KAFO PLA SIN UP W/WO K/A CUS	1/1/2015	MEDICARE	$2,013.93	$0.00		Y							
L2106		AFO TIB FX CAST PLASTER MOLD	1/1/2015	MEDICARE	$608.51	$0.00									
L2112		AFO TIBIAL FRACTURE SOFT	1/1/2015	MEDICARE	$417.56	$0.00									
L2114		AFO TIB FX SEMI-RIGID	1/1/2015	MEDICARE	$523.73	$0.00									
L2116		AFO TIBIAL FRACTURE RIGID	1/1/2015	MEDICARE	$637.13	$0.00									
L2180		PLAS SHOE INSERT W ANK JOINT	1/1/2015	MEDICARE	$136.49	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
L2270		VARUS/VALGUS STRAP PADDED/LI	1/1/2015	MEDICARE	$52.78	$0.00									
L2275		PLASTIC MOD LOW EXT PAD/LINE	1/1/2015	MEDICARE	$133.32	$0.00									
L2280		MOLDED INNER BOOT	1/1/2015	MEDICARE	$405.26	$0.00									
L2310		ABDUCTION BAR-STRAIGHT	1/1/2015	MEDICARE	$119.50	$0.00									
L2340		PRE-TIBIAL SHELL MOLDED TO P	1/1/2015	MEDICARE	$400.00	$0.00									
L2387		ADD LE POLY KNEE CUSTOM KAFO	1/1/2015	MEDICARE	$148.12	$0.00									
L2425		KNEE DISC/DIAL LOCK/ADJ FLEX	1/1/2015	MEDICARE	$138.72	$0.00									
L2795		KNEE CONTROL FULL KNEECAP	1/1/2015	MEDICARE	$76.05	$0.00									
L2800		KNEE CAP MEDIAL OR LATERAL P	1/1/2015	MEDICARE	$104.70	$0.00									
L2820		SOFT INTERFACE BELOW KNEE SE	1/1/2015	MEDICARE	$103.63	$0.00									
L2830		SOFT INTERFACE ABOVE KNEE SE	1/1/2015	MEDICARE	$112.11	$0.00									
L3000		FT INSERT UCB BERKELEY SHELL	1/1/2015	MEDICARE	$303.93	$0.00									
L3001		FOOT INSERT REMOV MOLDED SPE	1/1/2015	MEDICARE	$127.99	$0.00									
L3010		FOOT LONGITUDINAL ARCH SUPPO	1/1/2015	MEDICARE	$168.60	$0.00									
L3020		FOOT LONGITUD/METATARSAL SUP	1/1/2015	MEDICARE	$191.97	$0.00									
L3030		FOOT ARCH SUPPORT REMOV PREM	1/1/2015	MEDICARE	$73.83	$0.00									
L3031		FOOT LAMIN/PREPREG COMPOSITE	1/1/2015	MEDICARE	$118.52	$0.00		Y							
L3040		FT ARCH SUPRT PREMOLD LONGIT	1/1/2015	MEDICARE	$45.54	$0.00									
L3050		FOOT ARCH SUPP PREMOLD METAT	1/1/2015	MEDICARE	$45.54	$0.00									
L3060		FOOT ARCH SUPP LONGITUD/META	1/1/2015	MEDICARE	$71.38	$0.00									
L3080		ARCH SUPP ATT TO SHOE METATA	1/1/2015	MEDICARE	$30.76	$0.00									
L3100		HALLUS-VALGUS NT DYN PRE OTS	1/1/2015	MEDICARE	$41.83	$0.00									
L3170		FOOT PLAS HEEL STABI PRE OTS	1/1/2015	MEDICARE	$49.25	$0.00									
L3202		ORTHOPEDIC SHOE OXFORD WITH SUP	1/1/2004	MSRP	$0.00	$0.00									
L3224		WOMAN'S SHOE OXFORD BRACE	1/1/2015	MEDICARE	$54.73	$0.00									
L3250		ORTHOPEDIC FOOTWEAR CUSTOM MOL	7/1/1997	MSRP	$0.00	$0.00									
L3300		SHO LIFT TAPER TO METATARSAL	1/1/2015	MEDICARE	$50.45	$0.00									
L3310		SHOE LIFT ELEV HEEL/SOLE NEO	1/1/2015	MEDICARE	$78.76	$0.00									
L3330		LIFTS ELEVATION METAL EXTENS	1/1/2015	MEDICARE	$547.62	$0.00									
L3332		SHOE LIFTS TAPERED TO ONE-HA	1/1/2015	MEDICARE	$71.38	$0.00									
L3334		SHOE LIFTS ELEVATION HEEL /I	1/1/2015	MEDICARE	$36.94	$0.00									
L3350		SHOE HEEL WEDGE	1/1/2015	MEDICARE	$22.12	$0.00									
L3420		FULL SOLE/HEEL WEDGE BTWEEN	1/1/2015	MEDICARE	$52.92	$0.00									
L3450		SHOE HEEL SACH CUSHION TYPE	1/1/2015	MEDICARE	$102.13	$0.00									
L3460		SHOE HEEL NEW RUBBER STANDAR	1/1/2015	MEDICARE	$33.24	$0.00									
L3470		SHOE HEEL THOMAS EXTEND TO B	1/1/2015	MEDICARE	$60.32	$0.00									
L3480		SHOE HEEL PAD & DEPRESS FOR	1/1/2015	MEDICARE	$60.32	$0.00									
L3540		ORTHO SHOE ADD FULL SOLE	1/1/2015	MEDICARE	$49.25	$0.00									
L3650		SO 8 ABD RESTRAINT PRE OTS	1/1/2015	MEDICARE	$51.94	$0.00									
L3660		SO 8 AB RSTR CAN/WEB PRE OTS	1/1/2015	MEDICARE	$117.48	$0.00									
L3670		SO ACRO/CLAV CAN WEB PRE OTS	1/1/2015	MEDICARE	$99.03	$0.00									
L3671		SO CAP DESIGN W/O JNTS CF	1/1/2015	MEDICARE	$793.51	$0.00									
L3702		EO W/O JOINTS CF	1/1/2015	MEDICARE	$254.30	$0.00									
L3710		EO ELAS W/METAL JNTS PRE OTS	1/1/2015	MEDICARE	$108.26	$0.00									
L3720		FOREARM/ARM CUFFS FREE MOTIO	1/1/2015	MEDICARE	$572.82	$0.00									
L3740		CUFFS ADJ LOCK W/ ACTIVE CON	1/1/2015	MEDICARE	$935.98	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
L3760		EO WITHJOINT, PREFABRICATED	1/1/2015	MEDICARE	$440.41	$0.00									
L3762		EO RIGID W/O JOINTS PRE OTS	1/1/2015	MEDICARE	$94.68	$0.00									
L3763		EWHO RIGID W/O JNTS CF	1/1/2015	MEDICARE	$591.55	$0.00									
L3764		EWHO W/JOINT(S) CF	1/1/2015	MEDICARE	$676.21	$0.00		Y							
L3765		EWHFO RIGID W/O JNTS CF	1/1/2015	MEDICARE	$1,129.22	$0.00		Y							
L3766		EWHFO W/JOINT(S) CF	1/1/2015	MEDICARE	$1,195.75	$0.00		Y							
L3806		WHFO W/JOINT(S) CUSTOM FAB	1/1/2015	MEDICARE	$400.03	$0.00									
L3807		WHFO W/O JOINTS PRE CST	1/1/2015	MEDICARE	$220.17	$0.00									
L3808		WHFO, RIGID W/O JOINTS	1/1/2015	MEDICARE	$319.59	$0.00									
L3809		WHFO W/O JOINTS PRE OTS	1/1/2015	MEDICARE	$220.17	$0.00									
L3905		WHO W/NONTORSION JNT(S) CF	1/1/2015	MEDICARE	$873.34	$0.00									
L3906		WHO W/O JOINTS CF	1/1/2015	MEDICARE	$358.14	$0.00									
L3908		WHO COCK-UP NONMOLDE PRE OTS	1/1/2015	MEDICARE	$52.47	$0.00									
L3913		HFO W/O JOINTS CF	1/1/2015	MEDICARE	$238.51	$0.00									
L3917		METACARP FX ORTHOSIS PRE CST	1/1/2015	MEDICARE	$93.00	$0.00									
L3919		HO W/O JOINTS CF	1/1/2015	MEDICARE	$238.51	$0.00									
L3921		HFO W/JOINT(S) CF	1/1/2015	MEDICARE	$282.85	$0.00									
L3933		FO W/O JOINTS CF	1/1/2015	MEDICARE	$187.91	$0.00									
L3935		FO NONTORSION JOINT CF	1/1/2015	MEDICARE	$194.60	$0.00									
L3960		SEWHO AIRPLAN DESIG ABDU POS	1/1/2015	MEDICARE	$643.64	$0.00									
L3961		SEWHO CAP DESIGN W/O JNTS CF	1/1/2015	MEDICARE	$1,479.60	$0.00		Y							
L3967		SEWHO AIRPLANE W/O JNTS CF	1/1/2015	MEDICARE	$1,746.91	$0.00		Y							
L3971		SEWHO CAP DESIGN W/JNT(S) CF	1/1/2015	MEDICARE	$1,658.20	$0.00		Y							
L3973		SEWHO AIRPLANE W/JNT(S) CF	1/1/2015	MEDICARE	$1,746.91	$0.00		Y							
L3975		SEWHFO CAP DESIGN W/O JNT CF	1/1/2015	MEDICARE	$1,479.60	$0.00		Y							
L3976		SEWHFO AIRPLANE W/O JNTS CF	1/1/2015	MEDICARE	$1,479.60	$0.00		Y							
L3977		SEWHFO CAP DESGN W/JNT(S) CF	1/1/2015	MEDICARE	$1,658.20	$0.00		Y							
L3978		SEWHFO AIRPLANE W/JNT(S) CF	1/1/2015	MEDICARE	$1,746.91	$0.00		Y							
L3980		UP EXT FX ORTHOS HUMERAL NOS	1/1/2015	MEDICARE	$270.74	$0.00									
L3984		UPPER EXT FX ORTHOSIS WRIST	1/1/2015	MEDICARE	$346.37	$0.00									
L4130		REPLACE PRETIBIAL SHELL	1/1/2015	MEDICARE	$510.30	$0.00									
L4350		ANKLE CONTROL ORTHO PRE OTS	1/1/2015	MEDICARE	$80.00	$0.00									
L4360		PNEUMAT WALKING BOOT PRE CST	1/1/2015	MEDICARE	$267.42	$0.00									
L4361		PNEUMA/VAC WALK BOOT PRE OTS	1/1/2015	MEDICARE	$267.42	$0.00									
L4370		PNEUM FULL LEG SPLNT PRE OTS	1/1/2015	MEDICARE	$185.33	$0.00									
L4386		NON-PNEUM WALK BOOT PRE CST	1/1/2015	MEDICARE	$153.41	$0.00									
L4387		NON-PNEUM WALK BOOT PRE OTS	1/1/2015	MEDICARE	$153.41	$0.00									
L4392		REPLACE AFO SOFT INTERFACE	1/1/2015	MEDICARE	$22.36	$0.00									
L4396		STATIC OR DYNAMI AFO PRE CST	1/1/2015	MEDICARE	$159.47	$0.00									
L7902		TENSION RING, VAC ERECT DEV	1/1/2015	MEDICARE	$18.22	$0.00									
L8000		MASTECTOMY BRA	1/1/2015	MEDICARE	$35.86	$0.00									
L8010		MASTECTOMY SLEEVE	7/1/1991	MSRP	$0.00	$0.00									
L8020		MASTECTOMY FORM	1/1/2015	MEDICARE	$191.28	$0.00									
L8030		BREAST PROSTHES W/O ADHESIVE	1/1/2015	MEDICARE	$339.44	$0.00									
L8499		UNLISTED PROCEDURE FOR MISCELLAN	10/1/1986	MSRP	$0.00	$0.00									
L8501		TRACHEOSTOMY SPEAKING VALVE	1/1/2015	MEDICARE	$115.18	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
L8511		INDWELLING TRACH INSERT	1/1/2015	MEDICARE	$70.51	$0.00									
L8603		COLLAGEN IMP URINARY 2.5 ML	1/1/2015	MEDICARE	$417.52	$0.00									
L8606		SYNTHETIC IMPLNT URINARY 1ML	1/1/2015	MEDICARE	$210.41	$0.00									
P2028		CEPHALIN FLOCULATION TEST	10/1/2007	EAC	$0.00	$0.00									
P2029		CONGO RED BLOOD TEST	10/1/2007	EAC	$0.00	$0.00									
P2033		BLOOD THYMOL TURBIDITY	10/1/2007	EAC	$0.00	$0.00									
P2038		BLOOD MUCOPROTEIN	1/1/2015	MEDICARE	$6.85	$0.00									
P3000		SCREEN PAP BY TECH W MD SUPV	1/1/2015	MEDICARE	$14.38	$0.00									
P3001		SCREENING PAP SMEAR BY PHYS	7/1/2014	RBRVS	$32.09	$32.09									
P9010		WHOLE BLOOD FOR TRANSFUSION	10/1/2007	EAC	$0.00	$0.00									
P9011		BLOOD SPLIT UNIT	10/1/2007	EAC	$0.00	$0.00									
P9012		CRYOPRECIPITATE EACH UNIT	10/1/2007	EAC	$0.00	$0.00									
P9016		RBC LEUKOCYTES REDUCED	10/1/2007	EAC	$0.00	$0.00									
P9017		PLASMA 1 DONOR FRZ W/IN 8 HR	10/1/2007	EAC	$0.00	$0.00									
P9019		PLATELETS, EACH UNIT	10/1/2007	EAC	$0.00	$0.00									
P9020		PLAELET RICH PLASMA UNIT	10/1/2007	EAC	$0.00	$0.00									
P9021		RED BLOOD CELLS UNIT	10/1/2007	EAC	$0.00	$0.00									
P9022		WASHED RED BLOOD CELLS UNIT	10/1/2007	EAC	$0.00	$0.00									
P9023		FROZEN PLASMA, POOLED, SD	10/1/2007	EAC	$0.00	$0.00									
P9031		PLATELETS LEUKOCYTES REDUCED	10/1/2007	EAC	$0.00	$0.00									
P9032		PLATELETS, IRRADIATED	10/1/2007	EAC	$0.00	$0.00									
P9033		PLATELETS LEUKOREDUCED IRRAD	10/1/2007	EAC	$0.00	$0.00									
P9034		PLATELETS, PHERESIS	10/1/2007	EAC	$0.00	$0.00									
P9035		PLATELET PHERES LEUKOREDUCED	10/1/2007	EAC	$0.00	$0.00									
P9036		PLATELET PHERESIS IRRADIATED	10/1/2007	EAC	$0.00	$0.00									
P9037		PLATE PHERES LEUKOREDU IRRAD	10/1/2007	EAC	$0.00	$0.00									
P9038		RBC IRRADIATED	10/1/2007	EAC	$0.00	$0.00									
P9039		RBC DEGLYCEROLIZED	10/1/2007	EAC	$0.00	$0.00									
P9040		RBC LEUKOREDUCED IRRADIATED	10/1/2007	EAC	$0.00	$0.00									
P9041		ALBUMIN (HUMAN),5%, 50ML	10/1/2014	FEE SCHED	$10.91	$0.00									
P9043		PLASMA PROTEIN FRACT,5%,50ML	4/1/2014	FEE SCHED	$9.57	$0.00									
P9044		CRYOPRECIPITATEREDUCEDPLASMA	10/1/2007	EAC	$0.00	$0.00									
P9045		ALBUMIN (HUMAN), 5%, 250 ML	10/1/2014	FEE SCHED	$54.54	$0.00									
P9046		ALBUMIN (HUMAN), 25%, 20 ML	10/1/2014	FEE SCHED	$22.49	$0.00									
P9047		ALBUMIN (HUMAN), 25%, 50ML	10/1/2014	FEE SCHED	$53.44	$0.00									
P9048		PLASMAPROTEIN FRACT,5%,250ML	4/1/2014	FEE SCHED	$47.86	$0.00									
P9050		GRANULOCYTES, PHERESIS UNIT	10/1/2007	EAC	$0.00	$0.00									
P9051		BLOOD L/R CMV-NEG	10/1/2007	EAC	$0.00	$0.00									
P9052		PLATELETS HLA-M L/R UNIT	10/1/2007	EAC	$0.00	$0.00									
P9053		PLT PHER L/R CMV-NEG IRR	10/1/2007	EAC	$0.00	$0.00									
P9054		BLOOD L/R FROZ/DEGLY/WASH	10/1/2007	EAC	$0.00	$0.00									
P9055		PLT APH/PHER L/R CMV-NEG	10/1/2007	EAC	$0.00	$0.00									
P9056		BLOOD L/R IRRADIATED	10/1/2007	EAC	$0.00	$0.00									
P9057		RBC FRZ/DEG/WSH L/R IRRAD	10/1/2007	EAC	$0.00	$0.00									
P9058		RBC L/R CMV-NEG IRRAD	10/1/2007	EAC	$0.00	$0.00									
P9059		PLASMA FRZ BETWEEN 8-24HOUR	10/1/2007	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
P9060		FR FRZ PLASMA DONOR RETESTED	10/1/2007	EAC	$0.00	$0.00									
P9612		CATHETERIZE FOR URINE SPEC	1/1/1999	MEDICARE	$3.00	$0.00									
P9615		URINE SPECIMEN COLLECT MULT	1/1/1999	MEDICARE	$3.00	$0.00									
Q0035		CARDIOKYMOGRAPHY	7/1/2014	RBRVS	$20.91	$20.91									
Q0035	TC	CARDIOKYMOGRAPHY	7/1/2014	RBRVS	$11.91	$11.91									
Q0035	26	CARDIOKYMOGRAPHY	7/1/2014	RBRVS	$9.04	$9.04									
Q0081		INFUSION THERAPY USING OTHER THAN	7/1/2014	EAC	$0.00	$0.00									
Q0083		CHEMOTHERAPY ADMINISTRATION BY O	7/1/2014	EAC	$0.00	$0.00									
Q0084		CHEMOTHERAPY ADMINISTRATION BY IN	7/1/2014	EAC	$0.00	$0.00									
Q0085		CHEMOTHERAPY ADMINISTRATION BY BI	7/1/2014	EAC	$0.00	$0.00									
Q0091		OBTAINING SCREEN PAP SMEAR	7/1/2014	RBRVS	$45.00	$19.90									
Q0092		SET UP PORT XRAY EQUIPMENT	7/1/2014	RBRVS	$24.46	$24.46									
Q0111		WET MOUNTS/ W PREPARATIONS	1/1/2015	MEDICARE	$5.81	$0.00									
Q0112		POTASSIUM HYDROXIDE PREPS	1/1/2015	MEDICARE	$5.81	$0.00									
Q0113		PINWORM EXAMINATIONS	1/1/2015	MEDICARE	$6.20	$0.00									
Q0114		FERN TEST	1/1/2015	MEDICARE	$9.74	$0.00									
Q0138		FERUMOXYTOL, NON-ESRD	1/1/2015	FEE SCHED	$0.78	$0.00									
Q0139		FERUMOXYTOL, ESRD USE	1/1/2015	FEE SCHED	$0.78	$0.00									
Q0144		AZITHROMYCIN DIHYDRATE, ORAL	4/1/2010	FEE SCHED	$32.21	$0.00									
Q0161		CHLORPROMAZINE HCL 5MG ORAL	7/1/2014	EAC	$0.00	$0.00									
Q0162		ONDANSETRON ORAL	1/1/2015	FEE SCHED	$0.06	$0.00									
Q0163		DIPHENHYDRAMINE HCL 50MG	1/1/2015	FEE SCHED	$0.23	$0.00									
Q0164		PROCHLORPERAZINE MALEATE 5MG	1/1/2015	FEE SCHED	$0.03	$0.00									
Q0166		GRANISETRON HCL 1 MG ORAL	1/1/2015	FEE SCHED	$1.48	$0.00									
Q0167		DRONABINOL 2.5MG ORAL	1/1/2015	FEE SCHED	$6.87	$0.00									
Q0169		PROMETHAZINE HCL 12.5MG ORAL	1/1/2015	FEE SCHED	$0.06	$0.00									
Q0173		TRIMETHOBENZAMIDE HCL 250MG	4/1/2011	FEE SCHED	$0.84	$0.00									
Q0174		THIETHYLPERAZINE MALEATE10MG	7/19/2005	MEDICARE	$0.52	$0.00									
Q0175		PERPHENAZINE 4MG ORAL	4/1/2011	FEE SCHED	$0.55	$0.00									
Q0177		HYDROXYZINE PAMOATE 25MG	1/1/2011	FEE SCHED	$0.04	$0.00									
Q0180		DOLASETRON MESYLATE ORAL	1/1/2015	FEE SCHED	$84.40	$0.00									
Q0181		UNSPECIFIED ORAL ANTI-EMETIC	10/1/2007	EAC	$0.00	$0.00									
Q0478		POWER ADAPTER, COMBO VAD	1/1/2015	MEDICARE	$178.52	$0.00									
Q0479		POWER MODULE COMBO VAD, REP	1/1/2015	MEDICARE	$11,733.26	$0.00		Y							
Q0480		DRIVER PNEUMATIC VAD, REP	1/1/2015	MEDICARE	$87,495.90	$0.00		Y							
Q0482		MICROPRCSR CU COMBO VAD, REP	1/1/2015	MEDICARE	$4,421.54	$0.00		Y							
Q0483		MONITOR ELEC VAD, REP	1/1/2015	MEDICARE	$18,214.76	$0.00		Y							
Q0484		MONITOR ELEC OR COMB VAD REP	1/1/2015	MEDICARE	$3,537.21	$0.00		Y							
Q0485		MONITOR CABLE ELEC VAD, REP	1/1/2015	MEDICARE	$341.54	$0.00									
Q0486		MON CABLE ELEC/PNEUM VAD REP	1/1/2015	MEDICARE	$284.23	$0.00									
Q0487		LEADS ANY TYPE VAD, REP ONLY	1/1/2015	MEDICARE	$331.60	$0.00									
Q0489		PWR PCK BASE COMBO VAD, REP	1/1/2015	MEDICARE	$15,791.20	$0.00		Y							
Q0490		EMR PWR SOURCE ELEC VAD, REP	1/1/2015	MEDICARE	$683.03	$0.00									
Q0491		EMR PWR SOURCE COMBO VAD REP	1/1/2015	MEDICARE	$1,073.85	$0.00		Y							
Q0492		EMR PWR CBL ELEC VAD, REP	1/1/2015	MEDICARE	$86.51	$0.00									
Q0493		EMR PWR CBL COMBO VAD, REP	1/1/2015	MEDICARE	$246.34	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
Q0494		EMR HD PMP ELEC/COMBO, REP	1/1/2015	MEDICARE	$208.45	$0.00									
Q0495		CHARGER ELEC/COMBO VAD, REP	1/1/2015	MEDICARE	$4,057.95	$0.00		Y							
Q0496		BATTERY ELEC/COMBO VAD, REP	1/1/2015	MEDICARE	$1,456.45	$0.00		Y							
Q0497		BAT CLPS ELEC/COMB VAD, REP	1/1/2015	MEDICARE	$454.81	$0.00									
Q0498		HOLSTER ELEC/COMBO VAD, REP	1/1/2015	MEDICARE	$499.01	$0.00									
Q0499		BELT/VEST ELEC/COMBO VAD REP	1/1/2015	MEDICARE	$162.13	$0.00									
Q0500		FILTERS ELEC/COMBO VAD, REP	1/1/2015	MEDICARE	$29.65	$0.00									
Q0501		SHWR COV ELEC/COMBO VAD, REP	1/1/2015	MEDICARE	$496.13	$0.00									
Q0502		MOBILITY CART PNEUM VAD, REP	1/1/2015	MEDICARE	$631.63	$0.00									
Q0503		BATTERY PNEUM VAD REPLACEMNT	1/1/2015	MEDICARE	$1,263.30	$0.00		Y							
Q0504		PWR ADPT PNEUM VAD, REP VEH	1/1/2015	MEDICARE	$666.61	$0.00									
Q2009		FOSPHENYTOIN, 50 MG	4/1/2014	FEE SCHED	$1.41	$0.00									
Q2017		TENIPOSIDE, 50 MG	1/1/2014	FEE SCHED	$346.95	$0.00									
Q2033		INFLUENZA VACCINE, (FLUBLOK)	1/1/2014	FEE SCHED	$66.55	$0.00									
Q2035		AFLURIA VACC, 3 YRS & >, IM	10/1/2014	FEE SCHED	$10.64	$0.00									
Q2036		FLULAVAL VACC, 3 YRS & >, IM	10/1/2013	FEE SCHED	$7.68	$0.00									
Q2037		FLUVIRIN VACC, 3 YRS & >, IM	10/1/2014	FEE SCHED	$13.78	$0.00									
Q2038		FLUZONE VACC, 3 YRS & >, IM	10/1/2013	FEE SCHED	$10.77	$0.00									
Q2039		NOS VACC, 3 YRS & >, IM	10/1/2010	EAC	$0.00	$0.00									
Q2043		SIPULEUCEL-T AUTO CD54+	1/1/2015	FEE SCHED	$34,775.98	$0.00		Y							
Q2049		IMPORTED LIPODOX INJ	10/1/2014	FEE SCHED	$508.43	$0.00			Y						
Q2050		DOXORUBICIN INJ 10MG	7/1/2014	EAC	$0.00	$0.00									
Q2052		IVIG DEMO, SERVICES/SUPPLIES	7/1/2014	EAC	$0.00	$0.00									
Q3001		BRACHYTHERAPY RADIOELEMENTS	10/1/2008	EAC	$0.00	$0.00									
Q3027		INJ BETA INTERFERON IM 1 MCG	1/1/2015	FEE SCHED	$36.69	$0.00									
Q3031		COLLAGEN SKIN TEST	4/1/2003	RBRVS	$0.00	$0.00									
Q4001		CAST SUP BODY CAST PLASTER	1/1/2015	FEE SCHED	$48.57	$0.00									
Q4002		CAST SUP BODY CAST FIBERGLAS	1/1/2015	FEE SCHED	$183.53	$0.00									
Q4003		CAST SUP SHOULDER CAST PLSTR	1/1/2015	FEE SCHED	$34.88	$0.00									
Q4004		CAST SUP SHOULDER CAST FBRGL	1/1/2015	FEE SCHED	$120.74	$0.00									
Q4005		CAST SUP LONG ARM ADULT PLST	1/1/2015	FEE SCHED	$12.86	$0.00									
Q4006		CAST SUP LONG ARM ADULT FBRG	1/1/2015	FEE SCHED	$28.98	$0.00									
Q4007		CAST SUP LONG ARM PED PLSTER	1/1/2015	FEE SCHED	$6.44	$0.00									
Q4008		CAST SUP LONG ARM PED FBRGLS	1/1/2015	FEE SCHED	$14.48	$0.00									
Q4009		CAST SUP SHT ARM ADULT PLSTR	1/1/2015	FEE SCHED	$8.59	$0.00									
Q4010		CAST SUP SHT ARM ADULT FBRGL	1/1/2015	FEE SCHED	$19.33	$0.00									
Q4011		CAST SUP SHT ARM PED PLASTER	1/1/2015	FEE SCHED	$4.28	$0.00									
Q4012		CAST SUP SHT ARM PED FBRGLAS	1/1/2015	FEE SCHED	$9.67	$0.00									
Q4013		CAST SUP GAUNTLET PLASTER	1/1/2015	FEE SCHED	$15.63	$0.00									
Q4014		CAST SUP GAUNTLET FIBERGLASS	1/1/2015	FEE SCHED	$26.36	$0.00									
Q4015		CAST SUP GAUNTLET PED PLSTER	1/1/2015	FEE SCHED	$7.83	$0.00									
Q4016		CAST SUP GAUNTLET PED FBRGLS	1/1/2015	FEE SCHED	$13.17	$0.00									
Q4017		CAST SUP LNG ARM SPLINT PLST	1/1/2015	FEE SCHED	$9.04	$0.00									
Q4018		CAST SUP LNG ARM SPLINT FBRG	1/1/2015	FEE SCHED	$14.40	$0.00									
Q4019		CAST SUP LNG ARM SPLNT PED P	1/1/2015	FEE SCHED	$4.53	$0.00									
Q4020		CAST SUP LNG ARM SPLNT PED F	1/1/2015	FEE SCHED	$7.22	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
Q4021		CAST SUP SHT ARM SPLINT PLST	1/1/2015	FEE SCHED	$6.69	$0.00									
Q4022		CAST SUP SHT ARM SPLINT FBRG	1/1/2015	FEE SCHED	$12.07	$0.00									
Q4023		CAST SUP SHT ARM SPLNT PED P	1/1/2015	FEE SCHED	$3.36	$0.00									
Q4024		CAST SUP SHT ARM SPLNT PED F	1/1/2015	FEE SCHED	$6.04	$0.00									
Q4025		CAST SUP HIP SPICA PLASTER	1/1/2015	FEE SCHED	$37.49	$0.00									
Q4026		CAST SUP HIP SPICA FIBERGLAS	1/1/2015	FEE SCHED	$117.07	$0.00									
Q4027		CAST SUP HIP SPICA PED PLSTR	1/1/2015	FEE SCHED	$18.76	$0.00									
Q4028		CAST SUP HIP SPICA PED FBRGL	1/1/2015	FEE SCHED	$58.56	$0.00									
Q4029		CAST SUP LONG LEG PLASTER	1/1/2015	FEE SCHED	$28.67	$0.00									
Q4030		CAST SUP LONG LEG FIBERGLASS	1/1/2015	FEE SCHED	$75.48	$0.00									
Q4031		CAST SUP LNG LEG PED PLASTER	1/1/2015	FEE SCHED	$14.33	$0.00									
Q4032		CAST SUP LNG LEG PED FBRGLS	1/1/2015	FEE SCHED	$37.74	$0.00									
Q4033		CAST SUP LNG LEG CYLINDER PL	1/1/2015	FEE SCHED	$26.75	$0.00									
Q4034		CAST SUP LNG LEG CYLINDER FB	1/1/2015	FEE SCHED	$66.52	$0.00									
Q4035		CAST SUP LNGLEG CYLNDR PED P	1/1/2015	FEE SCHED	$13.37	$0.00									
Q4036		CAST SUP LNGLEG CYLNDR PED F	1/1/2015	FEE SCHED	$33.27	$0.00									
Q4037		CAST SUP SHRT LEG PLASTER	1/1/2015	FEE SCHED	$16.31	$0.00									
Q4038		CAST SUP SHRT LEG FIBERGLASS	1/1/2015	FEE SCHED	$40.87	$0.00									
Q4039		CAST SUP SHRT LEG PED PLSTER	1/1/2015	FEE SCHED	$8.17	$0.00									
Q4040		CAST SUP SHRT LEG PED FBRGLS	1/1/2015	FEE SCHED	$20.43	$0.00									
Q4041		CAST SUP LNG LEG SPLNT PLSTR	1/1/2015	FEE SCHED	$19.84	$0.00									
Q4042		CAST SUP LNG LEG SPLNT FBRGL	1/1/2015	FEE SCHED	$33.87	$0.00									
Q4043		CAST SUP LNG LEG SPLNT PED P	1/1/2015	FEE SCHED	$9.93	$0.00									
Q4044		CAST SUP LNG LEG SPLNT PED F	1/1/2015	FEE SCHED	$16.94	$0.00									
Q4045		CAST SUP SHT LEG SPLNT PLSTR	1/1/2015	FEE SCHED	$11.52	$0.00									
Q4046		CAST SUP SHT LEG SPLNT FBRGL	1/1/2015	FEE SCHED	$18.52	$0.00									
Q4047		CAST SUP SHT LEG SPLNT PED P	1/1/2015	FEE SCHED	$5.74	$0.00									
Q4048		CAST SUP SHT LEG SPLNT PED F	1/1/2015	FEE SCHED	$9.27	$0.00									
Q4049		FINGER SPLINT, STATIC	1/1/2015	FEE SCHED	$2.10	$0.00									
Q4050		CAST SUPPLIES UNLISTED	7/1/2006	EAC	$0.00	$0.00									
Q4074		ILOPROST NON-COMP UNIT DOSE	1/1/2015	FEE SCHED	$101.91	$0.00									
Q4081		EPO ALFA 100 UNITS, ESRD	1/1/2015	FEE SCHED	$1.19	$0.00									
Q4101		APLIGRAF	1/1/2015	FEE SCHED	$32.13	$0.00									
Q4102		OASIS WOUND MATRIX	1/1/2015	FEE SCHED	$8.86	$0.00									
Q4103		OASIS BURN MATRIX	1/1/2014	FEE SCHED	$9.69	$0.00									
Q4104		INTEGRA BMWD	1/1/2015	FEE SCHED	$25.56	$0.00									
Q4105		INTEGRA DRT	1/1/2015	FEE SCHED	$17.59	$0.00									
Q4106		DERMAGRAFT	1/1/2015	FEE SCHED	$35.42	$0.00									
Q4107		GRAFTJACKET	1/1/2015	FEE SCHED	$95.68	$0.00									
Q4108		INTEGRA MATRIX	1/1/2015	FEE SCHED	$30.20	$0.00									
Q4110		PRIMATRIX	1/1/2015	FEE SCHED	$37.18	$0.00									
Q4111		GAMMAGRAFT	1/1/2015	FEE SCHED	$6.98	$0.00									
Q4112		CYMETRA INJECTABLE	1/1/2015	FEE SCHED	$326.65	$0.00									
Q4113		GRAFTJACKET XPRESS	1/1/2015	FEE SCHED	$326.65	$0.00									
Q4114		INTEGRA FLOWABLE WOUND MATRI	1/1/2015	FEE SCHED	$1,344.52	$0.00									
Q4115		ALLOSKIN	1/1/2015	FEE SCHED	$10.03	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
Q4116		ALLODERM	10/1/2014	FEE SCHED	$32.48	$0.00									
Q4121		THERASKIN	1/1/2015	FEE SCHED	$36.34	$0.00									
Q4123		ALLOSKIN	1/1/2015	FEE SCHED	$13.78	$0.00									
Q4131		EPIFIX	1/1/2015	FEE SCHED	$216.23	$0.00									
Q4137		AMNIOEXCEL OR BIODEXCEL, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4138		BIODFENCE DRYFLEX, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4139		AMNIO OR BIODMATRIX, INJ 1CC	7/1/2014	EAC	$0.00	$0.00									
Q4140		BIODFENCE 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4141		ALLOSKIN AC, 1 CM	7/1/2014	EAC	$0.00	$0.00									
Q4142		XCM BIOLOGIC TISS MATRIX 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4143		REPRIZA, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4145		EPIFIX, INJ, 1MG	7/1/2014	EAC	$0.00	$0.00									
Q4146		TENSIX, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4147		ARCHITECT ECM, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4148		NEOX 1K, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4149		EXCELLAGEN, 0.1 CC	7/1/2014	EAC	$0.00	$0.00									
Q9951		LOCM >= 400 MG/ML IODINE, 1ML	10/1/2007	EAC	$0.00	$0.00									
Q9953		INJ FE-BASED MR CONTRAST, ML	4/1/2010	FEE SCHED	$62.05	$0.00									
Q9954		ORAL MR CONTRAST, 100ML	1/1/2013	FEE SCHED	$11.66	$0.00									
Q9955		INJ PERFLEXANE LIP MICROS, ML	4/1/2005	MEDICARE	$13.25	$0.00									
Q9956		INJ OCTAFLUOROPROPANE MIC, ML	1/1/2015	FEE SCHED	$37.19	$0.00									
Q9957		INJ PERFLUTREN LIP MICROS, ML	1/1/2015	FEE SCHED	$55.79	$0.00									
Q9958		HOCM <=149 MG/ML IODINE, 1ML	10/1/2013	FEE SCHED	$0.09	$0.00									
Q9960		HOCM 200-249 MG/ML IODINE, 1ML	10/1/2014	FEE SCHED	$0.17	$0.00									
Q9961		HOCM 250-299 MG/ML IODINE, 1ML	10/1/2014	FEE SCHED	$0.20	$0.00									
Q9962		HOCM 300-349 MG/ML IODINE, 1ML	7/1/2009	FEE SCHED	$0.18	$0.00									
Q9963		HOCM 350-399 MG/ML IODINE, 1ML	10/1/2014	FEE SCHED	$0.20	$0.00									
Q9964		HOCM >=400 MG/ML IODINE, 1ML	7/1/2009	FEE SCHED	$0.29	$0.00									
Q9965		LOCM 100-199MG/ML IODINE,1ML	1/1/2015	FEE SCHED	$0.99	$0.00									
Q9966		LOCM 200-299MG/ML IODINE,1ML	1/1/2015	FEE SCHED	$0.20	$0.00									
Q9967		LOCM 300-399MG/ML IODINE,1ML	1/1/2015	FEE SCHED	$0.16	$0.00									
Q9969		NON-HEU TC-99M ADD-ON/DOSE	1/1/2013	EAC	$0.00	$0.00			Y						
R0076		TRANSPORT PORTABLE EKG	7/1/2003	RBRVS	$0.00	$0.00									
S0190		MITEPRISTONE, ORAL, 200MG	7/1/2003	FEE SCHED	$76.50	$0.00									
S0191		MISOPROSTOL, ORAL, 200 MCG	2/26/2004	FEE SCHED	$1.02	$0.00									
S0220		MEDICAL CONFERENCE BY PHYSIC	1/1/2008	RBRVS	$0.00	$0.00		Y							
V2500		CONTACT LENS PMMA SPHERICAL	7/1/2014	FEE SCHED	$24.09	$0.00		Y							
V2501		CNTCT LENS PMMA-TORIC/PRISM	7/1/2014	FEE SCHED	$77.44	$0.00		Y							
V2502		CONTACT LENS PMMA BIFOCAL	7/1/2014	FEE SCHED	$130.76	$0.00		Y							
V2503		CNTCT LENS PMMA COLOR VISION	7/1/2014	FEE SCHED	$24.09	$0.00		Y							
V2510		CNTCT GAS PERMEABLE SPHERICL	7/1/2014	FEE SCHED	$24.09	$0.00		Y							
V2511		CNTCT TORIC PRISM BALLAST	7/1/2014	FEE SCHED	$77.44	$0.00		Y							
V2512		CNTCT LENS GAS PERMBL BIFOCL	7/1/2014	FEE SCHED	$130.76	$0.00		Y							
V2513		CONTACT LENS EXTENDED WEAR	7/1/2014	FEE SCHED	$24.09	$0.00		Y							
V2520		CONTACT LENS HYDROPHILIC	7/1/2014	FEE SCHED	$24.09	$0.00		Y							
V2521		CNTCT LENS HYDROPHILIC TORIC	7/1/2014	FEE SCHED	$77.44	$0.00		Y							

Montana Medicaid - Fee Schedule
Psychiatrist 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
V2522		CNTCT LENS HYDROPHIL BIFOCL	7/1/2014	FEE SCHED	$130.76	$0.00		Y							
V2523		CNTCT LENS HYDROPHIL EXTEND	7/1/2014	FEE SCHED	$24.09	$0.00		Y							
V5240		DISPENSING FEE BICROS	7/1/2013	FEE SCHED	$232.00	$0.00									
0001F		HEART FAILURE ASSESSED	10/1/2007	RBRVS	$0.00	$0.00									
0005F		OSTEOARTHRITIS COMPOSITE	10/1/2007	RBRVS	$0.00	$0.00									
00100		ANESTH SALIVARY GLAND	10/1/2007	ANES VALU	5.00	0.00									
00102		ANESTH REPAIR OF CLEFT LIP	10/1/2007	ANES VALU	6.00	0.00									
00103		ANESTH BLEPHAROPLASTY	10/1/2007	ANES VALU	5.00	0.00									
00104		ANESTH ELECTROSHOCK	10/1/2007	ANES VALU	4.00	0.00									
0012F		CAP BACTERIAL ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
00120		ANESTH EAR SURGERY	10/1/2007	ANES VALU	5.00	0.00									
00124		ANESTH EAR EXAM	10/1/2007	ANES VALU	4.00	0.00									
00126		ANESTH TYMPANOTOMY	10/1/2007	ANES VALU	4.00	0.00									
0014F		COMP PREOP ASSESS CAT SURG	1/1/2008	RBRVS	$0.00	$0.00									
00140		ANESTH PROCEDURES ON EYE	10/1/2007	ANES VALU	5.00	0.00									
00142		ANESTH LENS SURGERY	10/1/2007	ANES VALU	4.00	0.00									
00144		ANESTH CORNEAL TRANSPLANT	10/1/2007	ANES VALU	6.00	0.00									
00145		ANESTH VITREORETINAL SURG	10/1/2007	ANES VALU	6.00	0.00									
00147		ANESTH IRIDECTOMY	10/1/2007	ANES VALU	4.00	0.00									
00148		ANESTH EYE EXAM	10/1/2007	ANES VALU	4.00	0.00									
0015F		MELAN FOLLOW-UP COMPLETE	1/1/2008	RBRVS	$0.00	$0.00									
00160		ANESTH NOSE/SINUS SURGERY	10/1/2007	ANES VALU	5.00	0.00									
00162		ANESTH NOSE/SINUS SURGERY	10/1/2007	ANES VALU	7.00	0.00									
00164		ANESTH BIOPSY OF NOSE	10/1/2007	ANES VALU	4.00	0.00									
00170		ANESTH PROCEDURE ON MOUTH	10/1/2007	ANES VALU	5.00	0.00									
00172		ANESTH CLEFT PALATE REPAIR	10/1/2007	ANES VALU	6.00	0.00									
00174		ANESTH PHARYNGEAL SURGERY	10/1/2007	ANES VALU	6.00	0.00									
00176		ANESTH PHARYNGEAL SURGERY	10/1/2007	ANES VALU	7.00	0.00									
00190		ANESTH FACE/SKULL BONE SURG	10/1/2007	ANES VALU	5.00	0.00									
00192		ANESTH FACIAL BONE SURGERY	10/1/2007	ANES VALU	7.00	0.00									
00210		ANESTH CRANIAL SURG NOS	10/1/2007	ANES VALU	11.00	0.00									
00211		ANESTH CRAN SURG HEMOTOMA	1/1/2009	ANES VALU	10.00	0.00									
00212		ANESTH SKULL DRAINAGE	10/1/2007	ANES VALU	5.00	0.00									
00214		ANESTH SKULL DRAINAGE	10/1/2007	ANES VALU	9.00	0.00									
00215		ANESTH SKULL REPAIR/FRACT	10/1/2007	ANES VALU	9.00	0.00									
00216		ANESTH HEAD VESSEL SURGERY	10/1/2007	ANES VALU	15.00	0.00									
00218		ANESTH SPECIAL HEAD SURGERY	10/1/2007	ANES VALU	13.00	0.00									
00220		ANESTH INTRCRN NERVE	10/1/2007	ANES VALU	10.00	0.00									
00222		ANESTH HEAD NERVE SURGERY	10/1/2007	ANES VALU	6.00	0.00									
00300		ANESTH HEAD/NECK/PTRUNK	10/1/2007	ANES VALU	5.00	0.00									
00320		ANESTH NECK ORGAN 1YR/>	10/1/2007	ANES VALU	6.00	0.00									
00322		ANESTH BIOPSY OF THYROID	10/1/2007	ANES VALU	3.00	0.00									
00326		ANESTH LARYNX/TRACH < 1 YR	10/1/2007	ANES VALU	7.00	0.00									
00350		ANESTH NECK VESSEL SURGERY	10/1/2007	ANES VALU	10.00	0.00									
00352		ANESTH NECK VESSEL SURGERY	10/1/2007	ANES VALU	5.00	0.00									
00400		ANESTH SKIN EXT/PER/ATRUNK	10/1/2007	ANES VALU	3.00	0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
00402		ANESTH SURGERY OF BREAST	10/1/2007	ANES VALU	5.00	0.00									
00404		ANESTH SURGERY OF BREAST	10/1/2007	ANES VALU	5.00	0.00									
00406		ANESTH SURGERY OF BREAST	10/1/2007	ANES VALU	13.00	0.00									
00410		ANESTH CORRECT HEART RHYTHM	10/1/2007	ANES VALU	4.00	0.00									
00450		ANESTH SURGERY OF SHOULDER	10/1/2007	ANES VALU	5.00	0.00									
00454		ANESTH COLLAR BONE BIOPSY	10/1/2007	ANES VALU	3.00	0.00									
00470		ANESTH REMOVAL OF RIB	10/1/2007	ANES VALU	6.00	0.00									
00472		ANESTH CHEST WALL REPAIR	10/1/2007	ANES VALU	10.00	0.00									
00474		ANESTH SURGERY OF RIB	10/1/2007	ANES VALU	13.00	0.00									
00500		ANESTH ESOPHAGEAL SURGERY	10/1/2007	ANES VALU	15.00	0.00									
00520		ANESTH CHEST PROCEDURE	10/1/2007	ANES VALU	6.00	0.00									
00522		ANESTH CHEST LINING BIOPSY	10/1/2007	ANES VALU	4.00	0.00									
00524		ANESTH CHEST DRAINAGE	10/1/2007	ANES VALU	4.00	0.00									
00528		ANES MEDIASCPY & DX THORSCPY	10/1/2007	ANES VALU	8.00	0.00									
00529		ANES MEDSCPY&THORSCPY 1 LUNG	10/1/2007	ANES VALU	11.00	0.00									
00530		ANESTH PACEMAKER INSERTION	10/1/2007	ANES VALU	4.00	0.00									
00532		ANESTH VASCULAR ACCESS	10/1/2007	ANES VALU	4.00	0.00									
00534		ANESTH CARDIOVERTER/DEFIB	10/1/2007	ANES VALU	7.00	0.00									
00537		ANESTH CARDIAC ELECTROPHYS	10/1/2007	ANES VALU	7.00	0.00									
00539		ANESTH TRACH-BRONCH RECONST	10/1/2007	ANES VALU	18.00	0.00									
00540		ANESTH CHEST SURGERY	10/1/2007	ANES VALU	12.00	0.00									
00541		ANESTH ONE LUNG VENTILATION	10/1/2007	ANES VALU	15.00	0.00									
00542		ANESTHESIA REMOVAL PLEURA	10/1/2007	ANES VALU	15.00	0.00									
00546		ANESTH LUNG CHEST WALL SURG	10/1/2007	ANES VALU	15.00	0.00									
00548		ANESTH TRACHEA BRONCHI SURG	10/1/2007	ANES VALU	17.00	0.00									
00550		ANESTH STERNAL DEBRIDEMENT	10/1/2007	ANES VALU	10.00	0.00									
00560		ANESTH HEART SURG W/O PUMP	10/1/2007	ANES VALU	15.00	0.00									
00561		ANESTH HEART SURG <1 YR	10/1/2007	ANES VALU	25.00	0.00									
00562		ANESTH HEART SURG W/PUMP	10/1/2007	ANES VALU	20.00	0.00									
00563		ANESTH HEART SURG W/ARREST	10/1/2007	ANES VALU	25.00	0.00									
00566		ANESTH CABG W/O PUMP	10/1/2007	ANES VALU	25.00	0.00									
00567		ANESTH CABG W/PUMP	1/1/2009	ANES VALU	18.00	0.00									
00580		ANESTH HEART/LUNG TRANSPLNT	10/1/2007	ANES VALU	20.00	0.00									
00600		ANESTH SPINE CORD SURGERY	10/1/2007	ANES VALU	10.00	0.00									
00604		ANESTH SITTING PROCEDURE	10/1/2007	ANES VALU	13.00	0.00									
00620		ANESTH SPINE CORD SURGERY	10/1/2007	ANES VALU	10.00	0.00									
00625		ANES SPINE TRANTHOR W/O VENT	10/1/2007	ANES VALU	13.00	0.00									
00626		ANES SPINE TRANSTHOR W/VENT	10/1/2007	ANES VALU	15.00	0.00									
00630		ANESTH SPINE CORD SURGERY	10/1/2007	ANES VALU	8.00	0.00									
00632		ANESTH REMOVAL OF NERVES	10/1/2007	ANES VALU	7.00	0.00									
00635		ANESTH LUMBAR PUNCTURE	10/1/2007	ANES VALU	4.00	0.00									
00640		ANESTH SPINE MANIPULATION	10/1/2007	ANES VALU	3.00	0.00									
00670		ANESTH SPINE CORD SURGERY	10/1/2007	ANES VALU	13.00	0.00				Y					
00700		ANESTH ABDOMINAL WALL SURG	10/1/2007	ANES VALU	4.00	0.00									
00702		ANESTH FOR LIVER BIOPSY	10/1/2007	ANES VALU	4.00	0.00									
00730		ANESTH ABDOMINAL WALL SURG	10/1/2007	ANES VALU	5.00	0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
00740		ANESTH UPPER GI VISUALIZE	10/1/2007	ANES VALU	5.00	0.00									
00750		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	4.00	0.00									
00752		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	6.00	0.00									
00754		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	7.00	0.00									
00756		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	7.00	0.00									
00770		ANESTH BLOOD VESSEL REPAIR	10/1/2007	ANES VALU	15.00	0.00									
00790		ANESTH SURG UPPER ABDOMEN	10/1/2007	ANES VALU	7.00	0.00									
00792		ANESTH HEMORR/EXCISE LIVER	10/1/2007	ANES VALU	13.00	0.00									
00794		ANESTH PANCREAS REMOVAL	10/1/2007	ANES VALU	8.00	0.00									
00796		ANESTH FOR LIVER TRANSPLANT	10/1/2007	ANES VALU	30.00	0.00									
00797		ANESTH SURGERY FOR OBESITY	7/1/2008	ANES VALU	11.00	0.00									
00800		ANESTH ABDOMINAL WALL SURG	10/1/2007	ANES VALU	4.00	0.00									
00802		ANESTH FAT LAYER REMOVAL	10/1/2007	ANES VALU	5.00	0.00									
00810		ANESTH LOW INTESTINE SCOPE	10/1/2007	ANES VALU	5.00	0.00									
00820		ANESTH ABDOMINAL WALL SURG	10/1/2007	ANES VALU	5.00	0.00									
00830		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	4.00	0.00									
00832		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	6.00	0.00									
00834		ANESTH HERNIA REPAIR < 1 YR	10/1/2007	ANES VALU	5.00	0.00									
00836		ANESTH HERNIA REPAIR PREEMIE	10/1/2007	ANES VALU	6.00	0.00									
00840		ANESTH SURG LOWER ABDOMEN	10/1/2007	ANES VALU	6.00	0.00									
00842		ANESTH AMNIOCENTESIS	10/1/2007	ANES VALU	4.00	0.00									
00844		ANESTH PELVIS SURGERY	10/1/2007	ANES VALU	7.00	0.00									
00846		ANESTH HYSTERECTOMY	10/1/2007	ANES VALU	8.00	0.00									
00848		ANESTH PELVIC ORGAN SURG	10/1/2007	ANES VALU	8.00	0.00									
00851		ANESTH TUBAL LIGATION	10/1/2007	ANES VALU	6.00	0.00									
00860		ANESTH SURGERY OF ABDOMEN	10/1/2007	ANES VALU	6.00	0.00									
00862		ANESTH KIDNEY/URETER SURG	10/1/2007	ANES VALU	7.00	0.00									
00864		ANESTH REMOVAL OF BLADDER	10/1/2007	ANES VALU	8.00	0.00									
00865		ANESTH REMOVAL OF PROSTATE	10/1/2007	ANES VALU	7.00	0.00									
00866		ANESTH REMOVAL OF ADRENAL	10/1/2007	ANES VALU	10.00	0.00									
00868		ANESTH KIDNEY TRANSPLANT	10/1/2007	ANES VALU	10.00	0.00									
00870		ANESTH BLADDER STONE SURG	10/1/2007	ANES VALU	5.00	0.00									
00872		ANESTHESIA FOR LITHOTRIPSY EXTRAC	10/1/2007	ANES VALU	7.00	0.00									
00873		ANESTHESIA FOR LITHOTRIPSY EXTRAC	10/1/2007	ANES VALU	5.00	0.00									
00880		ANESTH ABDOMEN VESSEL SURG	10/1/2007	ANES VALU	15.00	0.00									
00882		ANESTH MAJOR VEIN LIGATION	10/1/2007	ANES VALU	10.00	0.00									
00902		ANESTH ANORECTAL SURGERY	10/1/2007	ANES VALU	5.00	0.00									
00904		ANESTH PERINEAL SURGERY	10/1/2007	ANES VALU	7.00	0.00									
00906		ANESTH REMOVAL OF VULVA	10/1/2007	ANES VALU	4.00	0.00									
00908		ANESTH REMOVAL OF PROSTATE	10/1/2007	ANES VALU	6.00	0.00									
00910		ANESTH BLADDER SURGERY	10/1/2007	ANES VALU	3.00	0.00									
00912		ANESTH BLADDER TUMOR SURG	10/1/2007	ANES VALU	5.00	0.00									
00914		ANESTH REMOVAL OF PROSTATE	10/1/2007	ANES VALU	5.00	0.00									
00916		ANESTH BLEEDING CONTROL	10/1/2007	ANES VALU	5.00	0.00									
00918		ANESTH STONE REMOVAL	10/1/2007	ANES VALU	5.00	0.00									
00920		ANESTH GENITALIA SURGERY	10/1/2007	ANES VALU	3.00	0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
00921		ANESTH VASECTOMY	10/1/2007	ANES VALU	3.00	0.00									
00922		ANESTH SPERM DUCT SURGERY	10/1/2007	ANES VALU	6.00	0.00									
00924		ANESTH TESTIS EXPLORATION	10/1/2007	ANES VALU	4.00	0.00									
00926		ANESTH REMOVAL OF TESTIS	10/1/2007	ANES VALU	4.00	0.00									
00928		ANESTH REMOVAL OF TESTIS	10/1/2007	ANES VALU	6.00	0.00									
00930		ANESTH TESTIS SUSPENSION	10/1/2007	ANES VALU	4.00	0.00									
00932		ANESTH AMPUTATION OF PENIS	10/1/2007	ANES VALU	4.00	0.00									
00934		ANESTH PENIS NODES REMOVAL	10/1/2007	ANES VALU	6.00	0.00									
00936		ANESTH PENIS NODES REMOVAL	10/1/2007	ANES VALU	8.00	0.00									
00938		ANESTH INSERT PENIS DEVICE	10/1/2007	ANES VALU	4.00	0.00									
00940		ANESTH VAGINAL PROCEDURES	10/1/2007	ANES VALU	3.00	0.00									
00942		ANESTH SURG ON VAG/URETHRAL	10/1/2007	ANES VALU	4.00	0.00									
00944		ANESTH VAGINAL HYSTERECTOMY	10/1/2007	ANES VALU	6.00	0.00									
00948		ANESTH REPAIR OF CERVIX	10/1/2007	ANES VALU	4.00	0.00									
00950		ANESTH VAGINAL ENDOSCOPY	10/1/2007	ANES VALU	5.00	0.00									
00952		ANESTH HYSTEROSCOPE/GRAPH	10/1/2007	ANES VALU	4.00	0.00									
01112		ANESTH BONE ASPIRATE/BX	10/1/2007	ANES VALU	5.00	0.00									
01120		ANESTH PELVIS SURGERY	10/1/2007	ANES VALU	6.00	0.00									
01130		ANESTH BODY CAST PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01140		ANESTH AMPUTATION AT PELVIS	10/1/2007	ANES VALU	15.00	0.00									
01150		ANESTH PELVIC TUMOR SURGERY	10/1/2007	ANES VALU	10.00	0.00									
01160		ANESTH PELVIS PROCEDURE	10/1/2007	ANES VALU	4.00	0.00									
01170		ANESTH PELVIS SURGERY	10/1/2007	ANES VALU	8.00	0.00									
01173		ANESTH FX REPAIR PELVIS	10/1/2007	ANES VALU	12.00	0.00									
01180		ANESTH PELVIS NERVE REMOVAL	10/1/2007	ANES VALU	3.00	0.00									
01190		ANESTH PELVIS NERVE REMOVAL	10/1/2007	ANES VALU	4.00	0.00									
01200		ANESTH HIP JOINT PROCEDURE	10/1/2007	ANES VALU	4.00	0.00									
01202		ANESTH ARTHROSCOPY OF HIP	10/1/2007	ANES VALU	4.00	0.00									
01210		ANESTH HIP JOINT SURGERY	10/1/2007	ANES VALU	6.00	0.00									
01212		ANESTH HIP DISARTICULATION	10/1/2007	ANES VALU	10.00	0.00									
01214		ANESTH HIP ARTHROPLASTY	10/1/2007	ANES VALU	8.00	0.00									
01215		ANESTH REVISE HIP REPAIR	10/1/2007	ANES VALU	10.00	0.00									
01220		ANESTH PROCEDURE ON FEMUR	10/1/2007	ANES VALU	4.00	0.00									
01230		ANESTH SURGERY OF FEMUR	10/1/2007	ANES VALU	6.00	0.00									
01232		ANESTH AMPUTATION OF FEMUR	10/1/2007	ANES VALU	5.00	0.00									
01234		ANESTH RADICAL FEMUR SURG	10/1/2007	ANES VALU	8.00	0.00									
01250		ANESTH UPPER LEG SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01260		ANESTH UPPER LEG VEINS SURG	10/1/2007	ANES VALU	3.00	0.00									
01270		ANESTH THIGH ARTERIES SURG	10/1/2007	ANES VALU	8.00	0.00									
01272		ANESTH FEMORAL ARTERY SURG	10/1/2007	ANES VALU	4.00	0.00									
01274		ANESTH FEMORAL EMBOLECTOMY	10/1/2007	ANES VALU	6.00	0.00									
01320		ANESTH KNEE AREA SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01340		ANESTH KNEE AREA PROCEDURE	10/1/2007	ANES VALU	4.00	0.00									
01360		ANESTH KNEE AREA SURGERY	10/1/2007	ANES VALU	5.00	0.00									
01380		ANESTH KNEE JOINT PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01382		ANESTH DX KNEE ARTHROSCOPY	10/1/2007	ANES VALU	3.00	0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
01390		ANESTH KNEE AREA PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01392		ANESTH KNEE AREA SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01400		ANESTH KNEE JOINT SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01402		ANESTH KNEE ARTHROPLASTY	10/1/2007	ANES VALU	7.00	0.00									
01404		ANESTH AMPUTATION AT KNEE	10/1/2007	ANES VALU	5.00	0.00									
01420		ANESTH KNEE JOINT CASTING	10/1/2007	ANES VALU	3.00	0.00									
01430		ANESTH KNEE VEINS SURGERY	10/1/2007	ANES VALU	3.00	0.00									
01432		ANESTH KNEE VESSEL SURG	10/1/2007	ANES VALU	6.00	0.00									
01440		ANESTH KNEE ARTERIES SURG	10/1/2007	ANES VALU	8.00	0.00									
01442		ANESTH KNEE ARTERY SURG	10/1/2007	ANES VALU	8.00	0.00									
01444		ANESTH KNEE ARTERY REPAIR	10/1/2007	ANES VALU	8.00	0.00									
01462		ANESTH LOWER LEG PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01464		ANESTH ANKLE/FT ARTHROSCOPY	10/1/2007	ANES VALU	3.00	0.00									
01470		ANESTH LOWER LEG SURGERY	10/1/2007	ANES VALU	3.00	0.00									
01472		ANESTH ACHILLES TENDON SURG	10/1/2007	ANES VALU	5.00	0.00									
01474		ANESTH LOWER LEG SURGERY	10/1/2007	ANES VALU	5.00	0.00									
01480		ANESTH LOWER LEG BONE SURG	10/1/2007	ANES VALU	3.00	0.00									
01482		ANESTH RADICAL LEG SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01484		ANESTH LOWER LEG REVISION	10/1/2007	ANES VALU	4.00	0.00									
01486		ANESTH ANKLE REPLACEMENT	10/1/2007	ANES VALU	7.00	0.00									
01490		ANESTH LOWER LEG CASTING	10/1/2007	ANES VALU	3.00	0.00									
01500		ANESTH LEG ARTERIES SURG	10/1/2007	ANES VALU	8.00	0.00									
01502		ANESTH LWR LEG EMBOLECTOMY	10/1/2007	ANES VALU	6.00	0.00									
01520		ANESTH LOWER LEG VEIN SURG	10/1/2007	ANES VALU	3.00	0.00									
01522		ANESTH LOWER LEG VEIN SURG	10/1/2007	ANES VALU	5.00	0.00									
01610		ANESTH SURGERY OF SHOULDER	10/1/2007	ANES VALU	5.00	0.00									
01620		ANESTH SHOULDER PROCEDURE	10/1/2007	ANES VALU	4.00	0.00									
01622		ANES DX SHOULDER ARTHROSCOPY	10/1/2007	ANES VALU	4.00	0.00									
01630		ANESTH SURGERY OF SHOULDER	10/1/2007	ANES VALU	5.00	0.00									
01634		ANESTH SHOULDER JOINT AMPUT	10/1/2007	ANES VALU	9.00	0.00									
01636		ANESTH FOREQUARTER AMPUT	10/1/2007	ANES VALU	15.00	0.00									
01638		ANESTH SHOULDER REPLACEMENT	10/1/2007	ANES VALU	10.00	0.00									
01650		ANESTH SHOULDER ARTERY SURG	10/1/2007	ANES VALU	6.00	0.00									
01652		ANESTH SHOULDER VESSEL SURG	10/1/2007	ANES VALU	10.00	0.00									
01654		ANESTH SHOULDER VESSEL SURG	10/1/2007	ANES VALU	8.00	0.00									
01656		ANESTH ARM-LEG VESSEL SURG	10/1/2007	ANES VALU	10.00	0.00									
01670		ANESTH SHOULDER VEIN SURG	10/1/2007	ANES VALU	4.00	0.00									
01680		ANESTH SHOULDER CASTING	10/1/2007	ANES VALU	3.00	0.00									
01682		ANESTH AIRPLANE CAST	10/1/2007	ANES VALU	4.00	0.00									
01710		ANESTH ELBOW AREA SURGERY	10/1/2007	ANES VALU	3.00	0.00									
01712		ANESTH UPPR ARM TENDON SURG	10/1/2007	ANES VALU	5.00	0.00									
01714		ANESTH UPPR ARM TENDON SURG	10/1/2007	ANES VALU	5.00	0.00									
01716		ANESTH BICEPS TENDON REPAIR	10/1/2007	ANES VALU	5.00	0.00									
01730		ANESTH UPPR ARM PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01732		ANESTH DX ELBOW ARTHROSCOPY	10/1/2007	ANES VALU	3.00	0.00									
01740		ANESTH UPPER ARM SURGERY	10/1/2007	ANES VALU	4.00	0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
01742		ANESTH HUMERUS SURGERY	10/1/2007	ANES VALU	5.00	0.00									
01744		ANESTH HUMERUS REPAIR	10/1/2007	ANES VALU	5.00	0.00									
01756		ANESTH RADICAL HUMERUS SURG	10/1/2007	ANES VALU	6.00	0.00									
01758		ANESTH HUMERAL LESION SURG	10/1/2007	ANES VALU	5.00	0.00									
01760		ANESTH ELBOW REPLACEMENT	10/1/2007	ANES VALU	7.00	0.00									
01770		ANESTH UPPR ARM ARTERY SURG	10/1/2007	ANES VALU	6.00	0.00									
01772		ANESTH UPPR ARM EMBOLECTOMY	10/1/2007	ANES VALU	6.00	0.00									
01780		ANESTH UPPER ARM VEIN SURG	10/1/2007	ANES VALU	3.00	0.00									
01782		ANESTH UPPR ARM VEIN REPAIR	10/1/2007	ANES VALU	4.00	0.00									
01810		ANESTH LOWER ARM SURGERY	10/1/2007	ANES VALU	3.00	0.00									
01820		ANESTH LOWER ARM PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01829		ANESTH DX WRIST ARTHROSCOPY	10/1/2007	ANES VALU	3.00	0.00									
01830		ANESTH LOWER ARM SURGERY	10/1/2007	ANES VALU	3.00	0.00									
01832		ANESTH WRIST REPLACEMENT	10/1/2007	ANES VALU	6.00	0.00									
01840		ANESTH LWR ARM ARTERY SURG	10/1/2007	ANES VALU	6.00	0.00									
01842		ANESTH LWR ARM EMBOLECTOMY	10/1/2007	ANES VALU	6.00	0.00									
01844		ANESTH VASCULAR SHUNT SURG	10/1/2007	ANES VALU	6.00	0.00									
01850		ANESTH LOWER ARM VEIN SURG	10/1/2007	ANES VALU	3.00	0.00									
01852		ANESTH LWR ARM VEIN REPAIR	10/1/2007	ANES VALU	4.00	0.00									
01860		ANESTH LOWER ARM CASTING	10/1/2007	ANES VALU	3.00	0.00									
01916		ANESTH DX ARTERIOGRAPHY	1/1/2008	ANES VALU	5.00	0.00									
01920		ANESTH CATHETERIZE HEART	10/1/2007	ANES VALU	7.00	0.00									
01922		ANESTH CAT OR MRI SCAN	10/1/2007	ANES VALU	7.00	0.00									
01924		ANES THER INTERVEN RAD ARTRL	10/1/2007	ANES VALU	5.00	0.00									
01925		ANES THER INTERVEN RAD CARD	10/1/2007	ANES VALU	7.00	0.00									
01926		ANES TX INTERV RAD HRT/CRAN	10/1/2007	ANES VALU	8.00	0.00									
01930		ANES THER INTERVEN RAD VEIN	10/1/2007	ANES VALU	5.00	0.00									
01931		ANES THER INTERVEN RAD TIPS	10/1/2007	ANES VALU	7.00	0.00									
01932		ANES TX INTERV RAD TH VEIN	10/1/2007	ANES VALU	6.00	0.00									
01933		ANES TX INTERV RAD CRAN VEIN	10/1/2007	ANES VALU	7.00	0.00									
01935		ANESTH PERC IMG DX SP PROC	1/1/2008	ANES VALU	5.00	0.00									
01936		ANESTH PERC IMG TX SP PROC	1/1/2008	ANES VALU	5.00	0.00									
01951		ANESTH BURN LESS 4 PERCENT	10/1/2007	ANES VALU	3.00	0.00									
01952		ANESTH BURN 4-9 PERCENT	10/1/2007	ANES VALU	5.00	0.00									
01953		ANESTH BURN EACH 9 PERCENT	7/1/2014	RBRVS	$31.02	$31.02									
01958		ANESTH ANTEPARTUM MANIPUL	10/1/2007	ANES VALU	5.00	0.00									
01960		ANESTH VAGINAL DELIVERY	10/1/2007	ANES VALU	5.00	0.00									
01961		ANESTH CS DELIVERY	10/1/2007	ANES VALU	7.00	0.00									
01962		ANESTH EMER HYSTERECTOMY	10/1/2007	ANES VALU	8.00	0.00									
01963		ANESTH CS HYSTERECTOMY	10/1/2007	ANES VALU	8.00	0.00									
01965		ANESTH INC/MISSED AB PROC	10/1/2007	ANES VALU	4.00	0.00									
01966		ANESTH INDUCED AB PROCEDURE	10/1/2007	ANES VALU	4.00	0.00									
01967		ANESTH/ANALG VAG DELIVERY	10/1/2007	ANES VALU	5.00	0.00									
01968		ANES/ANALG CS DELIVER ADD-ON	10/1/2007	ANES VALU	2.00	0.00									
01969		ANESTH/ANALG CS HYST ADD-ON	10/1/2007	ANES VALU	5.00	0.00									
01990		PHYSIOLOGICAL SUPPORT FOR HARVES	10/1/2007	ANES VALU	7.00	0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
01991		ANESTH NERVE BLOCK/INJ	10/1/2007	ANES VALU	3.00	0.00									
01992		ANESTH N BLOCK/INJ PRONE	10/1/2007	ANES VALU	5.00	0.00									
01996		HOSP MANAGE CONT DRUG ADMIN	7/1/2014	RBRVS	$93.02	$93.02									
0500F		INITIAL PRENATAL CARE VISIT	10/1/2007	RBRVS	$0.00	$0.00									
0501F		PRENATAL FLOW SHEET	10/1/2007	RBRVS	$0.00	$0.00									
0502F		SUBSEQUENT PRENATAL CARE	10/1/2007	RBRVS	$0.00	$0.00									
0503F		POSTPARTUM CARE VISIT	10/1/2007	RBRVS	$0.00	$0.00									
0505F		HEMODIALYSIS PLAN DOCD	10/1/2006	RBRVS	$0.00	$0.00									
0507F		PERITON DIALYSIS PLAN DOCD	10/1/2006	RBRVS	$0.00	$0.00									
0509F		URINE INCON PLAN DOCD	1/1/2008	RBRVS	$0.00	$0.00									
0513F		ELEV BP PLAN OF CARE DOCD	1/1/2008	RBRVS	$0.00	$0.00									
0514F		CARE PLAN HGB DOCD ESA PT	1/1/2008	RBRVS	$0.00	$0.00									
0516F		ANEMIA PLAN OF CARE DOCD	1/1/2008	RBRVS	$0.00	$0.00									
0517F		GLAUCOMA PLAN OF CARE DOCD	1/1/2008	RBRVS	$0.00	$0.00									
0518F		FALL PLAN OF CARE DOCD	1/1/2008	RBRVS	$0.00	$0.00									
0519F		PLAND CHEMO DOCD PRIOR TXMNT	1/1/2008	RBRVS	$0.00	$0.00									
0520F		RAD DOS LIMTS PRIOR 3D RAD	1/1/2008	RBRVS	$0.00	$0.00									
0521F		PLAN OF CARE FOR PAIN DOCD	1/1/2008	RBRVS	$0.00	$0.00									
0525F		INITIAL VISIT FOR EPISODE	4/1/2008	RBRVS	$0.00	$0.00									
0526F		SUBS. VISIT FOR EPISODE	4/1/2008	RBRVS	$0.00	$0.00									
0528F		RCMND FLW-UP 10 YRS DOCD	7/1/2009	RBRVS	$0.00	$0.00									
0529F		INTRVL 3/>YR PTS CLNSCP DOCD	1/1/2009	RBRVS	$0.00	$0.00									
0535F		DYSPNEA MNGMNT PLAN DOCD	7/1/2009	RBRVS	$0.00	$0.00									
0540F		GLUCO MNGMNT PLAN DOCD	1/1/2009	RBRVS	$0.00	$0.00									
0545F		FOLLOW UP CARE PLAN MDD DOCD	9/1/2011	RBRVS	$0.00	$0.00			Y						
0550F		CYTOPATH REPORT NONGYN SPCMN	7/1/2011	RBRVS	$0.00	$0.00									
0551F		CYTOPATH REPORT NON ROUTINE	7/1/2011	RBRVS	$0.00	$0.00									
0555F		SYMPTOM MGMNT PLAN CARE DOCD	1/1/2012	RBRVS	$0.00	$0.00									
0556F		PLAN CARE LIPID CONTROL DOCD	1/1/2012	RBRVS	$0.00	$0.00									
0557F		PLAN CAREMNG ANGNL SYMPTDOCD	1/1/2012	RBRVS	$0.00	$0.00									
0580F		MULTIDISCIPLINARY CARE PLAN	1/1/2013	RBRVS	$0.00	$0.00									
0581F		PT TRNSFRD FROM ANESTH TO CC	1/1/2013	RBRVS	$0.00	$0.00									
0582F		NO TRNSFR FROM ANESTH TO CC	1/1/2013	RBRVS	$0.00	$0.00									
0583F		TRANSFER CARE CHECKLIST USED	1/1/2013	RBRVS	$0.00	$0.00									
0584F		NO TRANSFERCARE CHKLIST USED	1/1/2013	RBRVS	$0.00	$0.00									
1000F		TOBACCO USE SMOKING ASSESS	10/1/2007	RBRVS	$0.00	$0.00									
1002F		ASSESS ANGINAL SYMPTOM/LEVEL	10/1/2007	RBRVS	$0.00	$0.00									
10021		FNA W/O IMAGE	7/1/2014	RBRVS	$151.87	$74.05			Y						
10022		FNA W/IMAGE	7/1/2014	RBRVS	$142.04	$68.17			Y						
1003F		LEVEL OF ACTIVITY ASSESS	1/1/2006	RBRVS	$0.00	$0.00									
10030		GUIDE CATHET FLUID DRAINAGE	7/1/2014	RBRVS	$888.20	$180.53			Y	Y					
1004F		CLIN SYMP VOL OVRLD ASSESS	1/1/2006	RBRVS	$0.00	$0.00									
10040		ACNE SURGERY	7/1/2014	RBRVS	$102.85	$90.30	010		Y	Y					
1005F		ASTHMA SYMPTOMS EVALUATE	1/1/2006	RBRVS	$0.00	$0.00									
1006F		OSTEOARTHRITIS ASSESS	1/1/2006	RBRVS	$0.00	$0.00									
10060		DRAINAGE OF SKIN ABSCESS	7/1/2014	RBRVS	$117.19	$98.18	010		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
10061		DRAINAGE OF SKIN ABSCESS	7/1/2014	RBRVS	$208.99	$183.53	010		Y	Y					
1007F		ANTI-INFLM/ANLGSC OTC ASSESS	1/1/2006	RBRVS	$0.00	$0.00									
1008F		GI/RENAL RISK ASSESS	1/1/2006	RBRVS	$0.00	$0.00									
10080		DRAINAGE OF PILONIDAL CYST	7/1/2014	RBRVS	$181.13	$106.18	010		Y	Y					
10081		DRAINAGE OF PILONIDAL CYST	7/1/2014	RBRVS	$275.44	$178.62	010		Y	Y					
1010F		SEVERITY ANGINA BY ACTVTY	1/1/2012	RBRVS	$0.00	$0.00									
1011F		ANGINA PRESENT	1/1/2012	RBRVS	$0.00	$0.00									
1012F		ANGINA ABSENT	1/1/2012	RBRVS	$0.00	$0.00									
10120		REMOVE FOREIGN BODY	7/1/2014	RBRVS	$153.66	$105.97	010		Y	Y					
10121		REMOVE FOREIGN BODY	7/1/2014	RBRVS	$279.13	$191.99	010		Y	Y					
10140		DRAINAGE OF HEMATOMA/FLUID	7/1/2014	RBRVS	$164.99	$121.60	010		Y	Y					
1015F		COPD SYMPTOMS ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
10160		PUNCTURE DRAINAGE OF LESION	7/1/2014	RBRVS	$131.79	$98.44	010		Y	Y					
1018F		ASSESS DYSPNEA NOT PRESENT	7/1/2006	RBRVS	$0.00	$0.00									
10180		COMPLEX DRAINAGE WOUND	7/1/2014	RBRVS	$251.59	$184.89	010		Y	Y					
1019F		ASSESS DYSPNEA PRESENT	7/1/2006	RBRVS	$0.00	$0.00									
1022F		PNEUMO IMM STATUS ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
1026F		CO-MORBID CONDITION ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
1030F		INFLUENZA IMM STATUS ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
1031F		SMOKING & 2ND HAND ASSESSED	1/1/2012	RBRVS	$0.00	$0.00									
1032F		SMOKER/EXPOSED 2ND HND SMOKE	1/1/2012	RBRVS	$0.00	$0.00									
1033F		TOBACCO NONSMOKER NOR 2NDHND	1/1/2012	RBRVS	$0.00	$0.00									
1034F		CURRENT TOBACCO SMOKER	7/1/2006	RBRVS	$0.00	$0.00									
1035F		SMOKELESS TOBACCO USER	7/1/2006	RBRVS	$0.00	$0.00									
1036F		TOBACCO NON-USER	7/1/2006	RBRVS	$0.00	$0.00									
1038F		PERSISTENT ASTHMA	7/1/2006	RBRVS	$0.00	$0.00									
1039F		INTERMITTENT ASTHMA	7/1/2006	RBRVS	$0.00	$0.00									
1040F		DSM-IV INFO MDD DOCD	10/1/2006	RBRVS	$0.00	$0.00									
1050F		HISTORY OF MOLE CHANGES	1/1/2007	RBRVS	$0.00	$0.00									
1052F		TYPE LOCATION ACTIVITY ASSES	1/1/2012	RBRVS	$0.00	$0.00									
1055F		VISUAL FUNCT STATUS ASSESS	1/1/2007	RBRVS	$0.00	$0.00									
1060F		DOC PERM/CONT/PAROX ATR FIB	7/1/2008	RBRVS	$0.00	$0.00									
1061F		DOC LACK PERM+CONT+PAROX FIB	7/1/2007	RBRVS	$0.00	$0.00									
1065F		ISCHM STROKE SYMP <3 HRS	7/1/2007	RBRVS	$0.00	$0.00									
1066F		ISCHM STRKE SYMP>=3 HR PRIOR	7/1/2007	RBRVS	$0.00	$0.00									
1070F		ALARM SYMP ASSESSED-ABSENT	7/1/2007	RBRVS	$0.00	$0.00									
1071F		ALARM SYMP ASSESSED-1+ PRSNT	7/1/2007	RBRVS	$0.00	$0.00									
1090F		PRES/ABSN URINE INCON ASSESS	7/1/2007	RBRVS	$0.00	$0.00									
1091F		URINE INCON CHARACTERIZED	7/1/2007	RBRVS	$0.00	$0.00									
1100F		PTFALLS ASSESS-DOCD GE2>/YR	7/1/2007	RBRVS	$0.00	$0.00									
11000		DEBRIDE INFECTED SKIN	7/1/2014	RBRVS	$55.15	$29.69	000		Y	Y					
11001		DEBRIDE INFECTED SKIN ADD-ON	7/1/2014	RBRVS	$21.70	$14.88	ZZZ		Y						
11004		DEBRIDE GENITALIA & PERINEUM	7/1/2014	RBRVS	$606.00	$606.00	000		Y	Y					
11005		DEBRIDE ABDOM WALL	7/1/2014	RBRVS	$818.65	$818.65	000		Y						
11006		DEBRIDE GENIT/PER/ABDOM WALL	7/1/2014	RBRVS	$734.77	$734.77	000		Y	Y					
11008		REMOVE MESH FROM ABD WALL	7/1/2014	RBRVS	$287.06	$287.06	ZZZ		Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
1101F		PT FALLS ASSESS-DOCD LE1/YR	7/1/2007	RBRVS	$0.00	$0.00									
11010		DEBRIDE SKIN AT FX SITE	7/1/2014	RBRVS	$496.30	$288.67	010		Y	Y					
11011		DEBRIDE SKIN MUSC AT FX SITE	7/1/2014	RBRVS	$549.55	$314.31	000		Y	Y					
11012		DEB SKIN BONE AT FX SITE	7/1/2014	RBRVS	$726.38	$443.44	000		Y	Y					
11042		DEB SUBQ TISSUE 20 SQ CM/<	7/1/2014	RBRVS	$117.98	$63.83	000		Y	Y					
11043		DEB MUSC/FASCIA 20 SQ CM/<	7/1/2014	RBRVS	$235.28	$163.92	000		Y	Y					
11044		DEB BONE 20 SQ CM/<	7/1/2014	RBRVS	$326.83	$244.71	000		Y	Y					
11045		DEB SUBQ TISSUE ADD-ON	7/1/2014	RBRVS	$43.68	$28.97	ZZZ		Y						
11046		DEB MUSC/FASCIA ADD-ON	7/1/2014	RBRVS	$75.59	$58.74	ZZZ		Y						
11047		DEB BONE ADD-ON	7/1/2014	RBRVS	$129.20	$105.18	ZZZ		Y						
11055		TRIM SKIN LESION	7/1/2014	RBRVS	$47.80	$16.60	000		Y	Y					
11056		TRIM SKIN LESIONS 2 TO 4	7/1/2014	RBRVS	$58.63	$23.49	000		Y	Y					
11057		TRIM SKIN LESIONS OVER 4	7/1/2014	RBRVS	$66.23	$30.73	000		Y	Y					
1110F		PT DCD INPT FAC W/IN 60 DAYS	7/1/2007	RBRVS	$0.00	$0.00									
11100		BIOPSY SKIN LESION	7/1/2014	RBRVS	$103.21	$50.49	000		Y	Y					
11101		BIOPSY SKIN ADD-ON	7/1/2014	RBRVS	$32.92	$25.39	ZZZ		Y						
1111F		DSCHRG MED/CURRENT MED MERGE	7/1/2007	RBRVS	$0.00	$0.00									
1116F		AURIC/PERI PAIN ASSESSED	1/1/2008	RBRVS	$0.00	$0.00									
1118F		GERD SYMPS ASSESSED 12 MONTH	1/1/2008	RBRVS	$0.00	$0.00									
1119F		INITIAL EVAL FOR CONDITION	1/1/2008	RBRVS	$0.00	$0.00									
11200		REMOVAL OF SKIN TAGS <W/15	7/1/2014	RBRVS	$88.86	$74.88	010		Y	Y					
11201		REMOVE SKIN TAGS ADD-ON	7/1/2014	RBRVS	$19.62	$17.46	ZZZ		Y						
1121F		SUBS EVAL FOR CONDITION	1/1/2008	RBRVS	$0.00	$0.00									
1123F		ACP DISCUSS/DSCN MKR DOCD	1/1/2008	RBRVS	$0.00	$0.00									
1124F		ACP DISCUSS-NO DSCNMKR DOCD	1/1/2008	RBRVS	$0.00	$0.00									
1125F		AMNT PAIN NOTED PAIN PRSNT	1/1/2008	RBRVS	$0.00	$0.00									
1126F		AMNT PAIN NOTED NONE PRSNT	1/1/2008	RBRVS	$0.00	$0.00									
1127F		NEW EPISODE FOR CONDITION	7/1/2011	RBRVS	$0.00	$0.00									
1128F		SUBS EPISODE FOR CONDITION	7/1/2011	RBRVS	$0.00	$0.00									
1130F		BK PAIN + FXN ASSESSED	4/1/2008	RBRVS	$0.00	$0.00									
11300		SHAVE SKIN LESION 0.5 CM/<	7/1/2014	RBRVS	$96.57	$36.33	000		Y	Y					
11301		SHAVE SKIN LESION 0.6-1.0 CM	7/1/2014	RBRVS	$118.98	$55.15	000		Y	Y					
11302		SHAVE SKIN LESION 1.1-2.0 CM	7/1/2014	RBRVS	$140.25	$64.58	000		Y	Y					
11303		SHAVE SKIN LESION >2.0 CM	7/1/2014	RBRVS	$155.92	$77.03	000		Y	Y					
11305		SHAVE SKIN LESION 0.5 CM/<	7/1/2014	RBRVS	$98.62	$40.16	000		Y	Y					
11306		SHAVE SKIN LESION 0.6-1.0 CM	7/1/2014	RBRVS	$121.49	$53.72	000		Y	Y					
11307		SHAVE SKIN LESION 1.1-2.0 CM	7/1/2014	RBRVS	$143.55	$68.96	000		Y	Y					
11308		SHAVE SKIN LESION >2.0 CM	7/1/2014	RBRVS	$151.01	$76.06	000		Y	Y					
11310		SHAVE SKIN LESION 0.5 CM/<	7/1/2014	RBRVS	$113.25	$49.06	000		Y	Y					
11311		SHAVE SKIN LESION 0.6-1.0 CM	7/1/2014	RBRVS	$111.27	$67.52	000		Y	Y					
11312		SHAVE SKIN LESION 1.1-2.0 CM	7/1/2014	RBRVS	$160.69	$81.44	000		Y	Y					
11313		SHAVE SKIN LESION >2.0 CM	7/1/2014	RBRVS	$186.83	$104.35	000		Y	Y					
1134F		EPSD BK PAIN FOR 6 WKS/<	4/1/2008	RBRVS	$0.00	$0.00									
1135F		EPSD BK PAIN FOR >6 WKS	4/1/2008	RBRVS	$0.00	$0.00									
1136F		EPSD BK PAIN FOR 12 WKS/<	4/1/2008	RBRVS	$0.00	$0.00									
1137F		EPSD BK PAIN FOR >12 WKS	4/1/2008	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
11400		EXC TR-EXT B9+MARG 0.5 CM<	7/1/2014	RBRVS	$123.29	$81.33	010		Y	Y					
11401		EXC TR-EXT B9+MARG 0.6-1 CM	7/1/2014	RBRVS	$149.57	$106.18	010		Y	Y					
11402		EXC TR-EXT B9+MARG 1.1-2 CM	7/1/2014	RBRVS	$166.68	$117.19	010		Y	Y					
11403		EXC TR-EXT B9+MARG 2.1-3CM/<	7/1/2014	RBRVS	$193.29	$150.97	010		Y	Y					
11404		EXC TR-EXT B9+MARG 3.1-4 CM	7/1/2014	RBRVS	$219.39	$165.96	010		Y	Y					
11406		EXC TR-EXT B9+MARG >4.0 CM	7/1/2014	RBRVS	$317.93	$253.75	010		Y	Y					
11420		EXC H-F-NK-SP B9+MARG 0.5/<	7/1/2014	RBRVS	$122.93	$83.48	010		Y	Y					
11421		EXC H-F-NK-SP B9+MARG 0.6-1	7/1/2014	RBRVS	$158.68	$113.86	010		Y	Y					
11422		EXC H-F-NK-SP B9+MARG 1.1-2	7/1/2014	RBRVS	$177.18	$138.81	010		Y	Y					
11423		EXC H-F-NK-SP B9+MARG 2.1-3	7/1/2014	RBRVS	$204.51	$161.48	010		Y	Y					
11424		EXC H-F-NK-SP B9+MARG 3.1-4	7/1/2014	RBRVS	$236.10	$184.46	010		Y	Y					
11426		EXC H-F-NK-SP B9+MARG >4 CM	7/1/2014	RBRVS	$339.31	$283.01	010		Y	Y					
11440		EXC FACE-MM B9+MARG 0.5 CM/<	7/1/2014	RBRVS	$136.45	$105.97	010		Y	Y					
11441		EXC FACE-MM B9+MARG 0.6-1 CM	7/1/2014	RBRVS	$169.90	$134.76	010		Y	Y					
11442		EXC FACE-MM B9+MARG 1.1-2 CM	7/1/2014	RBRVS	$190.27	$149.75	010		Y	Y					
11443		EXC FACE-MM B9+MARG 2.1-3 CM	7/1/2014	RBRVS	$226.96	$183.21	010		Y	Y					
11444		EXC FACE-MM B9+MARG 3.1-4 CM	7/1/2014	RBRVS	$286.99	$234.63	010		Y	Y					
11446		EXC FACE-MM B9+MARG >4 CM	7/1/2014	RBRVS	$399.37	$337.69	010		Y	Y					
11450		REMOVAL SWEAT GLAND LESION	7/1/2014	RBRVS	$383.42	$258.62	090		Y	Y	Y				
11451		REMOVAL SWEAT GLAND LESION	7/1/2014	RBRVS	$491.35	$334.65	090		Y	Y	Y				
11462		REMOVAL SWEAT GLAND LESION	7/1/2014	RBRVS	$374.16	$246.86	090		Y	Y	Y				
11463		REMOVAL SWEAT GLAND LESION	7/1/2014	RBRVS	$502.72	$337.77	090		Y	Y	Y				
11470		REMOVAL SWEAT GLAND LESION	7/1/2014	RBRVS	$421.43	$290.90	090		Y	Y					
11471		REMOVAL SWEAT GLAND LESION	7/1/2014	RBRVS	$522.98	$364.48	090		Y	Y					
1150F		DOC PT RSK DEATH W/IN 1YR	7/1/2009	RBRVS	$0.00	$0.00									
1151F		DOC NO PT RSK DEATH W/IN 1YR	7/1/2009	RBRVS	$0.00	$0.00									
1152F		DOC ADVNCD DIS COMFORT GOAL	7/1/2009	RBRVS	$0.00	$0.00									
1153F		DOC ADVNCD DIS CMFRT NOTGOAL	7/1/2009	RBRVS	$0.00	$0.00									
1157F		ADVNC CARE PLAN IN RCRD	7/1/2009	RBRVS	$0.00	$0.00									
1158F		ADVNC CARE PLAN TLK DOCD	7/1/2009	RBRVS	$0.00	$0.00									
1159F		MED LIST DOCD IN RCRD	7/1/2009	RBRVS	$0.00	$0.00									
1160F		RVW MEDS BY RX/DR IN RCRD	7/1/2009	RBRVS	$0.00	$0.00									
11600		EXC TR-EXT MAL+MARG 0.5 CM/<	7/1/2014	RBRVS	$194.40	$123.39	010		Y	Y					
11601		EXC TR-EXT MAL+MARG 0.6-1 CM	7/1/2014	RBRVS	$229.86	$153.12	010		Y	Y					
11602		EXC TR-EXT MAL+MARG 1.1-2 CM	7/1/2014	RBRVS	$249.37	$167.97	010		Y	Y					
11603		EXC TR-EXT MAL+MARG 2.1-3 CM	7/1/2014	RBRVS	$284.58	$200.67	010		Y	Y					
11604		EXC TR-EXT MAL+MARG 3.1-4 CM	7/1/2014	RBRVS	$318.19	$222.44	010		Y	Y					
11606		EXC TR-EXT MAL+MARG >4 CM	7/1/2014	RBRVS	$456.82	$331.67	010		Y	Y					
11620		EXC H-F-NK-SP MAL+MARG 0.5/<	7/1/2014	RBRVS	$196.55	$125.19	010		Y	Y					
11621		EXC S/N/H/F/G MAL+MRG 0.6-1	7/1/2014	RBRVS	$231.30	$153.84	010		Y	Y					
11622		EXC S/N/H/F/G MAL+MRG 1.1-2	7/1/2014	RBRVS	$258.12	$176.36	010		Y	Y					
11623		EXC S/N/H/F/G MAL+MRG 2.1-3	7/1/2014	RBRVS	$304.02	$219.03	010		Y	Y					
11624		EXC S/N/H/F/G MAL+MRG 3.1-4	7/1/2014	RBRVS	$343.32	$248.65	010		Y	Y					
11626		EXC S/N/H/F/G MAL+MRG >4 CM	7/1/2014	RBRVS	$415.87	$306.14	010		Y	Y					
11640		EXC F/E/E/N/L MAL+MRG 0.5CM<	7/1/2014	RBRVS	$202.29	$129.13	010		Y	Y					
11641		EXC F/E/E/N/L MAL+MRG 0.6-1	7/1/2014	RBRVS	$240.01	$161.12	010		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
11642		EXC F/E/E/N/L MAL+MRG 1.1-2	7/1/2014	RBRVS	$273.29	$189.38	010		Y	Y					
11643		EXC F/E/E/N/L MAL+MRG 2.1-3	7/1/2014	RBRVS	$325.11	$239.04	010		Y	Y					
11644		EXC F/E/E/N/L MAL+MRG 3.1-4	7/1/2014	RBRVS	$401.35	$296.28	010		Y	Y					
11646		EXC F/E/E/N/L MAL+MRG >4 CM	7/1/2014	RBRVS	$526.25	$412.21	010		Y	Y					
1170F		FXNL STATUS ASSESSED	1/1/2009	RBRVS	$0.00	$0.00									
11719		TRIM NAIL(S) ANY NUMBER	7/1/2014	RBRVS	$14.06	$7.96	000		Y	Y					
11720		DEBRIDE NAIL 1-5	7/1/2014	RBRVS	$32.81	$15.60	000		Y						
11721		DEBRIDE NAIL 6 OR MORE	7/1/2014	RBRVS	$45.43	$25.71	000		Y						
11730		REMOVAL OF NAIL PLATE	7/1/2014	RBRVS	$100.16	$52.82	000		Y	Y					
11732		REMOVE NAIL PLATE ADD-ON	7/1/2014	RBRVS	$36.04	$20.98	ZZZ		Y						
11740		DRAIN BLOOD FROM UNDER NAIL	7/1/2014	RBRVS	$50.02	$33.53	000		Y	Y					
1175F		FUNCTION STAT ASSESSED RVWD	1/1/2012	RBRVS	$0.00	$0.00									
11750		REMOVAL OF NAIL BED	7/1/2014	RBRVS	$227.17	$178.40	010		Y	Y					
11752		REMOVE NAIL BED/TIP	7/1/2014	RBRVS	$327.08	$267.55	010		Y	Y					
11755		BIOPSY NAIL UNIT	7/1/2014	RBRVS	$135.48	$80.97	000		Y	Y					
11760		REPAIR OF NAIL BED	7/1/2014	RBRVS	$235.64	$137.74	010		Y	Y					
11762		RECONSTRUCTION OF NAIL BED	7/1/2014	RBRVS	$286.88	$191.49	010		Y	Y					
11765		EXCISION OF NAIL FOLD TOE	7/1/2014	RBRVS	$167.57	$95.50	010		Y	Y					
11770		REMOVE PILONIDAL CYST SIMPLE	7/1/2014	RBRVS	$282.33	$190.52	010		Y	Y					
11771		REMOVE PILONIDAL CYST EXTEN	7/1/2014	RBRVS	$582.58	$447.39	090		Y	Y					
11772		REMOVE PILONIDAL CYST COMPL	7/1/2014	RBRVS	$707.27	$591.80	090		Y	Y					
1180F		THROMBOEMB RISK ASSESSED	7/1/2009	RBRVS	$0.00	$0.00									
1181F		NEUROPSYCHIA SYMPTS ASSESSED	1/1/2012	RBRVS	$0.00	$0.00									
1182F		NEUROPSYCHI SYMPT 1+PRESENT	1/1/2012	RBRVS	$0.00	$0.00									
1183F		NEUROPSYCHIATRIC SYMP ABSENT	1/1/2012	RBRVS	$0.00	$0.00									
11900		INJECT SKIN LESIONS </W 7	7/1/2014	RBRVS	$55.65	$32.35	000		Y	Y					
11901		INJECT SKIN LESIONS >7	7/1/2014	RBRVS	$70.57	$50.49	000		Y	Y					
11920		CORRECT SKIN COLOR 6.0 CM/<	7/1/2014	RBRVS	$174.64	$120.13	000		Y	Y					
11921		CORECT SKIN COLOR 6.1-20.0CM	7/1/2014	RBRVS	$202.90	$141.22	000		Y	Y					
11922		CORRECT SKIN COLOR EA 20.0CM	7/1/2014	RBRVS	$62.50	$31.31	ZZZ		Y						
11960		INSERT TISSUE EXPANDER(S)	7/1/2014	RBRVS	$961.77	$961.77	090	Y	Y	Y					
11970		REPLACE TISSUE EXPANDER	7/1/2014	RBRVS	$636.44	$636.44	090	Y	Y	Y	Y				
11971		REMOVE TISSUE EXPANDER(S)	7/1/2014	RBRVS	$479.84	$330.67	090	Y	Y	Y	Y				
11976		REMOVE CONTRACEPTIVE CAPSULE	7/1/2014	RBRVS	$148.75	$101.41	000		Y	Y					
11980		IMPLANT HORMONE PELLET(S)	7/1/2014	RBRVS	$106.00	$83.41	000		Y	Y					
11981		INSERT DRUG IMPLANT DEVICE	7/1/2014	RBRVS	$140.14	$84.92			Y	Y					
11982		REMOVE DRUG IMPLANT DEVICE	7/1/2014	RBRVS	$158.43	$101.41			Y	Y					
11983		REMOVE/INSERT DRUG IMPLANT	7/1/2014	RBRVS	$220.68	$175.86			Y	Y					
1200F		SEIZURE TYPE(S)+ FRQ DOCD	9/1/2011	RBRVS	$0.00	$0.00									
12001		RPR S/N/AX/GEN/TRNK 2.5CM/<	7/1/2014	RBRVS	$91.12	$47.01	000		Y	Y					
12002		RPR S/N/AX/GEN/TRNK2.6-7.5CM	7/1/2014	RBRVS	$110.81	$62.04	000		Y	Y					
12004		RPR S/N/AX/GEN/TRK7.6-12.5CM	7/1/2014	RBRVS	$130.82	$77.39	000		Y	Y					
12005		RPR S/N/A/GEN/TRK12.6-20.0CM	7/1/2014	RBRVS	$170.44	$104.82	000		Y	Y					
12006		RPR S/N/A/GEN/TRK20.1-30.0CM	7/1/2014	RBRVS	$204.90	$127.09	000		Y	Y					
12007		RPR S/N/AX/GEN/TRNK >30.0 CM	7/1/2014	RBRVS	$238.07	$157.75	000		Y	Y			Y		
12011		RPR F/E/E/N/L/M 2.5 CM/<	7/1/2014	RBRVS	$111.52	$58.81	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
12013		RPR F/E/E/N/L/M 2.6-5.0 CM	7/1/2014	RBRVS	$121.96	$65.66	000		Y	Y					
12014		RPR F/E/E/N/L/M 5.1-7.5 CM	7/1/2014	RBRVS	$144.19	$83.59	000		Y	Y					
12015		RPR F/E/E/N/L/M 7.6-12.5 CM	7/1/2014	RBRVS	$176.18	$104.10	000		Y	Y					
12016		RPR FE/E/EN/L/M 12.6-20.0 CM	7/1/2014	RBRVS	$218.14	$141.40	000		Y	Y					
12017		RPR FE/E/EN/L/M 20.1-30.0 CM	7/1/2014	RBRVS	$162.05	$162.05	000		Y	Y					
12018		RPR F/E/E/N/L/M >30.0 CM	7/1/2014	RBRVS	$183.28	$183.28	000		Y	Y		Y			
12020		CLOSURE OF SPLIT WOUND	7/1/2014	RBRVS	$291.04	$197.09	010		Y	Y					
12021		CLOSURE OF SPLIT WOUND	7/1/2014	RBRVS	$170.69	$145.95	010		Y	Y					
12031		INTMD RPR S/A/T/EXT 2.5 CM/<	7/1/2014	RBRVS	$238.50	$157.46	010		Y	Y					
12032		INTMD RPR S/A/T/EXT 2.6-7.5	7/1/2014	RBRVS	$303.70	$199.70	010		Y	Y					
12034		INTMD RPR S/TR/EXT 7.6-12.5	7/1/2014	RBRVS	$314.81	$213.69	010		Y	Y					
12035		INTMD RPR S/A/T/EXT 12.6-20	7/1/2014	RBRVS	$390.95	$251.45	010		Y	Y					
12036		INTMD RPR S/A/T/EXT 20.1-30	7/1/2014	RBRVS	$431.65	$292.15	010		Y	Y					
12037		INTMD RPR S/TR/EXT >30.0 CM	7/1/2014	RBRVS	$486.33	$341.82	010		Y	Y			Y		
12041		INTMD RPR N-HF/GENIT 2.5CM/<	7/1/2014	RBRVS	$243.17	$161.05	010		Y	Y					
12042		INTMD RPR N-HF/GENIT2.6-7.5	7/1/2014	RBRVS	$290.25	$205.62	010		Y	Y					
12044		INTMD RPR N-HF/GENIT7.6-12.5	7/1/2014	RBRVS	$363.01	$223.16	010		Y	Y					
12045		INTMD RPR N-HF/GENIT12.6-20	7/1/2014	RBRVS	$407.05	$279.74	010		Y	Y					
12046		INTMD RPR N-HF/GENIT20.1-30	7/1/2014	RBRVS	$484.90	$318.15	010		Y	Y					
12047		INTMD RPR N-HF/GENIT >30.0CM	7/1/2014	RBRVS	$533.31	$354.73	010		Y	Y		Y	Y		
1205F		EPI ETIOL SYND RVWD AND DOCD	9/1/2011	RBRVS	$0.00	$0.00									
12051		INTMD RPR FACE/MM 2.5 CM/<	7/1/2014	RBRVS	$260.20	$176.65	010		Y	Y					
12052		INTMD RPR FACE/MM 2.6-5.0 CM	7/1/2014	RBRVS	$296.06	$209.28	010		Y	Y					
12053		INTMD RPR FACE/MM 5.1-7.5 CM	7/1/2014	RBRVS	$348.52	$225.16	010		Y	Y					
12054		INTMD RPR FACE/MM 7.6-12.5CM	7/1/2014	RBRVS	$372.66	$237.46	010		Y	Y					
12055		INTMD RPR FACE/MM 12.6-20 CM	7/1/2014	RBRVS	$483.25	$315.07	010		Y	Y					
12056		INTMD RPR FACE/MM 20.1-30.0	7/1/2014	RBRVS	$555.69	$390.01	010		Y	Y					
12057		INTMD RPR FACE/MM >30.0 CM	7/1/2014	RBRVS	$569.10	$393.74	010		Y	Y		Y	Y		
1220F		PT SCREENED FOR DEPRESSION	1/1/2009	RBRVS	$0.00	$0.00									
13100		CMPLX RPR TRUNK 1.1-2.5 CM	7/1/2014	RBRVS	$336.87	$212.79	010		Y	Y					
13101		CMPLX RPR TRUNK 2.6-7.5 CM	7/1/2014	RBRVS	$398.26	$261.63	010		Y	Y					
13102		CMPLX RPR TRUNK ADDL 5CM/<	7/1/2014	RBRVS	$123.93	$78.03	ZZZ		Y						
13120		CMPLX RPR S/A/L 1.1-2.5 CM	7/1/2014	RBRVS	$352.47	$243.81	010		Y	Y					
13121		CMPLX RPR S/A/L 2.6-7.5 CM	7/1/2014	RBRVS	$429.82	$276.34	010		Y	Y					
13122		CMPLX RPR S/A/L ADDL 5 CM/>	7/1/2014	RBRVS	$135.95	$89.69	ZZZ		Y						
13131		CMPLX RPR F/C/C/M/N/AX/G/H/F	7/1/2014	RBRVS	$388.76	$259.30	010		Y	Y					
13132		CMPLX RPR F/C/C/M/N/AX/G/H/F	7/1/2014	RBRVS	$479.88	$325.32	010		Y	Y					
13133		CMPLX RPR F/C/C/M/N/AX/G/H/F	7/1/2014	RBRVS	$181.60	$136.77	ZZZ		Y						
13151		CMPLX RPR E/N/E/L 1.1-2.5 CM	7/1/2014	RBRVS	$426.45	$297.35	010		Y	Y					
13152		CMPLX RPR E/N/E/L 2.6-7.5 CM	7/1/2014	RBRVS	$511.61	$360.64	010		Y	Y					
13153		CMPLX RPR E/N/E/L ADDL 5CM/<	7/1/2014	RBRVS	$197.91	$148.07	ZZZ		Y						
13160		LATE CLOSURE OF WOUND	7/1/2014	RBRVS	$842.03	$842.03	090		Y	Y					
1400F		PARKINSON DIAG RVIEWED	1/1/2011	RBRVS	$0.00	$0.00									
14000		TIS TRNFR TRUNK 10 SQ CM/<	7/1/2014	RBRVS	$633.22	$519.18	090		Y	Y					
14001		TIS TRNFR TRUNK 10.1-30SQCM	7/1/2014	RBRVS	$813.05	$675.35	090		Y	Y					
14020		TIS TRNFR S/A/L 10 SQ CM/<	7/1/2014	RBRVS	$709.35	$587.78	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
14021		TIS TRNFR S/A/L 10.1-30 SQCM	7/1/2014	RBRVS	$885.53	$742.09	090		Y	Y					
14040		TIS TRNFR F/C/C/M/N/A/G/H/F	7/1/2014	RBRVS	$776.30	$654.37	090		Y	Y					
14041		TIS TRNFR F/C/C/M/N/A/G/H/F	7/1/2014	RBRVS	$957.68	$802.40	090		Y	Y					
14060		TIS TRNFR E/N/E/L 10 SQ CM/<	7/1/2014	RBRVS	$793.37	$697.26	090		Y	Y					
14061		TIS TRNFR E/N/E/L10.1-30SQCM	7/1/2014	RBRVS	$1,029.22	$858.17	090		Y	Y					
14301		TIS TRNFR ANY 30.1-60 SQ CM	7/1/2014	RBRVS	$1,100.83	$916.51	090		Y	Y		Y			
14302		TIS TRNFR ADDL 30 SQ CM/<	7/1/2014	RBRVS	$231.98	$231.98	ZZZ		Y			Y			
14350		FILLETED FINGER/TOE FLAP	7/1/2014	RBRVS	$736.35	$736.35	090		Y	Y					
1450F		SYMPTOMS IMPROVED/CONSIST	1/1/2012	RBRVS	$0.00	$0.00									
1451F		SYMPT SHOW CLIN IMPORT DROP	1/1/2012	RBRVS	$0.00	$0.00									
1460F		QUAL CARD DIAG PRIOR 12 MONS	1/1/2012	RBRVS	$0.00	$0.00									
1461F		NO QUAL CARD DIAG PRIOR12MON	1/1/2012	RBRVS	$0.00	$0.00									
1490F		DEM SEVERITY CLASSIFIED MILD	1/1/2012	RBRVS	$0.00	$0.00									
1491F		DEM SEVERITY CLASSIFIED MOD	7/1/2011	RBRVS	$0.00	$0.00									
1493F		DEM SEVERITY CLASS SEVERE	1/1/2012	RBRVS	$0.00	$0.00									
1494F		COGNIT ASSESSED AND REVIEWED	1/1/2012	RBRVS	$0.00	$0.00									
1500F		SYMPTOM+SIGN SYMM POLYNEURO	1/1/2013	RBRVS	$0.00	$0.00									
15002		WOUND PREP TRK/ARM/LEG	7/1/2014	RBRVS	$354.73	$237.11	000		Y						
15003		WOUND PREP ADDL 100 CM	7/1/2014	RBRVS	$77.64	$47.87	ZZZ		Y						
15004		WOUND PREP F/N/HF/G	7/1/2014	RBRVS	$411.17	$283.87	000		Y						
15005		WND PREP F/N/HF/G ADDL CM	7/1/2014	RBRVS	$129.10	$96.10	ZZZ		Y						
1501F		NOT INITIAL EVAL FOR COND	1/1/2013	RBRVS	$0.00	$0.00									
1502F		PT QUERIED PAIN FXN W/ INSTR	1/1/2013	RBRVS	$0.00	$0.00									
1503F		PT QUERIED SYMP RESP INSUFF	1/1/2013	RBRVS	$0.00	$0.00									
1504F		PT HAS RESP INSUFFICIENCY	1/1/2013	RBRVS	$0.00	$0.00									
15040		HARVEST CULTURED SKIN GRAFT	7/1/2014	RBRVS	$261.35	$132.97	000		Y						
1505F		PT HAS NO RESP INSUFFICIENCY	1/1/2013	RBRVS	$0.00	$0.00									
15050		SKIN PINCH GRAFT	7/1/2014	RBRVS	$577.78	$461.23	090		Y	Y					
15100		SKIN SPLT GRFT TRNK/ARM/LEG	7/1/2014	RBRVS	$882.77	$746.14	090		Y	Y					
15101		SKIN SPLT GRFT T/A/L ADD-ON	7/1/2014	RBRVS	$189.48	$115.97	ZZZ		Y						
15110		EPIDRM AUTOGRFT TRNK/ARM/LEG	7/1/2014	RBRVS	$891.48	$783.54	090		Y	Y					
15111		EPIDRM AUTOGRFT T/A/L ADD-ON	7/1/2014	RBRVS	$118.30	$107.19	ZZZ		Y						
15115		EPIDRM A-GRFT FACE/NCK/HF/G	7/1/2014	RBRVS	$894.06	$787.20	090		Y	Y					
15116		EPIDRM A-GRFT F/N/HF/G ADDL	7/1/2014	RBRVS	$157.00	$141.93	ZZZ		Y				Y		
15120		SKN SPLT A-GRFT FAC/NCK/HF/G	7/1/2014	RBRVS	$876.31	$729.28	090		Y	Y					
15121		SKN SPLT A-GRFT F/N/HF/G ADD	7/1/2014	RBRVS	$211.50	$137.63	ZZZ		Y				Y		
15130		DERM AUTOGRAFT TRNK/ARM/LEG	7/1/2014	RBRVS	$697.26	$591.47	090		Y	Y					
15131		DERM AUTOGRAFT T/A/L ADD-ON	7/1/2014	RBRVS	$105.79	$97.90	ZZZ		Y				Y		
15135		DERM AUTOGRAFT FACE/NCK/HF/G	7/1/2014	RBRVS	$880.97	$778.41	090		Y	Y					
15136		DERM AUTOGRAFT F/N/HF/G ADD	7/1/2014	RBRVS	$94.92	$88.47	ZZZ		Y				Y		
15150		CULT SKIN GRFT T/ARM/LEG	7/1/2014	RBRVS	$711.96	$652.80	090		Y	Y					
15151		CULT SKIN GRFT T/A/L ADDL	7/1/2014	RBRVS	$123.57	$114.61	ZZZ		Y						
15152		CULT SKIN GRAFT T/A/L +%	7/1/2014	RBRVS	$157.35	$147.67	ZZZ		Y						
15155		CULT SKIN GRAFT F/N/HF/G	7/1/2014	RBRVS	$718.28	$664.84	090		Y	Y					
15156		CULT SKIN GRFT F/N/HFG ADD	7/1/2014	RBRVS	$167.18	$157.86	ZZZ		Y				Y		
15157		CULT EPIDERM GRFT F/N/HFG +%	7/1/2014	RBRVS	$168.36	$157.60	ZZZ		Y				Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
15200		SKIN FULL GRAFT TRUNK	7/1/2014	RBRVS	$850.28	$698.95	090		Y	Y					
15201		SKIN FULL GRAFT TRUNK ADD-ON	7/1/2014	RBRVS	$151.72	$83.95	ZZZ		Y						
15220		SKIN FULL GRAFT SCLP/ARM/LEG	7/1/2014	RBRVS	$786.02	$637.55	090		Y	Y					
15221		SKIN FULL GRAFT ADD-ON	7/1/2014	RBRVS	$139.71	$75.52	ZZZ		Y						
15240		SKIN FULL GRFT FACE/GENIT/HF	7/1/2014	RBRVS	$952.41	$829.05	090		Y	Y					
15241		SKIN FULL GRAFT ADD-ON	7/1/2014	RBRVS	$189.45	$117.73	ZZZ		Y						
15260		SKIN FULL GRAFT EEN & LIPS	7/1/2014	RBRVS	$1,032.37	$889.29	090		Y	Y					
15261		SKIN FULL GRAFT ADD-ON	7/1/2014	RBRVS	$220.47	$146.95	ZZZ		Y						
15271		SKIN SUB GRAFT TRNK/ARM/LEG	7/1/2014	RBRVS	$144.87	$90.01	000		Y	Y					
15272		SKIN SUB GRAFT T/A/L ADD-ON	7/1/2014	RBRVS	$27.15	$17.82	ZZZ		Y						
15273		SKIN SUB GRFT T/ARM/LG CHILD	7/1/2014	RBRVS	$302.91	$211.11	000		Y	Y					
15274		SKN SUB GRFT T/A/L CHILD ADD	7/1/2014	RBRVS	$70.54	$45.79	ZZZ		Y						
15275		SKIN SUB GRAFT FACE/NK/HF/G	7/1/2014	RBRVS	$156.71	$104.71	000		Y	Y					
15276		SKIN SUB GRAFT F/N/HF/G ADDL	7/1/2014	RBRVS	$35.14	$26.18	ZZZ		Y						
15277		SKN SUB GRFT F/N/HF/G CHILD	7/1/2014	RBRVS	$323.53	$229.93	000		Y	Y			Y		
15278		SKN SUB GRFT F/N/HF/G CH ADD	7/1/2014	RBRVS	$84.27	$57.02	ZZZ						Y		
15570		SKIN PEDICLE FLAP TRUNK	7/1/2014	RBRVS	$940.50	$770.52	090		Y	Y					
15572		SKIN PEDICLE FLAP ARMS/LEGS	7/1/2014	RBRVS	$908.94	$774.47	090		Y	Y					
15574		PEDCLE FH/CH/CH/M/N/AX/G/H/F	7/1/2014	RBRVS	$939.07	$799.21	090		Y	Y					
15576		PEDICLE E/N/E/L/NTRORAL	7/1/2014	RBRVS	$830.63	$701.53	090		Y	Y					
15600		DELAY FLAP TRUNK	7/1/2014	RBRVS	$324.86	$212.61	090		Y	Y					
15610		DELAY FLAP ARMS/LEGS	7/1/2014	RBRVS	$359.35	$247.83	090		Y	Y					
15620		DELAY FLAP F/C/C/N/AX/G/H/F	7/1/2014	RBRVS	$447.39	$336.94	090		Y	Y					
15630		DELAY FLAP EYE/NOS/EAR/LIP	7/1/2014	RBRVS	$466.61	$357.60	090		Y	Y					
15650		TRANSFER SKIN PEDICLE FLAP	7/1/2014	RBRVS	$516.53	$397.47	090		Y	Y					
15731		FOREHEAD FLAP W/VASC PEDICLE	7/1/2014	RBRVS	$1,167.60	$1,055.00	090		Y	Y					
15732		MUSCLE-SKIN GRAFT HEAD/NECK	7/1/2014	RBRVS	$1,344.00	$1,187.65	090		Y	Y			Y		
15734		MUSCLE-SKIN GRAFT TRUNK	7/1/2014	RBRVS	$1,552.38	$1,381.69	090		Y	Y		Y	Y		
15736		MUSCLE-SKIN GRAFT ARM	7/1/2014	RBRVS	$1,366.27	$1,198.08	090		Y	Y			Y		
15738		MUSCLE-SKIN GRAFT LEG	7/1/2014	RBRVS	$1,459.90	$1,301.04	090		Y	Y		Y	Y		
15740		ISLAND PEDICLE FLAP GRAFT	7/1/2014	RBRVS	$1,037.75	$881.76	090		Y	Y					
15750		NEUROVASCULAR PEDICLE FLAP	7/1/2014	RBRVS	$951.04	$951.04	090		Y	Y		Y			
15756		FREE MYO/SKIN FLAP MICROVASC	7/1/2014	RBRVS	$2,446.48	$2,446.48	090		Y	Y		Y	Y		
15757		FREE SKIN FLAP MICROVASC	7/1/2014	RBRVS	$2,412.09	$2,412.09	090		Y	Y		Y	Y		
15758		FREE FASCIAL FLAP MICROVASC	7/1/2014	RBRVS	$2,413.52	$2,413.52	090		Y	Y		Y	Y		
15760		COMPOSITE SKIN GRAFT	7/1/2014	RBRVS	$876.74	$738.32	090		Y	Y					
15770		DERMA-FAT-FASCIA GRAFT	7/1/2014	RBRVS	$705.26	$705.26	090		Y	Y		Y	Y		
15777		ACELLULAR DERM MATRIX IMPLT	7/1/2014	RBRVS	$223.84	$223.84	ZZZ		Y		Y				
15820		REVISION OF LOWER EYELID	7/1/2014	RBRVS	$605.17	$550.67	090	Y	Y	Y	Y				
15821		REVISION OF LOWER EYELID	7/1/2014	RBRVS	$645.48	$584.16	090	Y	Y	Y	Y				
15822		REVISION OF UPPER EYELID	7/1/2014	RBRVS	$466.50	$412.71	090	Y	Y	Y	Y				
15823		REVISION OF UPPER EYELID	7/1/2014	RBRVS	$645.84	$584.16	090	Y	Y	Y	Y				
15830		EXC SKIN ABD	7/1/2014	RBRVS	$1,224.44	$1,224.44	090	Y	Y	Y		Y	Y		
15832		EXCISE EXCESSIVE SKIN THIGH	7/1/2014	RBRVS	$958.75	$958.75	090	Y	Y	Y	Y	Y	Y		
15833		EXCISE EXCESSIVE SKIN LEG	7/1/2014	RBRVS	$913.64	$913.64	090	Y	Y	Y	Y				
15834		EXCISE EXCESSIVE SKIN HIP	7/1/2014	RBRVS	$932.00	$932.00	090	Y	Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
15835		EXCISE EXCESSIVE SKIN BUTTCK	7/1/2014	RBRVS	$984.14	$984.14	090	Y	Y	Y					
15836		EXCISE EXCESSIVE SKIN ARM	7/1/2014	RBRVS	$795.30	$795.30	090	Y	Y	Y	Y				
15837		EXCISE EXCESS SKIN ARM/HAND	7/1/2014	RBRVS	$817.86	$680.52	090	Y	Y	Y					
15838		EXCISE EXCESS SKIN FAT PAD	7/1/2014	RBRVS	$592.30	$592.30	090	Y	Y	Y					
15839		EXCISE EXCESS SKIN & TISSUE	7/1/2014	RBRVS	$911.02	$768.30	090	Y	Y	Y					
15840		NERVE PALSY FASCIAL GRAFT	7/1/2014	RBRVS	$1,064.68	$1,064.68	090		Y	Y					
15841		NERVE PALSY MUSCLE GRAFT	7/1/2014	RBRVS	$1,668.92	$1,668.92	090		Y	Y		Y	Y		
15842		NERVE PALSY MICROSURG GRAFT	7/1/2014	RBRVS	$2,754.87	$2,754.87	090		Y	Y		Y	Y		
15845		SKIN AND MUSCLE REPAIR FACE	7/1/2014	RBRVS	$1,059.30	$1,059.30	090		Y	Y		Y			
15847		EXC SKIN ABD ADD-ON	7/1/2014	FEE SCHED	$1,453.10	$0.00			Y						
15850		REMOVE SUTURES SAME SURGEON	9/1/2011	RBRVS	$0.00	$0.00			Y						
15851		REMOVE SUTURES DIFF SURGEON	7/1/2014	RBRVS	$100.34	$48.34	000		Y	Y					
15852		DRESSING CHANGE NOT FOR BURN	7/1/2014	RBRVS	$48.81	$48.81	000		Y	Y					
15860		TEST FOR BLOOD FLOW IN GRAFT	7/1/2014	RBRVS	$116.87	$116.87	000		Y	Y					
15920		REMOVAL OF TAIL BONE ULCER	7/1/2014	RBRVS	$630.10	$630.10	090		Y	Y					
15922		REMOVAL OF TAIL BONE ULCER	7/1/2014	RBRVS	$817.25	$817.25	090		Y	Y		Y	Y		
15931		REMOVE SACRUM PRESSURE SORE	7/1/2014	RBRVS	$710.64	$710.64	090		Y	Y					
15933		REMOVE SACRUM PRESSURE SORE	7/1/2014	RBRVS	$885.74	$885.74	090		Y	Y					
15934		REMOVE SACRUM PRESSURE SORE	7/1/2014	RBRVS	$960.65	$960.65	090		Y	Y					
15935		REMOVE SACRUM PRESSURE SORE	7/1/2014	RBRVS	$1,137.19	$1,137.19	090		Y	Y		Y	Y		
15936		REMOVE SACRUM PRESSURE SORE	7/1/2014	RBRVS	$932.75	$932.75	090		Y	Y			Y		
15937		REMOVE SACRUM PRESSURE SORE	7/1/2014	RBRVS	$1,086.67	$1,086.67	090		Y	Y			Y		
15940		REMOVE HIP PRESSURE SORE	7/1/2014	RBRVS	$728.57	$728.57	090		Y	Y					
15941		REMOVE HIP PRESSURE SORE	7/1/2014	RBRVS	$941.36	$941.36	090		Y	Y					
15944		REMOVE HIP PRESSURE SORE	7/1/2014	RBRVS	$927.48	$927.48	090		Y	Y					
15945		REMOVE HIP PRESSURE SORE	7/1/2014	RBRVS	$1,021.36	$1,021.36	090		Y	Y					
15946		REMOVE HIP PRESSURE SORE	7/1/2014	RBRVS	$1,715.94	$1,715.94	090		Y	Y			Y		
15950		REMOVE THIGH PRESSURE SORE	7/1/2014	RBRVS	$613.60	$613.60	090		Y	Y					
15951		REMOVE THIGH PRESSURE SORE	7/1/2014	RBRVS	$919.38	$919.38	090		Y	Y			Y		
15952		REMOVE THIGH PRESSURE SORE	7/1/2014	RBRVS	$955.88	$955.88	090		Y	Y		Y	Y		
15953		REMOVE THIGH PRESSURE SORE	7/1/2014	RBRVS	$1,042.13	$1,042.13	090		Y	Y			Y		
15956		REMOVE THIGH PRESSURE SORE	7/1/2014	RBRVS	$1,213.50	$1,213.50	090		Y	Y			Y		
15958		REMOVE THIGH PRESSURE SORE	7/1/2014	RBRVS	$1,228.74	$1,228.74	090		Y	Y			Y		
15999		REMOVAL OF PRESSURE SORE	7/1/2014	FEE SCHED	$1,173.59	$0.00			Y						
16000		INITIAL TREATMENT OF BURN(S)	7/1/2014	RBRVS	$70.57	$47.98	000		Y	Y					
16020		DRESS/DEBRID P-THICK BURN S	7/1/2014	RBRVS	$83.09	$56.19	000		Y	Y					
16025		DRESS/DEBRID P-THICK BURN M	7/1/2014	RBRVS	$151.19	$116.76	000		Y	Y					
16030		DRESS/DEBRID P-THICK BURN L	7/1/2014	RBRVS	$191.42	$141.22	000		Y	Y					
16035		INCISION OF BURN SCAB INITI	7/1/2014	RBRVS	$207.95	$207.95	000		Y	Y					
16036		ESCHAROTOMY ADDL INCISION	7/1/2014	RBRVS	$85.81	$85.81	ZZZ		Y						
17000		DESTROY BENIGN/PREMLG LESION	7/1/2014	RBRVS	$75.77	$53.90	010		Y	Y					
17003		DESTRUCT PREMALG LES 2-14	7/1/2014	RBRVS	$10.11	$2.58	ZZZ		Y						
17004		DESTROY PREMAL LESIONS 15/>	7/1/2014	RBRVS	$150.65	$102.24	010		Y						
17106		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$342.25	$280.21	090		Y	Y					
17107		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$443.09	$360.25	090		Y	Y					
17108		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$646.41	$540.27	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
17110		DESTRUCT B9 LESION 1-14	7/1/2014	RBRVS	$109.84	$70.39	010		Y	Y					
17111		DESTRUCT LESION 15 OR MORE	7/1/2014	RBRVS	$130.46	$86.71	010		Y	Y					
17250		CHEMICAL CAUTERY TISSUE	7/1/2014	RBRVS	$80.04	$38.44	000		Y	Y					
17260		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$94.24	$70.93	010		Y	Y					
17261		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$143.73	$93.88	010		Y	Y					
17262		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$175.21	$119.27	010		Y	Y					
17263		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$191.53	$132.36	010		Y	Y					
17264		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$206.05	$141.86	010		Y	Y					
17266		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$233.95	$166.18	010		Y	Y					
17270		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$150.65	$102.60	010		Y	Y					
17271		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$164.10	$114.25	010		Y	Y					
17272		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$186.87	$131.28	010		Y	Y					
17273		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$208.99	$149.11	010		Y	Y					
17274		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$247.00	$181.02	010		Y	Y					
17276		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$287.45	$218.96	010		Y	Y					
17280		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$141.22	$93.16	010		Y	Y					
17281		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$178.62	$128.41	010		Y	Y					
17282		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$205.41	$148.39	010		Y	Y					
17283		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$246.32	$184.64	010		Y	Y					
17284		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$281.82	$215.84	010		Y	Y					
17286		DESTRUCTION OF SKIN LESIONS	7/1/2014	RBRVS	$364.19	$291.76	010		Y	Y					
17311		MOHS 1 STAGE H/N/HF/G	7/1/2014	RBRVS	$661.87	$389.33	000		Y	Y					
17312		MOHS ADDL STAGE	7/1/2014	RBRVS	$387.68	$206.59	ZZZ		Y						
17313		MOHS 1 STAGE T/A/L	7/1/2014	RBRVS	$618.73	$349.42	000		Y	Y					
17314		MOHS ADDL STAGE T/A/L	7/1/2014	RBRVS	$371.72	$191.71	ZZZ		Y						
17315		MOHS SURG ADDL BLOCK	7/1/2014	RBRVS	$79.90	$54.08	ZZZ		Y						
17340		CRYOTHERAPY OF SKIN	7/1/2014	RBRVS	$53.32	$50.81	010		Y	Y					
17360		SKIN PEEL THERAPY	7/1/2014	RBRVS	$130.71	$102.02	010		Y	Y					
17999		SKIN TISSUE PROCEDURE	7/1/2014	FEE SCHED	$1,239.04	$0.00			Y						
19000		DRAINAGE OF BREAST LESION	7/1/2014	RBRVS	$113.96	$45.83	000		Y	Y					
19001		DRAIN BREAST LESION ADD-ON	7/1/2014	RBRVS	$27.54	$22.52	ZZZ		Y						
19020		INCISION OF BREAST LESION	7/1/2014	RBRVS	$477.80	$313.56	090		Y	Y	Y				
19030		INJECTION FOR BREAST X-RAY	7/1/2014	RBRVS	$165.71	$80.36	000		Y	Y	Y				
19081		BX BREAST 1ST LESION STRTCTC	7/1/2014	RBRVS	$769.52	$214.87	000		Y	Y	Y				
19082		BX BREAST ADD LESION STRTCTC	7/1/2014	RBRVS	$619.31	$101.61	ZZZ		Y						
19083		BX BREAST 1ST LESION US IMAG	7/1/2014	RBRVS	$763.86	$201.17	000		Y	Y	Y				
19084		BX BREAST ADD LESION US IMAG	7/1/2014	RBRVS	$610.72	$95.42	ZZZ		Y						
19085		BX BREAST 1ST LESION MR IMAG	7/1/2014	RBRVS	$1,154.45	$234.71	000		Y	Y	Y				
19086		BX BREAST ADD LESION MR IMAG	7/1/2014	RBRVS	$916.52	$102.81	ZZZ		Y						
19100		BX BREAST PERCUT W/O IMAGE	7/1/2014	RBRVS	$152.80	$72.47	000		Y	Y	Y				
19101		BIOPSY OF BREAST OPEN	7/1/2014	RBRVS	$345.55	$227.93	010		Y	Y	Y				
19105		CRYOSURG ABLATE FA EACH	7/1/2014	RBRVS	$1,937.19	$197.98	000		Y	Y	Y				
19110		NIPPLE EXPLORATION	7/1/2014	RBRVS	$492.61	$350.96	090		Y	Y	Y				
19112		EXCISE BREAST DUCT FISTULA	7/1/2014	RBRVS	$466.43	$320.48	090		Y	Y	Y				
19120		REMOVAL OF BREAST LESION	7/1/2014	RBRVS	$504.48	$425.95	090		Y	Y	Y				
19125		EXCISION BREAST LESION	7/1/2014	RBRVS	$559.56	$473.14	090		Y	Y	Y		Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
19126		EXCISION ADDL BREAST LESION	7/1/2014	RBRVS	$168.51	$168.51	ZZZ		Y				Y		
19260		REMOVAL OF CHEST WALL LESION	7/1/2014	RBRVS	$1,254.92	$1,254.92	090		Y	Y		Y	Y		
19271		REVISION OF CHEST WALL	7/1/2014	RBRVS	$1,685.67	$1,685.67	090		Y	Y		Y	Y		
19272		EXTENSIVE CHEST WALL SURGERY	7/1/2014	RBRVS	$1,885.20	$1,885.20	090		Y	Y		Y	Y		
19281		PERQ DEVICE BREAST 1ST IMAG	7/1/2014	RBRVS	$276.76	$118.92	000		Y	Y	Y				
19282		PERQ DEVICE BREAST EA IMAG	7/1/2014	RBRVS	$191.37	$56.42	ZZZ		Y						
19283		PERQ DEV BREAST 1ST STRTCTC	7/1/2014	RBRVS	$314.11	$120.13	000		Y	Y	Y				
19284		PERQ DEV BREAST ADD STRTCTC	7/1/2014	RBRVS	$229.53	$56.82	ZZZ		Y						
19285		PERQ DEV BREAST 1ST US IMAG	7/1/2014	RBRVS	$530.39	$101.85	000		Y	Y	Y				
19286		PERQ DEV BREAST ADD US IMAG	7/1/2014	RBRVS	$444.00	$48.79	ZZZ		Y						
19287		PERQ DEV BREAST 1ST MR GUIDE	7/1/2014	RBRVS	$984.43	$167.51	000		Y	Y	Y				
19288		PERQ DEV BREAST ADD MR GUIDE	7/1/2014	RBRVS	$781.05	$72.97	ZZZ		Y						
19296		PLACE PO BREAST CATH FOR RAD	7/1/2014	RBRVS	$3,985.70	$218.24	000		Y	Y	Y				
19297		PLACE BREAST CATH FOR RAD	7/1/2014	RBRVS	$98.04	$98.04	ZZZ		Y						
19298		PLACE BREAST RAD TUBE/CATHS	7/1/2014	RBRVS	$1,057.51	$336.37	000		Y	Y	Y				
19300		REMOVAL OF BREAST TISSUE	7/1/2014	RBRVS	$532.81	$423.79	090		Y	Y	Y				
19301		PARTIAL MASTECTOMY	7/1/2014	RBRVS	$674.17	$674.17	090		Y	Y	Y				
19302		P-MASTECTOMY W/LN REMOVAL	7/1/2014	RBRVS	$928.42	$928.42	090		Y	Y	Y	Y	Y		
19303		MAST SIMPLE COMPLETE	7/1/2014	RBRVS	$1,044.35	$1,044.35	090		Y	Y	Y	Y	Y		
19304		MAST SUBQ	7/1/2014	RBRVS	$588.61	$588.61	090		Y	Y	Y	Y	Y		
19305		MAST RADICAL	7/1/2014	RBRVS	$1,169.00	$1,169.00	090		Y	Y	Y	Y	Y		
19306		MAST RAD URBAN TYPE	7/1/2014	RBRVS	$1,238.28	$1,238.28	090		Y	Y	Y	Y	Y		
19307		MAST MOD RAD	7/1/2014	RBRVS	$1,235.41	$1,235.41	090		Y	Y	Y	Y	Y		
19316		SUSPENSION OF BREAST	7/1/2014	RBRVS	$805.59	$805.59	090		Y	Y	Y	Y	Y		
19318		REDUCTION OF LARGE BREAST	7/1/2014	RBRVS	$1,160.72	$1,160.72	090	Y	Y	Y	Y	Y	Y		
19324		ENLARGE BREAST	7/1/2014	RBRVS	$504.94	$504.94	090	Y	Y	Y	Y				
19325		ENLARGE BREAST WITH IMPLANT	7/1/2014	RBRVS	$674.78	$674.78	090	Y	Y	Y	Y				
19328		REMOVAL OF BREAST IMPLANT	7/1/2014	RBRVS	$517.50	$517.50	090		Y	Y	Y				
19330		REMOVAL OF IMPLANT MATERIAL	7/1/2014	RBRVS	$662.05	$662.05	090		Y	Y	Y				
19340		IMMEDIATE BREAST PROSTHESIS	7/1/2014	RBRVS	$1,053.71	$1,053.71	090		Y	Y	Y		Y		
19342		DELAYED BREAST PROSTHESIS	7/1/2014	RBRVS	$967.29	$967.29	090		Y	Y	Y		Y		
19350		BREAST RECONSTRUCTION	7/1/2014	RBRVS	$851.35	$705.04	090		Y	Y	Y				
19357		BREAST RECONSTRUCTION	7/1/2014	RBRVS	$1,571.78	$1,571.78	090		Y	Y	Y	Y	Y		
19361		BREAST RECONSTRUCTION	7/1/2014	RBRVS	$1,660.89	$1,660.89	090		Y	Y	Y	Y	Y		
19364		BREAST RECONSTRUCTION	7/1/2014	RBRVS	$2,911.55	$2,911.55	090		Y	Y	Y	Y	Y		
19366		BREAST RECONSTRUCTION	7/1/2014	RBRVS	$1,475.82	$1,475.82	090		Y	Y	Y	Y	Y		
19367		BREAST RECONSTRUCTION	7/1/2014	RBRVS	$1,890.61	$1,890.61	090		Y	Y	Y	Y	Y		
19368		BREAST RECONSTRUCTION	7/1/2014	RBRVS	$2,327.78	$2,327.78	090		Y	Y	Y	Y	Y		
19369		BREAST RECONSTRUCTION	7/1/2014	RBRVS	$2,159.49	$2,159.49	090		Y	Y	Y	Y	Y		
19370		SURGERY OF BREAST CAPSULE	7/1/2014	RBRVS	$717.70	$717.70	090		Y	Y	Y				
19371		REMOVAL OF BREAST CAPSULE	7/1/2014	RBRVS	$821.80	$821.80	090		Y	Y	Y				
19380		REVISE BREAST RECONSTRUCTION	7/1/2014	RBRVS	$809.36	$809.36	090		Y	Y	Y				
19396		DESIGN CUSTOM BREAST IMPLANT	7/1/2014	RBRVS	$299.11	$155.31	000		Y	Y	Y				
19499		BREAST SURGERY PROCEDURE	7/1/2014	FEE SCHED	$357.28	$0.00			Y						
2000F		BLOOD PRESSURE MEASURE	10/1/2007	RBRVS	$0.00	$0.00									
20005		INCISION OF DEEP ABSCESS	7/1/2014	RBRVS	$316.72	$242.84	010		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
2001F		WEIGHT RECORD	1/1/2006	RBRVS	$0.00	$0.00									
2002F		CLIN SIGN VOL OVRLD ASSESS	1/1/2006	RBRVS	$0.00	$0.00									
2004F		INITIAL EXAM INVOLVED JOINTS	1/1/2006	RBRVS	$0.00	$0.00									
2010F		VITAL SIGNS RECORDED	7/1/2006	RBRVS	$0.00	$0.00									
20100		EXPLORE WOUND NECK	7/1/2014	RBRVS	$631.82	$631.82	010		Y	Y	Y	Y			
20101		EXPLORE WOUND CHEST	7/1/2014	RBRVS	$458.25	$215.84	010		Y	Y					
20102		EXPLORE WOUND ABDOMEN	7/1/2014	RBRVS	$500.50	$265.26	010		Y	Y					
20103		EXPLORE WOUND EXTREMITY	7/1/2014	RBRVS	$594.81	$363.51	010		Y	Y					
2014F		MENTAL STATUS ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
2015F		ASTHMA IMPAIRMENT ASSESSED	1/1/2012	RBRVS	$0.00	$0.00									
20150		EXCISE EPIPHYSEAL BAR	7/1/2014	RBRVS	$952.51	$952.51	090		Y	Y	Y	Y	Y		
2016F		ASTHMA RISK ASSESSED	1/1/2012	RBRVS	$0.00	$0.00									
2018F		HYDRATION STATUS ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
2019F		DILATED MACUL EXAM DONE	7/1/2007	RBRVS	$0.00	$0.00									
2020F		DILATED FUNDUS EVAL DONE	7/1/2007	RBRVS	$0.00	$0.00									
20200		MUSCLE BIOPSY	7/1/2014	RBRVS	$210.61	$99.44	000		Y	Y					
20205		DEEP MUSCLE BIOPSY	7/1/2014	RBRVS	$293.66	$161.69	000		Y	Y					
20206		NEEDLE BIOPSY MUSCLE	7/1/2014	RBRVS	$237.64	$61.93	000		Y	Y					
2021F		DILAT MACUL+ EXAM DONE	1/1/2007	RBRVS	$0.00	$0.00									
2022F		DIL RETINA EXAM INTERP REV	7/1/2006	RBRVS	$0.00	$0.00									
20220		BONE BIOPSY TROCAR/NEEDLE	7/1/2014	RBRVS	$170.62	$75.59	000		Y	Y					
20225		BONE BIOPSY TROCAR/NEEDLE	7/1/2014	RBRVS	$532.74	$115.33	000		Y	Y					
2024F		7 FIELD PHOTO INTERP DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
20240		BONE BIOPSY EXCISIONAL	7/1/2014	RBRVS	$228.18	$228.18	010		Y	Y					
20245		BONE BIOPSY EXCISIONAL	7/1/2014	RBRVS	$645.87	$645.87	010		Y	Y					
20250		OPEN BONE BIOPSY	7/1/2014	RBRVS	$403.53	$403.53	010		Y	Y					
20251		OPEN BONE BIOPSY	7/1/2014	RBRVS	$439.21	$439.21	010		Y	Y		Y			
2026F		EYE IMAGE VALID TO DX REV	7/1/2006	RBRVS	$0.00	$0.00									
2027F		OPTIC NERVE HEAD EVAL DONE	1/1/2007	RBRVS	$0.00	$0.00									
2029F		COMPLETE PHYS SKIN EXAM DONE	1/1/2007	RBRVS	$0.00	$0.00									
2030F		H2O STAT DOCD, NORMAL	10/1/2006	RBRVS	$0.00	$0.00									
2031F		H2O STAT DOCD, DEHYDRATED	10/1/2006	RBRVS	$0.00	$0.00									
2035F		TYMP MEMB MOTION EXAMD	1/1/2008	RBRVS	$0.00	$0.00									
2040F		BK PN XM ON INIT VISIT DATE	4/1/2008	RBRVS	$0.00	$0.00									
2044F		DOC MNTL TST PRIOR BK TRXMNT	4/1/2008	RBRVS	$0.00	$0.00									
2050F		WOUND CHAR SIZE ETC DOCD	7/1/2009	RBRVS	$0.00	$0.00									
20500		INJECTION OF SINUS TRACT	7/1/2014	RBRVS	$106.79	$87.07	010		Y	Y					
20501		INJECT SINUS TRACT FOR X-RAY	7/1/2014	RBRVS	$119.13	$39.88	000		Y	Y					
20520		REMOVAL OF FOREIGN BODY	7/1/2014	RBRVS	$207.92	$151.62	010		Y	Y					
20525		REMOVAL OF FOREIGN BODY	7/1/2014	RBRVS	$488.09	$257.87	010		Y	Y					
20526		THER INJECTION CARP TUNNEL	7/1/2014	RBRVS	$77.85	$58.85	000		Y	Y	Y				
20527		INJ DUPUYTREN CORD W/ENZYME	7/1/2014	RBRVS	$84.74	$67.52	000		Y	Y	Y				
20550		INJ TENDON SHEATH/LIGAMENT	7/1/2014	RBRVS	$59.64	$43.14	000		Y	Y	Y				
20551		INJ TENDON ORIGIN/INSERTION	7/1/2014	RBRVS	$61.79	$44.22	000		Y	Y					
20552		INJ TRIGGER POINT 1/2 MUSCL	7/1/2014	RBRVS	$56.37	$39.52	000		Y	Y					
20553		INJECT TRIGGER POINTS 3/>	7/1/2014	RBRVS	$64.98	$44.54	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
20555		PLACE NDL MUSC/TIS FOR RT	7/1/2014	RBRVS	$346.59	$346.59	000		Y	Y					
2060F		PT TALK EVAL HLTHWKR RE MDD	9/1/2011	RBRVS	$0.00	$0.00									
20600		DRAIN/INJ JOINT/BURSA W/O US	7/1/2014	RBRVS	$48.84	$37.01	000		Y	Y	Y				
20604		DRAIN/INJ JOINT/BURSA W/US	1/1/2015	RBRVS	$72.87	$46.69	000		Y	Y	Y				
20605		DRAIN/INJ JOINT/BURSA W/O US	7/1/2014	RBRVS	$51.03	$38.84	000		Y	Y	Y				
20606		DRAIN/INJ JOINT/BURSA W/US	1/1/2015	RBRVS	$80.04	$52.79	000		Y	Y	Y				
20610		DRAIN/INJ JOINT/BURSA W/O US	7/1/2014	RBRVS	$61.61	$47.98	000		Y	Y	Y				
20611		DRAIN/INJ JOINT/BURSA W/US	1/1/2015	RBRVS	$92.09	$62.32	000		Y	Y	Y				
20612		ASPIRATE/INJ GANGLION CYST	7/1/2014	RBRVS	$61.43	$43.14	000		Y	Y					
20615		TREATMENT OF BONE CYST	7/1/2014	RBRVS	$248.37	$168.40	010		Y	Y					
20650		INSERT AND REMOVE BONE PIN	7/1/2014	RBRVS	$208.92	$159.79	010		Y	Y			Y		
20660		APPLY REM FIXATION DEVICE	7/1/2014	RBRVS	$254.71	$254.71	000		Y	Y					
20661		APPLICATION OF HEAD BRACE	7/1/2014	RBRVS	$523.23	$523.23	090		Y	Y					
20662		APPLICATION OF PELVIS BRACE	7/1/2014	RBRVS	$451.33	$451.33	090		Y	Y					
20663		APPLICATION OF THIGH BRACE	7/1/2014	RBRVS	$466.54	$466.54	090		Y	Y	Y				
20664		HALO BRACE APPLICATION	7/1/2014	RBRVS	$905.43	$905.43	090		Y	Y					
20665		REMOVAL OF FIXATION DEVICE	7/1/2014	RBRVS	$107.15	$92.81	010		Y	Y					
20670		REMOVAL OF SUPPORT IMPLANT	7/1/2014	RBRVS	$384.35	$152.33	010		Y	Y					
20680		REMOVAL OF SUPPORT IMPLANT	7/1/2014	RBRVS	$635.33	$441.69	090		Y	Y					
20690		APPLY BONE FIXATION DEVICE	7/1/2014	RBRVS	$615.93	$615.93	090		Y	Y					
20692		APPLY BONE FIXATION DEVICE	7/1/2014	RBRVS	$1,161.94	$1,161.94	090		Y	Y		Y	Y		
20693		ADJUST BONE FIXATION DEVICE	7/1/2014	RBRVS	$466.18	$466.18	090		Y	Y					
20694		REMOVE BONE FIXATION DEVICE	7/1/2014	RBRVS	$435.34	$349.64	090		Y	Y					
20696		COMP MULTIPLANE EXT FIXATION	7/1/2014	RBRVS	$1,164.66	$1,164.66	090		Y	Y		Y	Y		
20697		COMP EXT FIXATE STRUT CHANGE	7/1/2014	RBRVS	$1,862.28	$1,862.28	000		Y			Y	Y		
20802		REPLANTATION ARM COMPLETE	7/1/2014	RBRVS	$2,396.60	$2,396.60	090		Y	Y	Y	Y	Y		
20805		REPLANT FOREARM COMPLETE	7/1/2014	RBRVS	$3,197.67	$3,197.67	090		Y	Y	Y	Y	Y		
20808		REPLANTATION HAND COMPLETE	7/1/2014	RBRVS	$4,144.41	$4,144.41	090		Y	Y	Y	Y	Y		
20816		REPLANTATION DIGIT COMPLETE	7/1/2014	RBRVS	$2,062.31	$2,062.31	090		Y	Y		Y	Y		
20822		REPLANTATION DIGIT COMPLETE	7/1/2014	RBRVS	$1,901.73	$1,901.73	090		Y	Y		Y	Y		
20824		REPLANTATION THUMB COMPLETE	7/1/2014	RBRVS	$2,229.52	$2,229.52	090		Y	Y	Y	Y	Y		
20827		REPLANTATION THUMB COMPLETE	7/1/2014	RBRVS	$1,898.61	$1,898.61	090		Y	Y	Y	Y	Y		
20838		REPLANTATION FOOT COMPLETE	7/1/2014	RBRVS	$2,692.12	$2,692.12	090		Y	Y	Y	Y	Y		
20900		REMOVAL OF BONE FOR GRAFT	7/1/2014	RBRVS	$429.21	$200.06	000		Y	Y		Y	Y		
20902		REMOVAL OF BONE FOR GRAFT	7/1/2014	RBRVS	$299.68	$299.68	000		Y	Y		Y	Y		
20910		REMOVE CARTILAGE FOR GRAFT	7/1/2014	RBRVS	$425.01	$425.01	090		Y	Y					
20912		REMOVE CARTILAGE FOR GRAFT	7/1/2014	RBRVS	$500.86	$500.86	090		Y	Y					
20920		REMOVAL OF FASCIA FOR GRAFT	7/1/2014	RBRVS	$409.49	$409.49	090		Y	Y			Y		
20922		REMOVAL OF FASCIA FOR GRAFT	7/1/2014	RBRVS	$632.25	$519.29	090		Y	Y		Y	Y		
20924		REMOVAL OF TENDON FOR GRAFT	7/1/2014	RBRVS	$522.84	$522.84	090		Y	Y		Y	Y		
20926		REMOVAL OF TISSUE FOR GRAFT	7/1/2014	RBRVS	$455.96	$455.96	090		Y	Y					
20930		SPINAL BONE ALLOGRAFT	7/1/2003	RBRVS	$0.00	$0.00			Y						
20931		SPINAL BONE ALLOGRAFT	7/1/2014	RBRVS	$119.02	$119.02	ZZZ		Y				Y		
20936		SPINAL BONE AUTOGRAFT	7/1/2003	RBRVS	$0.00	$0.00			Y						
20937		SPINAL BONE AUTOGRAFT	7/1/2014	RBRVS	$176.68	$176.68	ZZZ		Y			Y	Y		
20938		SPINAL BONE AUTOGRAFT	7/1/2014	RBRVS	$194.00	$194.00	ZZZ		Y			Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
20950		FLUID PRESSURE MUSCLE	7/1/2014	RBRVS	$254.46	$94.53	000		Y	Y					
20955		FIBULA BONE GRAFT MICROVASC	7/1/2014	RBRVS	$2,629.00	$2,629.00	090		Y	Y		Y	Y		
20956		ILIAC BONE GRAFT MICROVASC	7/1/2014	RBRVS	$2,764.88	$2,764.88	090		Y	Y		Y	Y		
20957		MT BONE GRAFT MICROVASC	7/1/2014	RBRVS	$2,401.08	$2,401.08	090		Y	Y		Y	Y		
20962		OTHER BONE GRAFT MICROVASC	7/1/2014	RBRVS	$2,299.31	$2,299.31	090		Y	Y		Y	Y		
20969		BONE/SKIN GRAFT MICROVASC	7/1/2014	RBRVS	$2,910.15	$2,910.15	090		Y	Y		Y	Y		
20970		BONE/SKIN GRAFT ILIAC CREST	7/1/2014	RBRVS	$2,991.84	$2,991.84	090		Y	Y		Y	Y		
20972		BONE/SKIN GRAFT METATARSAL	7/1/2014	RBRVS	$2,282.52	$2,282.52	090		Y	Y		Y			
20973		BONE/SKIN GRAFT GREAT TOE	7/1/2014	RBRVS	$2,915.53	$2,915.53	090		Y	Y	Y	Y	Y		
20974		ELECTRICAL BONE STIMULATION	7/1/2014	RBRVS	$77.03	$51.21	000		Y						
20975		ELECTRICAL BONE STIMULATION	7/1/2014	RBRVS	$184.39	$184.39	000		Y			Y	Y		
20979		US BONE STIMULATION	7/1/2014	RBRVS	$54.26	$34.17	000		Y						
20982		ABLATE BONE TUMOR(S) PERQ	7/1/2014	RBRVS	$3,727.90	$396.50	000		Y	Y	Y				
20983		ABLATE BONE TUMOR(S) PERQ	1/1/2015	RBRVS	$7,046.99	$413.61	000		Y	Y	Y				
20985		CPTR-ASST DIR MS PX	7/1/2014	RBRVS	$154.48	$154.48	ZZZ		Y						
20999		MUSCULOSKELETAL SURGERY	7/1/2014	FEE SCHED	$576.25	$0.00			Y						
21010		INCISION OF JAW JOINT	7/1/2014	RBRVS	$775.80	$775.80	090		Y	Y	Y				
21011		EXC FACE LES SC <2 CM	7/1/2014	RBRVS	$351.82	$263.97	090		Y	Y		Y			
21012		EXC FACE LES SBQ 2 CM/>	7/1/2014	RBRVS	$345.83	$345.83	090		Y	Y		Y			
21013		EXC FACE TUM DEEP < 2 CM	7/1/2014	RBRVS	$526.39	$410.56	090		Y	Y		Y			
21014		EXC FACE TUM DEEP 2 CM/>	7/1/2014	RBRVS	$535.14	$535.14	090		Y	Y		Y			
21015		RESECTION OF FACIAL TUMOR	7/1/2014	RBRVS	$740.29	$740.29	090		Y	Y					
21016		RESECT FACE TUM 2 CM/>	7/1/2014	RBRVS	$1,080.43	$1,080.43	090		Y	Y		Y			
21025		EXCISION OF BONE LOWER JAW	7/1/2014	RBRVS	$923.32	$782.39	090		Y	Y					
21026		EXCISION OF FACIAL BONE(S)	7/1/2014	RBRVS	$637.95	$518.18	090		Y	Y					
21029		CONTOUR OF FACE BONE LESION	7/1/2014	RBRVS	$808.68	$678.51	090		Y	Y					
21031		REMOVE EXOSTOSIS MANDIBLE	7/1/2014	RBRVS	$404.64	$304.24	090		Y	Y	Y				
21032		REMOVE EXOSTOSIS MAXILLA	7/1/2014	RBRVS	$411.89	$301.44	090		Y	Y					
21034		EXCISE MAX/ZYGOMA MAL TUMOR	7/1/2014	RBRVS	$1,367.84	$1,209.70	090		Y	Y		Y	Y		
21040		EXCISE MANDIBLE LESION	7/1/2014	RBRVS	$542.53	$437.10	090		Y	Y					
21044		REMOVAL OF JAW BONE LESION	7/1/2014	RBRVS	$918.41	$918.41	090		Y	Y		Y	Y		
21045		EXTENSIVE JAW SURGERY	7/1/2014	RBRVS	$1,277.26	$1,277.26	090		Y	Y		Y	Y		
21046		REMOVE MANDIBLE CYST COMPLEX	7/1/2014	RBRVS	$1,154.23	$1,154.23	090		Y	Y			Y		
21047		EXCISE LWR JAW CYST W/REPAIR	7/1/2014	RBRVS	$1,359.78	$1,359.78	090		Y	Y		Y	Y		
21048		REMOVE MAXILLA CYST COMPLEX	7/1/2014	RBRVS	$1,185.85	$1,185.85	090		Y	Y			Y		
21049		EXCIS UPPR JAW CYST W/REPAIR	7/1/2014	RBRVS	$1,267.94	$1,267.94	090		Y	Y		Y	Y		
21050		REMOVAL OF JAW JOINT	7/1/2014	RBRVS	$902.70	$902.70	090		Y	Y	Y				
21060		REMOVE JAW JOINT CARTILAGE	7/1/2014	RBRVS	$866.74	$866.74	090		Y	Y	Y	Y	Y		
21070		REMOVE CORONOID PROCESS	7/1/2014	RBRVS	$638.06	$638.06	090		Y	Y	Y				
21073		MNPJ OF TMJ W/ANESTH	7/1/2014	RBRVS	$404.75	$269.20	090		Y	Y	Y				
21076		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$1,034.17	$869.21	010		Y	Y					
21077		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$2,598.16	$2,198.68	090		Y	Y	Y				
21079		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$1,743.94	$1,450.61	090		Y	Y					
21080		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$1,960.47	$1,619.44	090		Y	Y					
21081		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$1,811.11	$1,488.73	090		Y	Y					
21082		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$1,717.73	$1,402.16	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
21083		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$1,592.76	$1,258.18	090		Y	Y					
21084		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$1,865.69	$1,504.22	090		Y	Y					
21085		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$874.55	$679.12	010		Y	Y					
21086		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$1,935.18	$1,621.77	090		Y	Y	Y				
21087		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	RBRVS	$1,935.18	$1,621.77	090		Y	Y					
21088		PREPARE FACE/ORAL PROSTHESIS	7/1/2014	FEE SCHED	$1,865.64	$0.00			Y						
21100		MAXILLOFACIAL FIXATION	7/1/2014	RBRVS	$727.99	$393.78	090		Y	Y					
21110		INTERDENTAL FIXATION	7/1/2014	RBRVS	$827.65	$695.33	090		Y	Y					
21116		INJECTION JAW JOINT X-RAY	7/1/2014	RBRVS	$145.52	$44.39	000		Y	Y	Y				
21120		RECONSTRUCTION OF CHIN	7/1/2014	RBRVS	$686.72	$549.73	090	Y	Y	Y			Y		
21121		RECONSTRUCTION OF CHIN	7/1/2014	RBRVS	$784.83	$653.58	090	Y	Y	Y		Y			
21122		RECONSTRUCTION OF CHIN	7/1/2014	RBRVS	$714.19	$714.19	090	Y	Y	Y		Y			
21123		RECONSTRUCTION OF CHIN	7/1/2014	RBRVS	$903.56	$903.56	090	Y	Y	Y		Y	Y		
21125		AUGMENTATION LOWER JAW BONE	7/1/2014	RBRVS	$3,138.40	$843.36	090	Y	Y	Y		Y			
21127		AUGMENTATION LOWER JAW BONE	7/1/2014	RBRVS	$4,343.76	$898.69	090	Y	Y	Y		Y	Y		
21137		REDUCTION OF FOREHEAD	7/1/2014	RBRVS	$790.18	$790.18	090	Y	Y	Y		Y			
21138		REDUCTION OF FOREHEAD	7/1/2014	RBRVS	$949.47	$949.47	090	Y	Y	Y		Y	Y		
21139		REDUCTION OF FOREHEAD	7/1/2014	RBRVS	$1,108.33	$1,108.33	090	Y	Y	Y		Y	Y		
21141		LEFORT I-1 PIECE W/O GRAFT	7/1/2014	RBRVS	$1,433.22	$1,433.22	090	Y	Y	Y		Y	Y		
21142		LEFORT I-2 PIECE W/O GRAFT	7/1/2014	RBRVS	$1,474.63	$1,474.63	090	Y	Y	Y		Y	Y		
21143		LEFORT I-3/> PIECE W/O GRAFT	7/1/2014	RBRVS	$1,497.08	$1,497.08	090	Y	Y	Y		Y	Y		
21145		LEFORT I-1 PIECE W/ GRAFT	7/1/2014	RBRVS	$1,565.18	$1,565.18	090	Y	Y	Y		Y			
21146		LEFORT I-2 PIECE W/ GRAFT	7/1/2014	RBRVS	$1,823.27	$1,823.27	090	Y	Y	Y		Y	Y		
21147		LEFORT I-3/> PIECE W/ GRAFT	7/1/2014	RBRVS	$1,569.48	$1,569.48	090	Y	Y	Y		Y			
21150		LEFORT II ANTERIOR INTRUSION	7/1/2014	RBRVS	$1,865.08	$1,865.08	090	Y	Y	Y		Y			
21151		LEFORT II W/BONE GRAFTS	7/1/2014	RBRVS	$2,119.72	$2,119.72	090	Y	Y	Y		Y			
21154		LEFORT III W/O LEFORT I	7/1/2014	RBRVS	$2,307.66	$2,307.66	090	Y	Y	Y		Y	Y		
21155		LEFORT III W/ LEFORT I	7/1/2014	RBRVS	$2,324.59	$2,324.59	090	Y	Y	Y		Y			
21159		LEFORT III W/FHDW/O LEFORT I	7/1/2014	RBRVS	$2,602.11	$2,602.11	090	Y	Y	Y		Y	Y		
21160		LEFORT III W/FHD W/ LEFORT I	7/1/2014	RBRVS	$2,716.40	$2,716.40	090	Y	Y	Y		Y			
21172		RECONSTRUCT ORBIT/FOREHEAD	7/1/2014	RBRVS	$1,949.03	$1,949.03	090	Y	Y	Y		Y	Y		
21175		RECONSTRUCT ORBIT/FOREHEAD	7/1/2014	RBRVS	$2,271.66	$2,271.66	090	Y	Y	Y		Y			
21179		RECONSTRUCT ENTIRE FOREHEAD	7/1/2014	RBRVS	$1,629.66	$1,629.66	090	Y	Y	Y		Y			
21180		RECONSTRUCT ENTIRE FOREHEAD	7/1/2014	RBRVS	$1,599.36	$1,599.36	090	Y	Y	Y		Y	Y		
21181		CONTOUR CRANIAL BONE LESION	7/1/2014	RBRVS	$750.41	$750.41	090	Y	Y	Y					
21182		RECONSTRUCT CRANIAL BONE	7/1/2014	RBRVS	$2,001.35	$2,001.35	090	Y	Y	Y		Y	Y		
21183		RECONSTRUCT CRANIAL BONE	7/1/2014	RBRVS	$2,497.18	$2,497.18	090	Y	Y	Y		Y	Y		
21184		RECONSTRUCT CRANIAL BONE	7/1/2014	RBRVS	$2,327.42	$2,327.42	090	Y	Y	Y		Y			
21188		RECONSTRUCTION OF MIDFACE	7/1/2014	RBRVS	$1,634.86	$1,634.86	090	Y	Y	Y		Y			
21193		RECONST LWR JAW W/O GRAFT	7/1/2014	RBRVS	$1,360.06	$1,360.06	090	Y	Y	Y		Y	Y		
21194		RECONST LWR JAW W/GRAFT	7/1/2014	RBRVS	$1,423.36	$1,423.36	090	Y	Y	Y		Y			
21195		RECONST LWR JAW W/O FIXATION	7/1/2014	RBRVS	$1,388.00	$1,388.00	090	Y	Y	Y		Y			
21196		RECONST LWR JAW W/FIXATION	7/1/2014	RBRVS	$1,538.79	$1,538.79	090	Y	Y	Y		Y	Y		
21198		RECONSTR LWR JAW SEGMENT	7/1/2014	RBRVS	$1,210.02	$1,210.02	090	Y	Y	Y		Y	Y		
21199		RECONSTR LWR JAW W/ADVANCE	7/1/2014	RBRVS	$1,095.16	$1,095.16	090	Y	Y	Y		Y	Y		
21206		RECONSTRUCT UPPER JAW BONE	7/1/2014	RBRVS	$1,257.54	$1,257.54	090	Y	Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
21208		AUGMENTATION OF FACIAL BONES	7/1/2014	RBRVS	$1,965.31	$898.83	090	Y	Y	Y					
21209		REDUCTION OF FACIAL BONES	7/1/2014	RBRVS	$862.54	$664.23	090	Y	Y	Y		Y			
21210		FACE BONE GRAFT	7/1/2014	RBRVS	$2,359.16	$894.28	090	Y	Y	Y					
21215		LOWER JAW BONE GRAFT	7/1/2014	RBRVS	$4,243.67	$963.56	090	Y	Y	Y			Y		
21230		RIB CARTILAGE GRAFT	7/1/2014	RBRVS	$771.53	$771.53	090	Y	Y	Y					
21235		EAR CARTILAGE GRAFT	7/1/2014	RBRVS	$748.86	$590.00	090	Y	Y	Y					
21240		RECONSTRUCTION OF JAW JOINT	7/1/2014	RBRVS	$1,147.95	$1,147.95	090	Y	Y	Y	Y	Y	Y		
21242		RECONSTRUCTION OF JAW JOINT	7/1/2014	RBRVS	$1,052.74	$1,052.74	090	Y	Y	Y	Y	Y	Y		
21243		RECONSTRUCTION OF JAW JOINT	7/1/2014	RBRVS	$1,744.16	$1,744.16	090	Y	Y	Y	Y	Y	Y		
21244		RECONSTRUCTION OF LOWER JAW	7/1/2014	RBRVS	$1,112.92	$1,112.92	090	Y	Y	Y		Y	Y		
21245		RECONSTRUCTION OF JAW	7/1/2014	RBRVS	$1,151.97	$923.90	090	Y	Y	Y		Y			
21246		RECONSTRUCTION OF JAW	7/1/2014	RBRVS	$856.01	$856.01	090	Y	Y	Y		Y			
21247		RECONSTRUCT LOWER JAW BONE	7/1/2014	RBRVS	$1,661.43	$1,661.43	090	Y	Y	Y	Y	Y	Y		
21248		RECONSTRUCTION OF JAW	7/1/2014	RBRVS	$1,146.34	$937.99	090	Y	Y	Y					
21249		RECONSTRUCTION OF JAW	7/1/2014	RBRVS	$1,574.25	$1,338.65	090	Y	Y	Y					
21255		RECONSTRUCT LOWER JAW BONE	7/1/2014	RBRVS	$1,440.17	$1,440.17	090	Y	Y	Y	Y	Y	Y		
21256		RECONSTRUCTION OF ORBIT	7/1/2014	RBRVS	$1,278.98	$1,278.98	090	Y	Y	Y	Y	Y	Y		
21260		REVISE EYE SOCKETS	7/1/2014	RBRVS	$1,384.91	$1,384.91	090		Y	Y		Y	Y		
21261		REVISE EYE SOCKETS	7/1/2014	RBRVS	$2,277.86	$2,277.86	090		Y	Y		Y	Y		
21263		REVISE EYE SOCKETS	7/1/2014	RBRVS	$1,944.94	$1,944.94	090		Y	Y		Y	Y		
21267		REVISE EYE SOCKETS	7/1/2014	RBRVS	$1,731.82	$1,731.82	090		Y	Y	Y	Y	Y		
21268		REVISE EYE SOCKETS	7/1/2014	RBRVS	$1,874.87	$1,874.87	090		Y	Y	Y	Y	Y		
21270		AUGMENTATION CHEEK BONE	7/1/2014	RBRVS	$995.40	$762.31	090		Y	Y	Y	Y	Y		
21275		REVISION ORBITOFACIAL BONES	7/1/2014	RBRVS	$881.19	$881.19	090		Y	Y		Y	Y		
21280		REVISION OF EYELID	7/1/2014	RBRVS	$612.88	$612.88	090		Y	Y	Y				
21282		REVISION OF EYELID	7/1/2014	RBRVS	$402.13	$402.13	090		Y	Y	Y				
21295		REVISION OF JAW MUSCLE/BONE	7/1/2014	RBRVS	$211.86	$211.86	090		Y	Y	Y				
21296		REVISION OF JAW MUSCLE/BONE	7/1/2014	RBRVS	$478.23	$478.23	090		Y	Y	Y				
21299		CRANIO/MAXILLOFACIAL SURGERY	7/1/2014	FEE SCHED	$802.23	$0.00			Y						
21310		CLOSED TX NOSE FX W/O MANJ	7/1/2014	RBRVS	$133.65	$29.30	000		Y	Y					
21315		CLOSED TX NOSE FX W/O STABLJ	7/1/2014	RBRVS	$285.66	$158.36	010		Y	Y					
21320		CLOSED TX NOSE FX W/ STABLJ	7/1/2014	RBRVS	$264.40	$140.68	010		Y	Y					
21325		OPEN TX NOSE FX UNCOMPLICATD	7/1/2014	RBRVS	$486.12	$486.12	090		Y	Y					
21330		OPEN TX NOSE FX W/SKELE FIXJ	7/1/2014	RBRVS	$580.43	$580.43	090		Y	Y					
21335		OPEN TX NOSE & SEPTAL FX	7/1/2014	RBRVS	$756.39	$756.39	090		Y	Y					
21336		OPEN TX SEPTAL FX W/WO STABJ	7/1/2014	RBRVS	$667.50	$667.50	090		Y	Y					
21337		CLOSED TX SEPTAL&NOSE FX	7/1/2014	RBRVS	$417.52	$307.07	090		Y	Y					
21338		OPEN NASOETHMOID FX W/O FIXJ	7/1/2014	RBRVS	$744.63	$744.63	090		Y	Y					
21339		OPEN NASOETHMOID FX W/ FIXJ	7/1/2014	RBRVS	$804.77	$804.77	090		Y	Y		Y	Y		
21340		PERQ TX NASOETHMOID FX	7/1/2014	RBRVS	$780.82	$780.82	090		Y	Y					
21343		OPEN TX DPRSD FRONT SINUS FX	7/1/2014	RBRVS	$1,269.34	$1,269.34	090		Y	Y		Y	Y		
21344		OPEN TX COMPL FRONT SINUS FX	7/1/2014	RBRVS	$1,646.01	$1,646.01	090		Y	Y		Y	Y		
21345		CLOSED TX NOSE/JAW FX	7/1/2014	RBRVS	$800.93	$647.81	090		Y	Y					
21346		OPN TX NASOMAX FX W/FIXJ	7/1/2014	RBRVS	$943.26	$943.26	090		Y	Y			Y		
21347		OPN TX NASOMAX FX MULTPLE	7/1/2014	RBRVS	$1,145.05	$1,145.05	090		Y	Y		Y	Y		
21348		OPN TX NASOMAX FX W/GRAFT	7/1/2014	RBRVS	$1,227.67	$1,227.67	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
21355		PERQ TX MALAR FRACTURE	7/1/2014	RBRVS	$444.63	$334.18	010		Y	Y	Y				
21356		OPN TX DPRSD ZYGOMATIC ARCH	7/1/2014	RBRVS	$515.38	$392.02	010		Y	Y	Y				
21360		OPN TX DPRSD MALAR FRACTURE	7/1/2014	RBRVS	$555.26	$555.26	090		Y	Y	Y	Y			
21365		OPN TX COMPLX MALAR FX	7/1/2014	RBRVS	$1,169.11	$1,169.11	090		Y	Y	Y	Y	Y		
21366		OPN TX COMPLX MALAR W/GRFT	7/1/2014	RBRVS	$1,247.17	$1,247.17	090		Y	Y	Y	Y	Y		
21385		OPN TX ORBIT FX TRANSANTRAL	7/1/2014	RBRVS	$710.49	$710.49	090		Y	Y	Y	Y	Y		
21386		OPN TX ORBIT FX PERIORBITAL	7/1/2014	RBRVS	$732.51	$732.51	090		Y	Y	Y	Y			
21387		OPN TX ORBIT FX COMBINED	7/1/2014	RBRVS	$768.12	$768.12	090		Y	Y	Y	Y			
21390		OPN TX ORBIT PERIORBTL IMPLT	7/1/2014	RBRVS	$843.03	$843.03	090		Y	Y	Y	Y	Y		
21395		OPN TX ORBIT PERIORBT W/GRFT	7/1/2014	RBRVS	$1,024.05	$1,024.05	090		Y	Y	Y	Y	Y		
21400		CLOSED TX ORBIT W/O MANIPULJ	7/1/2014	RBRVS	$198.41	$161.48	090		Y	Y	Y				
21401		CLOSED TX ORBIT W/MANIPULJ	7/1/2014	RBRVS	$508.64	$322.52	090		Y	Y	Y	Y			
21406		OPN TX ORBIT FX W/O IMPLANT	7/1/2014	RBRVS	$533.96	$533.96	090		Y	Y	Y	Y	Y		
21407		OPN TX ORBIT FX W/IMPLANT	7/1/2014	RBRVS	$684.96	$684.96	090		Y	Y	Y	Y	Y		
21408		OPN TX ORBIT FX W/BONE GRFT	7/1/2014	RBRVS	$949.14	$949.14	090		Y	Y	Y	Y	Y		
21421		TREAT MOUTH ROOF FRACTURE	7/1/2014	RBRVS	$793.08	$673.31	090		Y	Y					
21422		TREAT MOUTH ROOF FRACTURE	7/1/2014	RBRVS	$693.10	$693.10	090		Y	Y		Y	Y		
21423		TREAT MOUTH ROOF FRACTURE	7/1/2014	RBRVS	$866.31	$866.31	090		Y	Y		Y	Y		
21431		TREAT CRANIOFACIAL FRACTURE	7/1/2014	RBRVS	$752.49	$752.49	090		Y	Y		Y			
21432		TREAT CRANIOFACIAL FRACTURE	7/1/2014	RBRVS	$687.47	$687.47	090		Y	Y		Y			
21433		TREAT CRANIOFACIAL FRACTURE	7/1/2014	RBRVS	$1,841.70	$1,841.70	090		Y	Y		Y	Y		
21435		TREAT CRANIOFACIAL FRACTURE	7/1/2014	RBRVS	$1,317.89	$1,317.89	090		Y	Y		Y			
21436		TREAT CRANIOFACIAL FRACTURE	7/1/2014	RBRVS	$2,159.56	$2,159.56	090		Y	Y		Y	Y		
21440		TREAT DENTAL RIDGE FRACTURE	7/1/2014	RBRVS	$603.02	$491.86	090		Y	Y					
21445		TREAT DENTAL RIDGE FRACTURE	7/1/2014	RBRVS	$796.34	$649.68	090		Y	Y		Y			
21450		TREAT LOWER JAW FRACTURE	7/1/2014	RBRVS	$631.21	$508.57	090		Y	Y					
21451		TREAT LOWER JAW FRACTURE	7/1/2014	RBRVS	$788.70	$663.55	090		Y	Y					
21452		TREAT LOWER JAW FRACTURE	7/1/2014	RBRVS	$644.98	$382.12	090		Y	Y					
21453		TREAT LOWER JAW FRACTURE	7/1/2014	RBRVS	$946.52	$813.13	090		Y	Y					
21454		TREAT LOWER JAW FRACTURE	7/1/2014	RBRVS	$609.87	$609.87	090		Y	Y			Y		
21461		TREAT LOWER JAW FRACTURE	7/1/2014	RBRVS	$2,218.34	$981.52	090		Y	Y			Y		
21462		TREAT LOWER JAW FRACTURE	7/1/2014	RBRVS	$2,335.35	$1,082.04	090		Y	Y		Y	Y		
21465		TREAT LOWER JAW FRACTURE	7/1/2014	RBRVS	$1,028.43	$1,028.43	090		Y	Y	Y	Y	Y		
21470		TREAT LOWER JAW FRACTURE	7/1/2014	RBRVS	$1,272.21	$1,272.21	090		Y	Y		Y	Y		
21480		RESET DISLOCATED JAW	7/1/2014	RBRVS	$102.81	$33.60	000		Y	Y	Y				
21485		RESET DISLOCATED JAW	7/1/2014	RBRVS	$725.30	$607.68	090		Y	Y	Y				
21490		REPAIR DISLOCATED JAW	7/1/2014	RBRVS	$978.76	$978.76	090		Y	Y	Y	Y	Y		
21495		TREAT HYOID BONE FRACTURE	7/1/2014	RBRVS	$734.23	$734.23	090		Y	Y		Y			
21497		INTERDENTAL WIRING	7/1/2014	RBRVS	$763.53	$636.59	090		Y	Y					
21501		DRAIN NECK/CHEST LESION	7/1/2014	RBRVS	$466.86	$333.82	090		Y	Y					
21502		DRAIN CHEST LESION	7/1/2014	RBRVS	$553.46	$553.46	090		Y	Y		Y			
21510		DRAINAGE OF BONE LESION	7/1/2014	RBRVS	$464.42	$464.42	090		Y	Y					
21550		BIOPSY OF NECK/CHEST	7/1/2014	RBRVS	$268.52	$163.45	010		Y	Y					
21552		EXC NECK LES SC 3 CM/>	7/1/2014	RBRVS	$460.48	$460.48	090		Y	Y		Y			
21554		EXC NECK TUM DEEP 5 CM/>	7/1/2014	RBRVS	$756.22	$756.22	090		Y	Y		Y			
21555		REMOVE LESION, NECK/CHEST	7/1/2014	RBRVS	$425.80	$317.50	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
21556		REMOVE LESION, NECK/CHEST	7/1/2014	RBRVS	$553.97	$553.97	090		Y	Y					
21557		REMOVE TUMOR, NECK/CHEST	7/1/2014	RBRVS	$1,001.61	$1,001.61	090		Y	Y		Y	Y		
21558		RESECT NECK TUM 5 CM/>	7/1/2014	RBRVS	$1,404.06	$1,404.06	090		Y	Y		Y	Y		
21600		PARTIAL REMOVAL OF RIB	7/1/2014	RBRVS	$584.80	$584.80	090		Y	Y		Y	Y		
21610		PARTIAL REMOVAL OF RIB	7/1/2014	RBRVS	$1,257.36	$1,257.36	090		Y	Y		Y			
21615		REMOVAL OF RIB	7/1/2014	RBRVS	$665.13	$665.13	090		Y	Y	Y	Y	Y		
21616		REMOVAL OF RIB AND NERVES	7/1/2014	RBRVS	$892.91	$892.91	090		Y	Y	Y	Y			
21620		PARTIAL REMOVAL OF STERNUM	7/1/2014	RBRVS	$531.66	$531.66	090		Y	Y		Y	Y		
21627		STERNAL DEBRIDEMENT	7/1/2014	RBRVS	$566.62	$566.62	090		Y	Y		Y			
21630		EXTENSIVE STERNUM SURGERY	7/1/2014	RBRVS	$1,275.07	$1,275.07	090		Y	Y		Y	Y		
21632		EXTENSIVE STERNUM SURGERY	7/1/2014	RBRVS	$1,280.17	$1,280.17	090		Y	Y		Y	Y		
21685		HYOID MYOTOMY & SUSPENSION	7/1/2014	RBRVS	$1,043.85	$1,043.85	090		Y	Y		Y	Y		
21700		REVISION OF NECK MUSCLE	7/1/2014	RBRVS	$391.09	$391.09	090		Y	Y	Y	Y			
21705		REVISION OF NECK MUSCLE/RIB	7/1/2014	RBRVS	$585.24	$585.24	090		Y	Y	Y	Y			
21720		REVISION OF NECK MUSCLE	7/1/2014	RBRVS	$508.03	$508.03	090		Y	Y		Y			
21725		REVISION OF NECK MUSCLE	7/1/2014	RBRVS	$490.35	$490.35	090		Y	Y		Y	Y		
21740		RECONSTRUCTION OF STERNUM	7/1/2014	RBRVS	$1,068.56	$1,068.56	090		Y	Y		Y	Y		
21743		REPAIR STERNUM/NUSS W/SCOPE	7/1/2014	FEE SCHED	$1,961.12	$0.00			Y						
21750		REPAIR OF STERNUM SEPARATION	7/1/2014	RBRVS	$725.70	$725.70	090		Y	Y		Y	Y		
21805		TREATMENT OF RIB FRACTURE	7/1/2014	RBRVS	$283.87	$283.87	090		Y	Y					
21811		OPTX OF RIB FX W/FIXJ SCOPE	1/1/2015	RBRVS	$549.98	$569.35	000		Y	Y	Y	Y			
21812		TREATMENT OF RIB FRACTURE	1/1/2015	RBRVS	$657.56	$676.93	000		Y	Y	Y	Y			
21813		TREATMENT OF RIB FRACTURE	1/1/2015	RBRVS	$897.47	$912.53	000		Y	Y	Y	Y			
21820		TREAT STERNUM FRACTURE	7/1/2014	RBRVS	$146.70	$150.29	090		Y	Y					
21825		TREAT STERNUM FRACTURE	7/1/2014	RBRVS	$573.29	$573.29	090		Y	Y		Y	Y		
21899		NECK/CHEST SURGERY PROCEDURE	7/1/2014	FEE SCHED	$3,541.01	$0.00			Y						
21920		BIOPSY SOFT TISSUE OF BACK	7/1/2014	RBRVS	$264.07	$167.61	010		Y	Y					
21925		BIOPSY SOFT TISSUE OF BACK	7/1/2014	RBRVS	$456.39	$365.66	090		Y	Y					
21930		REMOVE LESION, BACK OR FLANK	7/1/2014	RBRVS	$484.18	$377.68	090		Y	Y					
21931		EXC BACK LES SC 3 CM/>	7/1/2014	RBRVS	$486.41	$486.41	090		Y	Y		Y			
21932		EXC BACK TUM DEEP < 5 CM	7/1/2014	RBRVS	$684.85	$684.85	090		Y	Y		Y			
21933		EXC BACK TUM DEEP 5 CM/>	7/1/2014	RBRVS	$763.14	$763.14	090		Y	Y		Y			
21935		REMOVE TUMOR, BACK	7/1/2014	RBRVS	$1,068.88	$1,068.88	090		Y	Y			Y		
21936		RESECT BACK TUM 5 CM/>	7/1/2014	RBRVS	$1,469.76	$1,469.76	090		Y	Y		Y	Y		
22010		I&D P-SPINE C/T/CERV-THOR	7/1/2014	RBRVS	$990.45	$990.45	090		Y	Y					
22015		I&D ABSCESS P-SPINE L/S/LS	7/1/2014	RBRVS	$937.27	$937.27	090		Y	Y					
22100		REMOVE PART OF NECK VERTEBRA	7/1/2014	RBRVS	$918.20	$918.20	090		Y	Y		Y	Y		
22101		REMOVE PART THORAX VERTEBRA	7/1/2014	RBRVS	$933.33	$933.33	090		Y	Y		Y	Y		
22102		REMOVE PART LUMBAR VERTEBRA	7/1/2014	RBRVS	$852.07	$852.07	090		Y	Y		Y	Y		
22103		REMOVE EXTRA SPINE SEGMENT	7/1/2014	RBRVS	$150.29	$150.29	ZZZ		Y			Y	Y		
22110		REMOVE PART OF NECK VERTEBRA	7/1/2014	RBRVS	$1,139.09	$1,139.09	090		Y	Y		Y	Y		
22112		REMOVE PART THORAX VERTEBRA	7/1/2014	RBRVS	$1,125.18	$1,125.18	090		Y	Y		Y	Y		
22114		REMOVE PART LUMBAR VERTEBRA	7/1/2014	RBRVS	$1,034.53	$1,034.53	090		Y	Y		Y	Y		
22116		REMOVE EXTRA SPINE SEGMENT	7/1/2014	RBRVS	$147.53	$147.53	ZZZ		Y			Y	Y		
22206		INCIS SPINE 3 COLUMN THORAC	7/1/2014	RBRVS	$2,464.12	$2,464.12	090		Y	Y		Y	Y		
22207		INCIS SPINE 3 COLUMN LUMBAR	7/1/2014	RBRVS	$2,509.91	$2,509.91	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
22208		INCIS SPINE 3 COLUMN ADL SEG	7/1/2014	RBRVS	$620.70	$620.70	ZZZ		Y			Y	Y		
22210		INCIS 1 VERTEBRAL SEG CERV	7/1/2014	RBRVS	$1,853.82	$1,853.82	090		Y	Y		Y	Y		
22212		INCIS 1 VERTEBRAL SEG THORAC	7/1/2014	RBRVS	$1,537.46	$1,537.46	090		Y	Y		Y	Y		
22214		INCIS 1 VERTEBRAL SEG LUMBAR	7/1/2014	RBRVS	$1,549.47	$1,549.47	090		Y	Y		Y	Y		
22216		INCIS ADDL SPINE SEGMENT	7/1/2014	RBRVS	$383.27	$383.27	ZZZ		Y			Y	Y		
22220		INCIS W/DISCECTOMY CERVICAL	7/1/2014	RBRVS	$1,694.13	$1,694.13	090		Y	Y		Y	Y		
22222		INCIS W/DISCECTOMY THORACIC	7/1/2014	RBRVS	$1,628.69	$1,628.69	090		Y	Y		Y	Y		
22224		INCIS W/DISCECTOMY LUMBAR	7/1/2014	RBRVS	$1,659.60	$1,659.60	090		Y	Y		Y	Y		
22226		REVISE EXTRA SPINE SEGMENT	7/1/2014	RBRVS	$385.10	$385.10	ZZZ		Y			Y	Y		
22305		CLOSED TX SPINE PROCESS FX	7/1/2014	RBRVS	$196.66	$178.73	090		Y	Y					
22310		CLOSED TX VERT FX W/O MANJ	7/1/2014	RBRVS	$317.50	$293.12	090		Y	Y					
22315		CLOSED TX VERT FX W/MANJ	7/1/2014	RBRVS	$915.25	$805.52	090		Y	Y					
22318		TREAT ODONTOID FX W/O GRAFT	7/1/2014	RBRVS	$1,715.94	$1,715.94	090		Y	Y		Y	Y		
22319		TREAT ODONTOID FX W/GRAFT	7/1/2014	RBRVS	$1,918.40	$1,918.40	090		Y	Y		Y	Y		
22325		TREAT SPINE FRACTURE	7/1/2014	RBRVS	$1,508.92	$1,508.92	090		Y	Y		Y	Y		
22326		TREAT NECK SPINE FRACTURE	7/1/2014	RBRVS	$1,559.66	$1,559.66	090		Y	Y		Y	Y		
22327		TREAT THORAX SPINE FRACTURE	7/1/2014	RBRVS	$1,555.46	$1,555.46	090		Y	Y		Y	Y		
22328		TREAT EACH ADD SPINE FX	7/1/2014	RBRVS	$298.89	$298.89	ZZZ		Y			Y	Y		
22505		MANIPULATION OF SPINE	7/1/2014	RBRVS	$127.16	$127.16	010		Y	Y					
22510		PERQ CERVICOTHORACIC INJECT	1/1/2015	RBRVS	$1,759.33	$459.40	010		Y	Y					
22511		PERQ LUMBOSACRAL INJECTION	1/1/2015	RBRVS	$1,742.58	$430.46	010		Y	Y					
22512		VERTEBROPLASTY ADDL INJECT	1/1/2015	RBRVS	$973.89	$209.35	ZZZ		Y						
22513		PERQ VERTEBRAL AUGMENTATION	1/1/2015	RBRVS	$7,410.43	$523.52	010		Y	Y					
22514		PERQ VERTEBRAL AUGMENTATION	1/1/2015	RBRVS	$7,382.64	$489.27	010		Y	Y					
22515		PERQ VERTEBRAL AUGMENTATION	1/1/2015	RBRVS	$4,479.63	$218.75	ZZZ		Y						
22532		LAT THORAX SPINE FUSION	7/1/2014	RBRVS	$1,880.32	$1,880.32	090		Y	Y		Y	Y		
22533		LAT LUMBAR SPINE FUSION	7/1/2014	RBRVS	$1,757.03	$1,757.03	090		Y	Y		Y	Y		
22534		LAT THOR/LUMB ADDL SEG	7/1/2014	RBRVS	$382.66	$382.66	ZZZ		Y			Y	Y		
22548		NECK SPINE FUSION	7/1/2014	RBRVS	$2,060.69	$2,060.69	090		Y	Y		Y	Y		
22551		NECK SPINE FUSE&REMOV BEL C2	7/1/2014	RBRVS	$1,803.22	$1,803.22	090		Y	Y		Y	Y		
22552		ADDL NECK SPINE FUSION	7/1/2014	RBRVS	$416.37	$416.37	ZZZ		Y			Y	Y		
22554		NECK SPINE FUSION	7/1/2014	RBRVS	$1,334.46	$1,334.46	090		Y	Y		Y	Y		
22556		THORAX SPINE FUSION	7/1/2014	RBRVS	$1,750.18	$1,750.18	090		Y	Y		Y	Y		
22558		LUMBAR SPINE FUSION	7/1/2014	RBRVS	$1,614.52	$1,614.52	090		Y	Y		Y	Y		
22585		ADDITIONAL SPINAL FUSION	7/1/2014	RBRVS	$354.33	$354.33	ZZZ		Y			Y	Y		
22586		PRESCRL FUSE W/ INSTR L5-S1	7/1/2014	RBRVS	$1,966.06	$1,966.06	090		Y	Y		Y	Y		
22590		SPINE & SKULL SPINAL FUSION	7/1/2014	RBRVS	$1,658.24	$1,658.24	090		Y	Y		Y	Y		
22595		NECK SPINAL FUSION	7/1/2014	RBRVS	$1,578.06	$1,578.06	090		Y	Y		Y	Y		
22600		NECK SPINE FUSION	7/1/2014	RBRVS	$1,351.20	$1,351.20	090		Y	Y		Y	Y		
22610		THORAX SPINE FUSION	7/1/2014	RBRVS	$1,320.62	$1,320.62	090		Y	Y		Y	Y		
22612		LUMBAR SPINE FUSION	7/1/2014	RBRVS	$1,673.34	$1,673.34	090		Y	Y		Y	Y		
22614		SPINE FUSION EXTRA SEGMENT	7/1/2014	RBRVS	$413.43	$413.43	ZZZ		Y			Y	Y		
22630		LUMBAR SPINE FUSION	7/1/2014	RBRVS	$1,626.61	$1,626.61	090		Y	Y		Y	Y		
22632		SPINE FUSION EXTRA SEGMENT	7/1/2014	RBRVS	$337.30	$337.30	ZZZ		Y			Y	Y		
22633		LUMBAR SPINE FUSION COMBINED	7/1/2014	RBRVS	$1,937.16	$1,937.16	090		Y	Y		Y	Y		
22634		SPINE FUSION EXTRA SEGMENT	7/1/2014	RBRVS	$524.45	$524.45	ZZZ		Y			Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
22800		POST FUSION </6 VERT SEG	7/1/2014	RBRVS	$1,422.35	$1,422.35	090		Y	Y		Y	Y		
22802		POST FUSION 7-12 VERT SEG	7/1/2014	RBRVS	$2,198.76	$2,198.76	090		Y	Y		Y	Y		
22804		POST FUSION 13/> VERT SEG	7/1/2014	RBRVS	$2,529.78	$2,529.78	090		Y	Y		Y	Y		
22808		ANT FUSION 2-3 VERT SEG	7/1/2014	RBRVS	$1,915.89	$1,915.89	090		Y	Y		Y	Y		
22810		ANT FUSION 4-7 VERT SEG	7/1/2014	RBRVS	$2,144.82	$2,144.82	090		Y	Y		Y	Y		
22812		ANT FUSION 8/> VERT SEG	7/1/2014	RBRVS	$2,345.46	$2,345.46	090		Y	Y		Y	Y		
22818		KYPHECTOMY 1-2 SEGMENTS	7/1/2014	RBRVS	$2,272.30	$2,272.30	090		Y	Y		Y	Y	Y	
22819		KYPHECTOMY 3 OR MORE	7/1/2014	RBRVS	$2,888.24	$2,888.24	090		Y	Y		Y	Y	Y	
22830		EXPLORATION OF SPINAL FUSION	7/1/2014	RBRVS	$849.42	$849.42	090		Y	Y		Y	Y		
22840		INSERT SPINE FIXATION DEVICE	7/1/2014	RBRVS	$806.46	$806.46	ZZZ		Y			Y	Y		
22841		INSERT SPINE FIXATION DEVICE	7/1/2003	RBRVS	$0.00	$0.00			Y						
22842		INSERT SPINE FIXATION DEVICE	7/1/2014	RBRVS	$806.96	$806.96	ZZZ		Y			Y	Y		
22843		INSERT SPINE FIXATION DEVICE	7/1/2014	RBRVS	$857.52	$857.52	ZZZ		Y			Y	Y		
22844		INSERT SPINE FIXATION DEVICE	7/1/2014	RBRVS	$1,029.25	$1,029.25	ZZZ		Y			Y	Y		
22845		INSERT SPINE FIXATION DEVICE	7/1/2014	RBRVS	$780.24	$780.24	ZZZ		Y			Y	Y		
22846		INSERT SPINE FIXATION DEVICE	7/1/2014	RBRVS	$809.58	$809.58	ZZZ		Y			Y	Y		
22847		INSERT SPINE FIXATION DEVICE	7/1/2014	RBRVS	$934.15	$934.15	ZZZ		Y			Y	Y		
22848		INSERT PELV FIXATION DEVICE	7/1/2014	RBRVS	$376.85	$376.85	ZZZ		Y			Y	Y		
22849		REINSERT SPINAL FIXATION	7/1/2014	RBRVS	$1,366.70	$1,366.70	090		Y	Y		Y	Y		
22850		REMOVE SPINE FIXATION DEVICE	7/1/2014	RBRVS	$756.75	$756.75	090		Y	Y		Y	Y		
22851		APPLY SPINE PROSTH DEVICE	7/1/2014	RBRVS	$432.08	$432.08	ZZZ		Y			Y	Y		
22852		REMOVE SPINE FIXATION DEVICE	7/1/2014	RBRVS	$722.94	$722.94	090		Y	Y		Y	Y		
22855		REMOVE SPINE FIXATION DEVICE	7/1/2014	RBRVS	$1,175.10	$1,175.10	090		Y	Y		Y	Y		
22864		REMOVE CERV ARTIF DISC	7/1/2014	RBRVS	$2,082.35	$2,082.35	090	Y	Y	Y		Y	Y		
22865		REMOVE LUMB ARTIF DISC	7/1/2014	RBRVS	$2,142.17	$2,142.17	090	Y	Y	Y		Y	Y	Y	
22899		SPINE SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,988.46	$0.00			Y						
22900		EXC ABDL TUM DEEP < 5 CM	7/1/2014	RBRVS	$583.12	$583.12	090		Y	Y		Y	Y		
22901		EXC ABDL TUM DEEP 5 CM/>	7/1/2014	RBRVS	$686.07	$686.07	090		Y	Y		Y	Y		
22902		EXC ABD LES SC < 3 CM	7/1/2014	RBRVS	$440.43	$333.57	090		Y	Y		Y	Y		
22903		EXC ABD LES SC 3 CM/>	7/1/2014	RBRVS	$447.57	$447.57	090		Y	Y		Y	Y		
22904		RESECT ABD TUM < 5 CM	7/1/2014	RBRVS	$1,090.47	$1,090.47	090		Y	Y		Y	Y	Y	
22905		RESECT ABD TUM 5 CM/>	7/1/2014	RBRVS	$1,389.79	$1,389.79	090		Y	Y		Y	Y	Y	
23000		REMOVAL OF CALCIUM DEPOSITS	7/1/2014	RBRVS	$594.02	$382.45	090		Y	Y	Y	Y	Y		
23020		RELEASE SHOULDER JOINT	7/1/2014	RBRVS	$714.47	$714.47	090		Y	Y	Y	Y			
23030		DRAIN SHOULDER LESION	7/1/2014	RBRVS	$449.58	$264.54	010		Y	Y					
23031		DRAIN SHOULDER BURSA	7/1/2014	RBRVS	$431.90	$226.78	010		Y	Y	Y				
23035		DRAIN SHOULDER BONE LESION	7/1/2014	RBRVS	$708.74	$708.74	090		Y	Y	Y	Y			
23040		EXPLORATORY SHOULDER SURGERY	7/1/2014	RBRVS	$745.24	$745.24	090		Y	Y	Y	Y	Y		
23044		EXPLORATORY SHOULDER SURGERY	7/1/2014	RBRVS	$587.60	$587.60	090		Y	Y	Y		Y		
23065		BIOPSY SHOULDER TISSUES	7/1/2014	RBRVS	$221.22	$173.17	010		Y	Y	Y				
23066		BIOPSY SHOULDER TISSUES	7/1/2014	RBRVS	$565.58	$366.92	090		Y	Y	Y				
23071		EXC SHOULDER LES SC 3 CM/>	7/1/2014	RBRVS	$433.22	$433.22	090		Y	Y	Y	Y			
23073		EXC SHOULDER TUM DEEP 5 CM/>	7/1/2014	RBRVS	$716.91	$716.91	090		Y	Y	Y	Y			
23075		REMOVAL OF SHOULDER LESION	7/1/2014	RBRVS	$477.83	$336.90	090		Y	Y	Y				
23076		REMOVAL OF SHOULDER LESION	7/1/2014	RBRVS	$557.91	$557.91	090		Y	Y	Y				
23077		REMOVE TUMOR OF SHOULDER	7/1/2014	RBRVS	$1,190.77	$1,190.77	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
23078		RESECT SHOULDER TUM 5 CM/>	7/1/2014	RBRVS	$1,505.08	$1,505.08	090		Y	Y	Y	Y	Y		
23100		BIOPSY OF SHOULDER JOINT	7/1/2014	RBRVS	$516.49	$516.49	090		Y	Y	Y	Y	Y		
23101		SHOULDER JOINT SURGERY	7/1/2014	RBRVS	$470.77	$470.77	090		Y	Y	Y		Y		
23105		REMOVE SHOULDER JOINT LINING	7/1/2014	RBRVS	$660.97	$660.97	090		Y	Y	Y	Y	Y		
23106		INCISION OF COLLARBONE JOINT	7/1/2014	RBRVS	$512.12	$512.12	090		Y	Y	Y		Y		
23107		EXPLORE TREAT SHOULDER JOINT	7/1/2014	RBRVS	$685.32	$685.32	090		Y	Y	Y	Y	Y		
23120		PARTIAL REMOVAL COLLAR BONE	7/1/2014	RBRVS	$605.71	$605.71	090		Y	Y	Y	Y	Y		
23125		REMOVAL OF COLLAR BONE	7/1/2014	RBRVS	$733.66	$733.66	090		Y	Y	Y	Y	Y		
23130		REMOVE SHOULDER BONE PART	7/1/2014	RBRVS	$629.31	$629.31	090		Y	Y	Y		Y		
23140		REMOVAL OF BONE LESION	7/1/2014	RBRVS	$548.08	$548.08	090		Y	Y	Y				
23145		REMOVAL OF BONE LESION	7/1/2014	RBRVS	$719.42	$719.42	090		Y	Y	Y	Y	Y		
23146		REMOVAL OF BONE LESION	7/1/2014	RBRVS	$641.57	$641.57	090		Y	Y	Y				
23150		REMOVAL OF HUMERUS LESION	7/1/2014	RBRVS	$683.17	$683.17	090		Y	Y	Y	Y	Y		
23155		REMOVAL OF HUMERUS LESION	7/1/2014	RBRVS	$821.48	$821.48	090		Y	Y	Y	Y	Y		
23156		REMOVAL OF HUMERUS LESION	7/1/2014	RBRVS	$701.57	$701.57	090		Y	Y	Y	Y			
23170		REMOVE COLLAR BONE LESION	7/1/2014	RBRVS	$578.92	$578.92	090		Y	Y	Y				
23172		REMOVE SHOULDER BLADE LESION	7/1/2014	RBRVS	$585.99	$585.99	090		Y	Y	Y	Y			
23174		REMOVE HUMERUS LESION	7/1/2014	RBRVS	$783.90	$783.90	090		Y	Y	Y	Y	Y		
23180		REMOVE COLLAR BONE LESION	7/1/2014	RBRVS	$690.13	$690.13	090		Y	Y	Y		Y		
23182		REMOVE SHOULDER BLADE LESION	7/1/2014	RBRVS	$684.10	$684.10	090		Y	Y	Y	Y			
23184		REMOVE HUMERUS LESION	7/1/2014	RBRVS	$760.66	$760.66	090		Y	Y	Y	Y	Y		
23190		PARTIAL REMOVAL OF SCAPULA	7/1/2014	RBRVS	$590.04	$590.04	090		Y	Y	Y	Y	Y		
23195		REMOVAL OF HEAD OF HUMERUS	7/1/2014	RBRVS	$782.11	$782.11	090		Y	Y	Y	Y	Y		
23200		REMOVAL OF COLLAR BONE	7/1/2014	RBRVS	$1,579.13	$1,579.13	090		Y	Y	Y	Y	Y		
23210		REMOVAL OF SHOULDER BLADE	7/1/2014	RBRVS	$1,857.76	$1,857.76	090		Y	Y	Y	Y	Y		
23220		PARTIAL REMOVAL OF HUMERUS	7/1/2014	RBRVS	$2,038.32	$2,038.32	090		Y	Y	Y	Y	Y		
23330		REMOVE SHOULDER FOREIGN BODY	7/1/2014	RBRVS	$245.78	$156.13	010		Y	Y	Y				
23333		REMOVE SHOULDER FB DEEP	7/1/2014	RBRVS	$529.95	$529.95	090		Y	Y	Y				
23334		SHOULDER PROSTHESIS REMOVAL	7/1/2014	RBRVS	$1,252.65	$1,252.65	090		Y	Y	Y		Y		
23335		SHOULDER PROSTHESIS REMOVAL	7/1/2014	RBRVS	$1,494.31	$1,494.31	090		Y	Y	Y		Y		
23350		INJECTION FOR SHOULDER X-RAY	7/1/2014	RBRVS	$131.86	$53.68	000		Y	Y	Y				
23395		MUSCLE TRANSFER SHOULDER/ARM	7/1/2014	RBRVS	$1,337.79	$1,337.79	090		Y	Y		Y	Y		
23397		MUSCLE TRANSFERS	7/1/2014	RBRVS	$1,186.71	$1,186.71	090		Y	Y		Y	Y		
23400		FIXATION OF SHOULDER BLADE	7/1/2014	RBRVS	$1,008.10	$1,008.10	090		Y	Y	Y	Y	Y		
23405		INCISION OF TENDON & MUSCLE	7/1/2014	RBRVS	$652.37	$652.37	090		Y	Y		Y	Y		
23406		INCISE TENDON(S) & MUSCLE(S)	7/1/2014	RBRVS	$801.54	$801.54	090		Y	Y		Y			
23410		REPAIR ROTATOR CUFF ACUTE	7/1/2014	RBRVS	$852.75	$852.75	090		Y	Y	Y	Y	Y		
23412		REPAIR ROTATOR CUFF CHRONIC	7/1/2014	RBRVS	$885.56	$885.56	090		Y	Y	Y	Y	Y		
23415		RELEASE OF SHOULDER LIGAMENT	7/1/2014	RBRVS	$720.97	$720.97	090		Y	Y	Y		Y		
23420		REPAIR OF SHOULDER	7/1/2014	RBRVS	$1,006.48	$1,006.48	090		Y	Y	Y	Y	Y		
23430		REPAIR BICEPS TENDON	7/1/2014	RBRVS	$776.01	$776.01	090		Y	Y	Y	Y	Y		
23440		REMOVE/TRANSPLANT TENDON	7/1/2014	RBRVS	$785.23	$785.23	090		Y	Y	Y	Y	Y		
23450		REPAIR SHOULDER CAPSULE	7/1/2014	RBRVS	$984.97	$984.97	090		Y	Y	Y	Y	Y		
23455		REPAIR SHOULDER CAPSULE	7/1/2014	RBRVS	$1,042.88	$1,042.88	090		Y	Y	Y	Y	Y		
23460		REPAIR SHOULDER CAPSULE	7/1/2014	RBRVS	$1,132.57	$1,132.57	090		Y	Y	Y	Y	Y		
23462		REPAIR SHOULDER CAPSULE	7/1/2014	RBRVS	$1,115.32	$1,115.32	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
23465		REPAIR SHOULDER CAPSULE	7/1/2014	RBRVS	$1,161.76	$1,161.76	090		Y	Y	Y	Y	Y		
23466		REPAIR SHOULDER CAPSULE	7/1/2014	RBRVS	$1,165.88	$1,165.88	090		Y	Y	Y	Y	Y		
23470		RECONSTRUCT SHOULDER JOINT	7/1/2014	RBRVS	$1,257.04	$1,257.04	090		Y	Y	Y	Y	Y		
23472		RECONSTRUCT SHOULDER JOINT	7/1/2014	RBRVS	$1,525.16	$1,525.16	090		Y	Y	Y	Y	Y		
23473		REVIS RECONST SHOULDER JOINT	7/1/2014	RBRVS	$1,701.23	$1,701.23	090		Y	Y	Y	Y	Y		
23474		REVIS RECONST SHOULDER JOINT	7/1/2014	RBRVS	$1,839.47	$1,839.47	090		Y	Y	Y	Y	Y		
23480		REVISION OF COLLAR BONE	7/1/2014	RBRVS	$850.81	$850.81	090		Y	Y	Y		Y		
23485		REVISION OF COLLAR BONE	7/1/2014	RBRVS	$993.29	$993.29	090		Y	Y	Y	Y	Y		
23490		REINFORCE CLAVICLE	7/1/2014	RBRVS	$894.71	$894.71	090		Y	Y	Y	Y			
23491		REINFORCE SHOULDER BONES	7/1/2014	RBRVS	$1,053.28	$1,053.28	090		Y	Y	Y	Y	Y		
23500		TREAT CLAVICLE FRACTURE	7/1/2014	RBRVS	$224.27	$227.85	090		Y	Y	Y				
23505		TREAT CLAVICLE FRACTURE	7/1/2014	RBRVS	$361.97	$342.61	090		Y	Y	Y				
23515		TREAT CLAVICLE FRACTURE	7/1/2014	RBRVS	$748.00	$748.00	090		Y	Y	Y	Y	Y		
23520		TREAT CLAVICLE DISLOCATION	7/1/2014	RBRVS	$235.92	$239.51	090		Y	Y	Y				
23525		TREAT CLAVICLE DISLOCATION	7/1/2014	RBRVS	$392.52	$363.84	090		Y	Y	Y				
23530		TREAT CLAVICLE DISLOCATION	7/1/2014	RBRVS	$591.83	$591.83	090		Y	Y	Y	Y			
23532		TREAT CLAVICLE DISLOCATION	7/1/2014	RBRVS	$644.91	$644.91	090		Y	Y	Y	Y			
23540		TREAT CLAVICLE DISLOCATION	7/1/2014	RBRVS	$229.72	$233.31	090		Y	Y	Y				
23545		TREAT CLAVICLE DISLOCATION	7/1/2014	RBRVS	$348.70	$317.86	090		Y	Y	Y				
23550		TREAT CLAVICLE DISLOCATION	7/1/2014	RBRVS	$592.87	$592.87	090		Y	Y	Y	Y	Y		
23552		TREAT CLAVICLE DISLOCATION	7/1/2014	RBRVS	$678.79	$678.79	090		Y	Y	Y	Y	Y		
23570		TREAT SHOULDER BLADE FX	7/1/2014	RBRVS	$237.00	$244.17	090		Y	Y	Y				
23575		TREAT SHOULDER BLADE FX	7/1/2014	RBRVS	$409.88	$385.14	090		Y	Y	Y				
23585		TREAT SCAPULA FRACTURE	7/1/2014	RBRVS	$1,020.07	$1,020.07	090		Y	Y	Y	Y	Y		
23600		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$333.89	$315.60	090		Y	Y	Y				
23605		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$477.12	$438.39	090		Y	Y	Y				
23615		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$919.45	$919.45	090		Y	Y	Y	Y	Y		
23616		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$1,293.61	$1,293.61	090		Y	Y	Y	Y	Y		
23620		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$275.69	$262.78	090		Y	Y	Y				
23625		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$389.94	$364.12	090		Y	Y	Y				
23630		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$812.12	$812.12	090		Y	Y	Y	Y	Y		
23650		TREAT SHOULDER DISLOCATION	7/1/2014	RBRVS	$321.52	$296.06	090		Y	Y	Y				
23655		TREAT SHOULDER DISLOCATION	7/1/2014	RBRVS	$410.92	$410.92	090		Y	Y	Y				
23660		TREAT SHOULDER DISLOCATION	7/1/2014	RBRVS	$604.10	$604.10	090		Y	Y	Y	Y	Y		
23665		TREAT DISLOCATION/FRACTURE	7/1/2014	RBRVS	$437.10	$408.05	090		Y	Y	Y				
23670		TREAT DISLOCATION/FRACTURE	7/1/2014	RBRVS	$911.92	$911.92	090		Y	Y	Y	Y	Y		
23675		TREAT DISLOCATION/FRACTURE	7/1/2014	RBRVS	$564.80	$516.03	090		Y	Y	Y				
23680		TREAT DISLOCATION/FRACTURE	7/1/2014	RBRVS	$965.21	$965.21	090		Y	Y	Y	Y	Y		
23700		FIXATION OF SHOULDER	7/1/2014	RBRVS	$202.18	$202.18	010		Y	Y	Y				
23800		FUSION OF SHOULDER JOINT	7/1/2014	RBRVS	$1,066.19	$1,066.19	090		Y	Y	Y	Y	Y		
23802		FUSION OF SHOULDER JOINT	7/1/2014	RBRVS	$1,333.67	$1,333.67	090		Y	Y	Y	Y	Y		
23900		AMPUTATION OF ARM & GIRDLE	7/1/2014	RBRVS	$1,445.41	$1,445.41	090		Y	Y		Y			
23920		AMPUTATION AT SHOULDER JOINT	7/1/2014	RBRVS	$1,171.01	$1,171.01	090		Y	Y	Y	Y	Y		
23921		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$491.82	$491.82	090		Y	Y	Y				
23930		DRAINAGE OF ARM LESION	7/1/2014	RBRVS	$359.53	$222.91	010		Y	Y	Y				
23931		DRAINAGE OF ARM BURSA	7/1/2014	RBRVS	$293.48	$165.46	010		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
23935		DRAIN ARM/ELBOW BONE LESION	7/1/2014	RBRVS	$525.92	$525.92	090		Y	Y	Y				
24000		EXPLORATORY ELBOW SURGERY	7/1/2014	RBRVS	$492.90	$492.90	090		Y	Y	Y		Y		
24006		RELEASE ELBOW JOINT	7/1/2014	RBRVS	$736.82	$736.82	090		Y	Y	Y	Y	Y		
24065		BIOPSY ARM/ELBOW SOFT TISSUE	7/1/2014	RBRVS	$260.49	$172.99	010		Y	Y	Y				
24066		BIOPSY ARM/ELBOW SOFT TISSUE	7/1/2014	RBRVS	$629.70	$425.66	090		Y	Y	Y				
24071		EXC ARM/ELBOW LES SC 3 CM/>	7/1/2014	RBRVS	$420.03	$420.03	090		Y	Y	Y	Y			
24073		EX ARM/ELBOW TUM DEEP 5 CM/>	7/1/2014	RBRVS	$716.02	$716.02	090		Y	Y	Y	Y			
24075		REMOVE ARM/ELBOW LESION	7/1/2014	RBRVS	$499.24	$340.02	090		Y	Y	Y				
24076		REMOVE ARM/ELBOW LESION	7/1/2014	RBRVS	$562.07	$562.07	090		Y	Y	Y				
24077		REMOVE TUMOR OF ARM/ELBOW	7/1/2014	RBRVS	$1,078.38	$1,078.38	090		Y	Y	Y		Y		
24079		RESECT ARM/ELBOW TUM 5 CM/>	7/1/2014	RBRVS	$1,382.80	$1,382.80	090		Y	Y	Y	Y	Y		
24100		BIOPSY ELBOW JOINT LINING	7/1/2014	RBRVS	$431.04	$431.04	090		Y	Y	Y	Y	Y		
24101		EXPLORE/TREAT ELBOW JOINT	7/1/2014	RBRVS	$515.70	$515.70	090		Y	Y	Y	Y			
24102		REMOVE ELBOW JOINT LINING	7/1/2014	RBRVS	$637.02	$637.02	090		Y	Y	Y	Y	Y		
24105		REMOVAL OF ELBOW BURSA	7/1/2014	RBRVS	$359.10	$359.10	090		Y	Y	Y				
24110		REMOVE HUMERUS LESION	7/1/2014	RBRVS	$607.32	$607.32	090		Y	Y	Y		Y		
24115		REMOVE/GRAFT BONE LESION	7/1/2014	RBRVS	$763.60	$763.60	090		Y	Y	Y	Y	Y		
24116		REMOVE/GRAFT BONE LESION	7/1/2014	RBRVS	$893.99	$893.99	090		Y	Y	Y	Y			
24120		REMOVE ELBOW LESION	7/1/2014	RBRVS	$545.90	$545.90	090		Y	Y	Y				
24125		REMOVE/GRAFT BONE LESION	7/1/2014	RBRVS	$640.85	$640.85	090		Y	Y	Y	Y	Y		
24126		REMOVE/GRAFT BONE LESION	7/1/2014	RBRVS	$671.19	$671.19	090		Y	Y	Y	Y			
24130		REMOVAL OF HEAD OF RADIUS	7/1/2014	RBRVS	$523.56	$523.56	090		Y	Y	Y		Y		
24134		REMOVAL OF ARM BONE LESION	7/1/2014	RBRVS	$773.32	$773.32	090		Y	Y	Y	Y			
24136		REMOVE RADIUS BONE LESION	7/1/2014	RBRVS	$658.78	$658.78	090		Y	Y	Y				
24138		REMOVE ELBOW BONE LESION	7/1/2014	RBRVS	$696.11	$696.11	090		Y	Y	Y	Y			
24140		PARTIAL REMOVAL OF ARM BONE	7/1/2014	RBRVS	$723.33	$723.33	090		Y	Y	Y	Y			
24145		PARTIAL REMOVAL OF RADIUS	7/1/2014	RBRVS	$611.88	$611.88	090		Y	Y	Y		Y		
24147		PARTIAL REMOVAL OF ELBOW	7/1/2014	RBRVS	$642.18	$642.18	090		Y	Y	Y		Y		
24149		RADICAL RESECTION OF ELBOW	7/1/2014	RBRVS	$1,215.65	$1,215.65	090		Y	Y	Y	Y	Y		
24150		EXTENSIVE HUMERUS SURGERY	7/1/2014	RBRVS	$1,621.98	$1,621.98	090		Y	Y	Y	Y	Y		
24152		EXTENSIVE RADIUS SURGERY	7/1/2014	RBRVS	$1,432.25	$1,432.25	090		Y	Y	Y	Y	Y		
24155		REMOVAL OF ELBOW JOINT	7/1/2014	RBRVS	$885.60	$885.60	090		Y	Y	Y	Y	Y		
24160		REMOVE ELBOW JOINT IMPLANT	7/1/2014	RBRVS	$1,310.18	$1,310.18	090		Y	Y	Y		Y		
24164		REMOVE RADIUS HEAD IMPLANT	7/1/2014	RBRVS	$755.46	$755.46	090		Y	Y	Y		Y		
24200		REMOVAL OF ARM FOREIGN BODY	7/1/2014	RBRVS	$209.78	$143.80	010		Y	Y	Y				
24201		REMOVAL OF ARM FOREIGN BODY	7/1/2014	RBRVS	$572.22	$381.08	090		Y	Y	Y				
24220		INJECTION FOR ELBOW X-RAY	7/1/2014	RBRVS	$162.02	$71.29	000		Y	Y	Y				
24300		MANIPULATE ELBOW W/ANESTH	7/1/2014	RBRVS	$422.57	$422.57	090		Y	Y	Y				
24301		MUSCLE/TENDON TRANSFER	7/1/2014	RBRVS	$780.31	$780.31	090		Y	Y		Y	Y		
24305		ARM TENDON LENGTHENING	7/1/2014	RBRVS	$595.10	$595.10	090		Y	Y					
24310		REVISION OF ARM TENDON	7/1/2014	RBRVS	$491.50	$491.50	090		Y	Y					
24320		REPAIR OF ARM TENDON	7/1/2014	RBRVS	$809.29	$809.29	090		Y	Y		Y	Y		
24330		REVISION OF ARM MUSCLES	7/1/2014	RBRVS	$742.80	$742.80	090		Y	Y	Y	Y			
24331		REVISION OF ARM MUSCLES	7/1/2014	RBRVS	$815.17	$815.17	090		Y	Y	Y	Y			
24332		TENOLYSIS TRICEPS	7/1/2014	RBRVS	$632.71	$632.71	090		Y	Y	Y				
24340		REPAIR OF BICEPS TENDON	7/1/2014	RBRVS	$636.48	$636.48	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
24341		REPAIR ARM TENDON/MUSCLE	7/1/2014	RBRVS	$773.21	$773.21	090		Y	Y	Y	Y	Y		
24342		REPAIR OF RUPTURED TENDON	7/1/2014	RBRVS	$805.67	$805.67	090		Y	Y	Y	Y	Y		
24343		REPR ELBOW LAT LIGMNT W/TISS	7/1/2014	RBRVS	$728.82	$728.82	090		Y	Y	Y	Y	Y		
24344		RECONSTRUCT ELBOW LAT LIGMNT	7/1/2014	RBRVS	$1,139.45	$1,139.45	090		Y	Y	Y	Y	Y		
24345		REPR ELBW MED LIGMNT W/TISSU	7/1/2014	RBRVS	$724.87	$724.87	090		Y	Y	Y	Y	Y		
24346		RECONSTRUCT ELBOW MED LIGMNT	7/1/2014	RBRVS	$1,139.45	$1,139.45	090		Y	Y	Y	Y	Y		
24357		REPAIR ELBOW PERC	7/1/2014	RBRVS	$454.45	$454.45	090		Y	Y	Y				
24358		REPAIR ELBOW W/DEB OPEN	7/1/2014	RBRVS	$539.98	$539.98	090		Y	Y	Y				
24359		REPAIR ELBOW DEB/ATTCH OPEN	7/1/2014	RBRVS	$682.92	$682.92	090		Y	Y	Y				
24360		RECONSTRUCT ELBOW JOINT	7/1/2014	RBRVS	$932.04	$932.04	090		Y	Y	Y	Y	Y		
24361		RECONSTRUCT ELBOW JOINT	7/1/2014	RBRVS	$1,044.92	$1,044.92	090		Y	Y	Y	Y	Y		
24362		RECONSTRUCT ELBOW JOINT	7/1/2014	RBRVS	$1,101.98	$1,101.98	090		Y	Y	Y	Y			
24363		REPLACE ELBOW JOINT	7/1/2014	RBRVS	$1,518.13	$1,518.13	090		Y	Y	Y	Y			
24365		RECONSTRUCT HEAD OF RADIUS	7/1/2014	RBRVS	$661.15	$661.15	090		Y	Y	Y	Y	Y		
24366		RECONSTRUCT HEAD OF RADIUS	7/1/2014	RBRVS	$705.33	$705.33	090		Y	Y	Y	Y	Y		
24370		REVISE RECONST ELBOW JOINT	7/1/2014	RBRVS	$1,607.28	$1,607.28	090		Y	Y	Y	Y			
24371		REVISE RECONST ELBOW JOINT	7/1/2014	RBRVS	$1,856.72	$1,856.72	090		Y	Y	Y	Y			
24400		REVISION OF HUMERUS	7/1/2014	RBRVS	$848.27	$848.27	090		Y	Y	Y	Y	Y		
24410		REVISION OF HUMERUS	7/1/2014	RBRVS	$1,097.75	$1,097.75	090		Y	Y	Y	Y	Y		
24420		REVISION OF HUMERUS	7/1/2014	RBRVS	$1,030.15	$1,030.15	090		Y	Y	Y	Y	Y		
24430		REPAIR OF HUMERUS	7/1/2014	RBRVS	$1,100.36	$1,100.36	090		Y	Y	Y	Y	Y		
24435		REPAIR HUMERUS WITH GRAFT	7/1/2014	RBRVS	$1,119.98	$1,119.98	090		Y	Y	Y	Y	Y		
24470		REVISION OF ELBOW JOINT	7/1/2014	RBRVS	$608.51	$608.51	090		Y	Y	Y	Y			
24495		DECOMPRESSION OF FOREARM	7/1/2014	RBRVS	$672.88	$672.88	090		Y	Y	Y				
24498		REINFORCE HUMERUS	7/1/2014	RBRVS	$900.80	$900.80	090		Y	Y	Y	Y	Y		
24500		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$365.45	$333.53	090		Y	Y	Y				
24505		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$512.26	$464.92	090		Y	Y	Y				
24515		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$909.41	$909.41	090		Y	Y	Y	Y	Y		
24516		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$893.85	$893.85	090		Y	Y	Y	Y	Y		
24530		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$388.33	$352.47	090		Y	Y	Y				
24535		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$633.14	$586.53	090		Y	Y	Y				
24538		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$768.26	$768.26	090		Y	Y	Y				
24545		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$966.21	$966.21	090		Y	Y	Y	Y	Y		
24546		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$1,081.79	$1,081.79	090		Y	Y	Y	Y	Y		
24560		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$328.80	$295.81	090		Y	Y	Y				
24565		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$546.51	$502.76	090		Y	Y	Y				
24566		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$741.01	$741.01	090		Y	Y	Y				
24575		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$760.48	$760.48	090		Y	Y	Y	Y	Y		
24576		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$346.48	$312.77	090		Y	Y	Y				
24577		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$562.86	$516.96	090		Y	Y	Y				
24579		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$865.91	$865.91	090		Y	Y	Y	Y	Y		
24582		TREAT HUMERUS FRACTURE	7/1/2014	RBRVS	$834.61	$834.61	090		Y	Y	Y				
24586		TREAT ELBOW FRACTURE	7/1/2014	RBRVS	$1,128.23	$1,128.23	090		Y	Y	Y	Y	Y		
24587		TREAT ELBOW FRACTURE	7/1/2014	RBRVS	$1,124.64	$1,124.64	090		Y	Y	Y	Y	Y		
24600		TREAT ELBOW DISLOCATION	7/1/2014	RBRVS	$375.10	$344.97	090		Y	Y	Y				
24605		TREAT ELBOW DISLOCATION	7/1/2014	RBRVS	$483.46	$483.46	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
24615		TREAT ELBOW DISLOCATION	7/1/2014	RBRVS	$736.56	$736.56	090		Y	Y	Y	Y	Y		
24620		TREAT ELBOW FRACTURE	7/1/2014	RBRVS	$571.79	$571.79	090		Y	Y	Y				
24635		TREAT ELBOW FRACTURE	7/1/2014	RBRVS	$696.54	$696.54	090		Y	Y	Y	Y	Y		
24640		TREAT ELBOW DISLOCATION	7/1/2014	RBRVS	$142.58	$97.75	010		Y	Y	Y				
24650		TREAT RADIUS FRACTURE	7/1/2014	RBRVS	$267.01	$245.86	090		Y	Y	Y				
24655		TREAT RADIUS FRACTURE	7/1/2014	RBRVS	$449.51	$410.78	090		Y	Y	Y				
24665		TREAT RADIUS FRACTURE	7/1/2014	RBRVS	$673.49	$673.49	090		Y	Y	Y	Y	Y		
24666		TREAT RADIUS FRACTURE	7/1/2014	RBRVS	$758.58	$758.58	090		Y	Y	Y	Y	Y		
24670		TREAT ULNAR FRACTURE	7/1/2014	RBRVS	$297.24	$269.27	090		Y	Y	Y				
24675		TREAT ULNAR FRACTURE	7/1/2014	RBRVS	$466.43	$426.63	090		Y	Y	Y				
24685		TREAT ULNAR FRACTURE	7/1/2014	RBRVS	$676.89	$676.89	090		Y	Y	Y	Y	Y		
24800		FUSION OF ELBOW JOINT	7/1/2014	RBRVS	$859.38	$859.38	090		Y	Y	Y	Y	Y		
24802		FUSION/GRAFT OF ELBOW JOINT	7/1/2014	RBRVS	$1,039.83	$1,039.83	090		Y	Y	Y	Y			
24900		AMPUTATION OF UPPER ARM	7/1/2014	RBRVS	$761.92	$761.92	090		Y	Y	Y	Y	Y		
24920		AMPUTATION OF UPPER ARM	7/1/2014	RBRVS	$758.58	$758.58	090		Y	Y	Y	Y	Y		
24925		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$584.45	$584.45	090		Y	Y	Y	Y			
24930		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$802.48	$802.48	090		Y	Y	Y	Y			
24931		AMPUTATE UPPER ARM & IMPLANT	7/1/2014	RBRVS	$797.17	$797.17	090		Y	Y	Y	Y			
24935		REVISION OF AMPUTATION	7/1/2014	RBRVS	$1,087.35	$1,087.35	090		Y	Y	Y				
24940		REVISION OF UPPER ARM	7/1/2014	FEE SCHED	$794.51	$0.00			Y						
24999		UPPER ARM/ELBOW SURGERY	7/1/2014	FEE SCHED	$954.80	$0.00			Y						
25000		INCISION OF TENDON SHEATH	7/1/2014	RBRVS	$343.57	$343.57	090		Y	Y	Y				
25001		INCISE FLEXOR CARPI RADIALIS	7/1/2014	RBRVS	$351.28	$351.28	090		Y	Y	Y				
25020		DECOMPRESS FOREARM 1 SPACE	7/1/2014	RBRVS	$587.28	$587.28	090		Y	Y	Y				
25023		DECOMPRESS FOREARM 1 SPACE	7/1/2014	RBRVS	$1,139.70	$1,139.70	090		Y	Y	Y				
25024		DECOMPRESS FOREARM 2 SPACES	7/1/2014	RBRVS	$804.52	$804.52	090		Y	Y	Y				
25025		DECOMPRESS FOREARM 2 SPACES	7/1/2014	RBRVS	$1,261.52	$1,261.52	090		Y	Y	Y				
25028		DRAINAGE OF FOREARM LESION	7/1/2014	RBRVS	$535.50	$535.50	090		Y	Y	Y				
25031		DRAINAGE OF FOREARM BURSA	7/1/2014	RBRVS	$374.38	$374.38	090		Y	Y	Y				
25035		TREAT FOREARM BONE LESION	7/1/2014	RBRVS	$599.72	$599.72	090		Y	Y	Y				
25040		EXPLORE/TREAT WRIST JOINT	7/1/2014	RBRVS	$579.68	$579.68	090		Y	Y	Y				
25065		BIOPSY FOREARM SOFT TISSUES	7/1/2014	RBRVS	$257.22	$168.65	010		Y	Y	Y				
25066		BIOPSY FOREARM SOFT TISSUES	7/1/2014	RBRVS	$367.10	$367.10	090		Y	Y	Y				
25071		EXC FOREARM LES SC 3 CM/>	7/1/2014	RBRVS	$439.46	$439.46	090		Y	Y	Y	Y			
25073		EXC FOREARM TUM DEEP 3 CM/>	7/1/2014	RBRVS	$548.12	$548.12	090		Y	Y	Y	Y			
25075		REMOVAL FOREARM LESION SUBCU	7/1/2014	RBRVS	$487.34	$326.33	090		Y	Y	Y				
25076		REMOVAL FOREARM LESION DEEP	7/1/2014	RBRVS	$533.63	$533.63	090		Y	Y	Y				
25077		REMOVE TUMOR, FOREARM/WRIST	7/1/2014	RBRVS	$918.48	$918.48	090		Y	Y	Y				
25078		RESECT FORARM/WRIST TUM 3CM>	7/1/2014	RBRVS	$1,218.02	$1,218.02	090		Y	Y	Y	Y			
25085		INCISION OF WRIST CAPSULE	7/1/2014	RBRVS	$464.14	$464.14	090		Y	Y	Y	Y			
25100		BIOPSY OF WRIST JOINT	7/1/2014	RBRVS	$355.87	$355.87	090		Y	Y	Y				
25101		EXPLORE/TREAT WRIST JOINT	7/1/2014	RBRVS	$415.33	$415.33	090		Y	Y	Y				
25105		REMOVE WRIST JOINT LINING	7/1/2014	RBRVS	$497.13	$497.13	090		Y	Y	Y		Y		
25107		REMOVE WRIST JOINT CARTILAGE	7/1/2014	RBRVS	$633.83	$633.83	090		Y	Y	Y	Y	Y		
25109		EXCISE TENDON FOREARM/WRIST	7/1/2014	RBRVS	$554.61	$554.61	090		Y	Y	Y				
25110		REMOVE WRIST TENDON LESION	7/1/2014	RBRVS	$349.60	$349.60	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
25111		REMOVE WRIST TENDON LESION	7/1/2014	RBRVS	$328.33	$328.33	090		Y	Y	Y				
25112		REREMOVE WRIST TENDON LESION	7/1/2014	RBRVS	$397.58	$397.58	090		Y	Y	Y				
25115		REMOVE WRIST/FOREARM LESION	7/1/2014	RBRVS	$782.25	$782.25	090		Y	Y	Y				
25116		REMOVE WRIST/FOREARM LESION	7/1/2014	RBRVS	$617.15	$617.15	090		Y	Y	Y		Y		
25118		EXCISE WRIST TENDON SHEATH	7/1/2014	RBRVS	$390.77	$390.77	090		Y	Y	Y				
25119		PARTIAL REMOVAL OF ULNA	7/1/2014	RBRVS	$512.91	$512.91	090		Y	Y	Y	Y	Y		
25120		REMOVAL OF FOREARM LESION	7/1/2014	RBRVS	$512.62	$512.62	090		Y	Y	Y		Y		
25125		REMOVE/GRAFT FOREARM LESION	7/1/2014	RBRVS	$612.06	$612.06	090		Y	Y	Y				
25126		REMOVE/GRAFT FOREARM LESION	7/1/2014	RBRVS	$616.40	$616.40	090		Y	Y	Y	Y			
25130		REMOVAL OF WRIST LESION	7/1/2014	RBRVS	$460.33	$460.33	090		Y	Y	Y				
25135		REMOVE & GRAFT WRIST LESION	7/1/2014	RBRVS	$575.52	$575.52	090		Y	Y	Y	Y	Y		
25136		REMOVE & GRAFT WRIST LESION	7/1/2014	RBRVS	$508.53	$508.53	090		Y	Y	Y	Y	Y		
25145		REMOVE FOREARM BONE LESION	7/1/2014	RBRVS	$532.92	$532.92	090		Y	Y	Y	Y			
25150		PARTIAL REMOVAL OF ULNA	7/1/2014	RBRVS	$582.19	$582.19	090		Y	Y	Y		Y		
25151		PARTIAL REMOVAL OF RADIUS	7/1/2014	RBRVS	$603.45	$603.45	090		Y	Y	Y	Y	Y		
25170		EXTENSIVE FOREARM SURGERY	7/1/2014	RBRVS	$1,539.83	$1,539.83	090		Y	Y	Y	Y	Y		
25210		REMOVAL OF WRIST BONE	7/1/2014	RBRVS	$501.68	$501.68	090		Y	Y			Y		
25215		REMOVAL OF WRIST BONES	7/1/2014	RBRVS	$634.40	$634.40	090		Y	Y	Y	Y	Y		
25230		PARTIAL REMOVAL OF RADIUS	7/1/2014	RBRVS	$441.15	$441.15	090		Y	Y	Y		Y		
25240		PARTIAL REMOVAL OF ULNA	7/1/2014	RBRVS	$439.43	$439.43	090		Y	Y	Y		Y		
25246		INJECTION FOR WRIST X-RAY	7/1/2014	RBRVS	$164.63	$77.85	000		Y	Y	Y				
25248		REMOVE FOREARM FOREIGN BODY	7/1/2014	RBRVS	$427.63	$427.63	090		Y	Y	Y				
25250		REMOVAL OF WRIST PROSTHESIS	7/1/2014	RBRVS	$550.02	$550.02	090		Y	Y	Y	Y			
25251		REMOVAL OF WRIST PROSTHESIS	7/1/2014	RBRVS	$744.63	$744.63	090		Y	Y	Y	Y			
25259		MANIPULATE WRIST W/ANESTHES	7/1/2014	RBRVS	$425.08	$425.08	090		Y	Y	Y				
25260		REPAIR FOREARM TENDON/MUSCLE	7/1/2014	RBRVS	$650.64	$650.64	090		Y	Y					
25263		REPAIR FOREARM TENDON/MUSCLE	7/1/2014	RBRVS	$645.44	$645.44	090		Y	Y		Y			
25265		REPAIR FOREARM TENDON/MUSCLE	7/1/2014	RBRVS	$773.50	$773.50	090		Y	Y		Y			
25270		REPAIR FOREARM TENDON/MUSCLE	7/1/2014	RBRVS	$506.81	$506.81	090		Y	Y					
25272		REPAIR FOREARM TENDON/MUSCLE	7/1/2014	RBRVS	$570.46	$570.46	090		Y	Y					
25274		REPAIR FOREARM TENDON/MUSCLE	7/1/2014	RBRVS	$693.14	$693.14	090		Y	Y			Y		
25275		REPAIR FOREARM TENDON SHEATH	7/1/2014	RBRVS	$695.29	$695.29	090		Y	Y	Y		Y		
25280		REVISE WRIST/FOREARM TENDON	7/1/2014	RBRVS	$579.17	$579.17	090		Y	Y			Y		
25290		INCISE WRIST/FOREARM TENDON	7/1/2014	RBRVS	$448.79	$448.79	090		Y	Y					
25295		RELEASE WRIST/FOREARM TENDON	7/1/2014	RBRVS	$537.76	$537.76	090		Y	Y					
25300		FUSION OF TENDONS AT WRIST	7/1/2014	RBRVS	$708.99	$708.99	090		Y	Y	Y	Y			
25301		FUSION OF TENDONS AT WRIST	7/1/2014	RBRVS	$662.98	$662.98	090		Y	Y	Y	Y			
25310		TRANSPLANT FOREARM TENDON	7/1/2014	RBRVS	$636.48	$636.48	090		Y	Y		Y	Y		
25312		TRANSPLANT FOREARM TENDON	7/1/2014	RBRVS	$739.83	$739.83	090		Y	Y		Y	Y		
25315		REVISE PALSY HAND TENDON(S)	7/1/2014	RBRVS	$797.96	$797.96	090		Y	Y	Y	Y			
25316		REVISE PALSY HAND TENDON(S)	7/1/2014	RBRVS	$910.27	$910.27	090		Y	Y	Y	Y			
25320		REPAIR/REVISE WRIST JOINT	7/1/2014	RBRVS	$1,015.41	$1,015.41	090		Y	Y	Y	Y			
25332		REVISE WRIST JOINT	7/1/2014	RBRVS	$872.94	$872.94	090		Y	Y	Y	Y			
25335		REALIGNMENT OF HAND	7/1/2014	RBRVS	$910.49	$910.49	090		Y	Y	Y	Y			
25337		RECONSTRUCT ULNA/RADIOULNAR	7/1/2014	RBRVS	$912.89	$912.89	090		Y	Y	Y				
25350		REVISION OF RADIUS	7/1/2014	RBRVS	$695.11	$695.11	090		Y	Y	Y	Y			

Montana Medicaid - Fee Schedule
Psychiatrist 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
25355		REVISION OF RADIUS	7/1/2014	RBRVS	$793.12	$793.12	090		Y	Y	Y	Y			
25360		REVISION OF ULNA	7/1/2014	RBRVS	$677.07	$677.07	090		Y	Y	Y	Y	Y		
25365		REVISE RADIUS & ULNA	7/1/2014	RBRVS	$948.60	$948.60	090		Y	Y	Y	Y			
25370		REVISE RADIUS OR ULNA	7/1/2014	RBRVS	$1,043.49	$1,043.49	090		Y	Y	Y	Y			
25375		REVISE RADIUS & ULNA	7/1/2014	RBRVS	$919.45	$919.45	090		Y	Y	Y	Y	Y		
25390		SHORTEN RADIUS OR ULNA	7/1/2014	RBRVS	$793.12	$793.12	090		Y	Y	Y	Y	Y		
25391		LENGTHEN RADIUS OR ULNA	7/1/2014	RBRVS	$1,034.09	$1,034.09	090		Y	Y	Y	Y	Y		
25392		SHORTEN RADIUS & ULNA	7/1/2014	RBRVS	$1,052.74	$1,052.74	090		Y	Y	Y	Y			
25393		LENGTHEN RADIUS & ULNA	7/1/2014	RBRVS	$1,174.70	$1,174.70	090		Y	Y	Y	Y			
25394		REPAIR CARPAL BONE SHORTEN	7/1/2014	RBRVS	$812.16	$812.16	090		Y	Y	Y	Y	Y		
25400		REPAIR RADIUS OR ULNA	7/1/2014	RBRVS	$830.05	$830.05	090		Y	Y	Y	Y	Y		
25405		REPAIR/GRAFT RADIUS OR ULNA	7/1/2014	RBRVS	$1,073.36	$1,073.36	090		Y	Y	Y	Y	Y		
25415		REPAIR RADIUS & ULNA	7/1/2014	RBRVS	$1,003.33	$1,003.33	090		Y	Y	Y	Y	Y		
25420		REPAIR/GRAFT RADIUS & ULNA	7/1/2014	RBRVS	$1,213.61	$1,213.61	090		Y	Y	Y	Y	Y		
25425		REPAIR/GRAFT RADIUS OR ULNA	7/1/2014	RBRVS	$998.59	$998.59	090		Y	Y	Y	Y	Y		
25426		REPAIR/GRAFT RADIUS & ULNA	7/1/2014	RBRVS	$1,167.31	$1,167.31	090		Y	Y	Y	Y	Y		
25430		VASC GRAFT INTO CARPAL BONE	7/1/2014	RBRVS	$727.99	$727.99	090		Y	Y	Y				
25431		REPAIR NONUNION CARPAL BONE	7/1/2014	RBRVS	$817.25	$817.25	090		Y	Y	Y	Y	Y		
25440		REPAIR/GRAFT WRIST BONE	7/1/2014	RBRVS	$793.19	$793.19	090		Y	Y	Y	Y	Y		
25441		RECONSTRUCT WRIST JOINT	7/1/2014	RBRVS	$947.10	$947.10	090		Y	Y	Y	Y	Y		
25442		RECONSTRUCT WRIST JOINT	7/1/2014	RBRVS	$809.68	$809.68	090		Y	Y	Y	Y	Y		
25443		RECONSTRUCT WRIST JOINT	7/1/2014	RBRVS	$808.36	$808.36	090		Y	Y	Y	Y	Y		
25444		RECONSTRUCT WRIST JOINT	7/1/2014	RBRVS	$797.78	$797.78	090		Y	Y	Y	Y			
25445		RECONSTRUCT WRIST JOINT	7/1/2014	RBRVS	$743.52	$743.52	090		Y	Y	Y		Y		
25446		WRIST REPLACEMENT	7/1/2014	RBRVS	$1,211.53	$1,211.53	090		Y	Y	Y	Y	Y		
25447		REPAIR WRIST JOINTS	7/1/2014	RBRVS	$853.07	$853.07	090		Y	Y	Y	Y	Y		
25449		REMOVE WRIST JOINT IMPLANT	7/1/2014	RBRVS	$1,078.85	$1,078.85	090		Y	Y	Y	Y	Y		
25450		REVISION OF WRIST JOINT	7/1/2014	RBRVS	$635.76	$635.76	090		Y	Y	Y				
25455		REVISION OF WRIST JOINT	7/1/2014	RBRVS	$700.60	$700.60	090		Y	Y	Y				
25490		REINFORCE RADIUS	7/1/2014	RBRVS	$717.13	$717.13	090		Y	Y	Y	Y			
25491		REINFORCE ULNA	7/1/2014	RBRVS	$765.04	$765.04	090		Y	Y	Y	Y			
25492		REINFORCE RADIUS AND ULNA	7/1/2014	RBRVS	$936.34	$936.34	090		Y	Y	Y	Y			
25500		TREAT FRACTURE OF RADIUS	7/1/2014	RBRVS	$277.95	$256.08	090		Y	Y	Y				
25505		TREAT FRACTURE OF RADIUS	7/1/2014	RBRVS	$515.06	$473.10	090		Y	Y	Y				
25515		TREAT FRACTURE OF RADIUS	7/1/2014	RBRVS	$691.88	$691.88	090		Y	Y	Y	Y	Y		
25520		TREAT FRACTURE OF RADIUS	7/1/2014	RBRVS	$582.40	$553.36	090		Y	Y	Y				
25525		TREAT FRACTURE OF RADIUS	7/1/2014	RBRVS	$812.84	$812.84	090		Y	Y	Y	Y	Y		
25526		TREAT FRACTURE OF RADIUS	7/1/2014	RBRVS	$989.41	$989.41	090		Y	Y	Y	Y	Y		
25530		TREAT FRACTURE OF ULNA	7/1/2014	RBRVS	$266.94	$242.20	090		Y	Y	Y				
25535		TREAT FRACTURE OF ULNA	7/1/2014	RBRVS	$501.39	$465.53	090		Y	Y	Y				
25545		TREAT FRACTURE OF ULNA	7/1/2014	RBRVS	$643.26	$643.26	090		Y	Y	Y	Y	Y		
25560		TREAT FRACTURE RADIUS & ULNA	7/1/2014	RBRVS	$284.94	$258.05	090		Y	Y	Y				
25565		TREAT FRACTURE RADIUS & ULNA	7/1/2014	RBRVS	$533.35	$484.58	090		Y	Y	Y				
25574		TREAT FRACTURE RADIUS & ULNA	7/1/2014	RBRVS	$696.01	$696.01	090		Y	Y	Y	Y	Y		
25575		TREAT FRACTURE RADIUS/ULNA	7/1/2014	RBRVS	$932.72	$932.72	090		Y	Y	Y	Y	Y		
25600		TREAT FRACTURE RADIUS/ULNA	7/1/2014	RBRVS	$334.68	$317.11	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
25605		TREAT FRACTURE RADIUS/ULNA	7/1/2014	RBRVS	$563.72	$531.45	090		Y	Y	Y				
25606		TREAT FX DISTAL RADIAL	7/1/2014	RBRVS	$683.28	$683.28	090		Y	Y	Y				
25607		TREAT FX RAD EXTRA-ARTICUL	7/1/2014	RBRVS	$759.41	$759.41	090		Y	Y	Y	Y			
25608		TREAT FX RAD INTRA-ARTICUL	7/1/2014	RBRVS	$851.93	$851.93	090		Y	Y	Y	Y			
25609		TREAT FX RADIAL 3+ FRAG	7/1/2014	RBRVS	$1,083.83	$1,083.83	090		Y	Y	Y	Y			
25622		TREAT WRIST BONE FRACTURE	7/1/2014	RBRVS	$310.66	$284.12	090		Y	Y	Y				
25624		TREAT WRIST BONE FRACTURE	7/1/2014	RBRVS	$486.58	$444.27	090		Y	Y	Y				
25628		TREAT WRIST BONE FRACTURE	7/1/2014	RBRVS	$743.52	$743.52	090		Y	Y	Y	Y			
25630		TREAT WRIST BONE FRACTURE	7/1/2014	RBRVS	$312.30	$287.56	090		Y	Y	Y				
25635		TREAT WRIST BONE FRACTURE	7/1/2014	RBRVS	$455.49	$406.37	090		Y	Y	Y				
25645		TREAT WRIST BONE FRACTURE	7/1/2014	RBRVS	$587.85	$587.85	090		Y	Y	Y	Y			
25650		TREAT WRIST BONE FRACTURE	7/1/2014	RBRVS	$328.62	$309.26	090		Y	Y	Y				
25651		PIN ULNAR STYLOID FRACTURE	7/1/2014	RBRVS	$499.28	$499.28	090		Y	Y	Y				
25652		TREAT FRACTURE ULNAR STYLOID	7/1/2014	RBRVS	$642.00	$642.00	090		Y	Y	Y		Y		
25660		TREAT WRIST DISLOCATION	7/1/2014	RBRVS	$416.41	$416.41	090		Y	Y	Y				
25670		TREAT WRIST DISLOCATION	7/1/2014	RBRVS	$625.61	$625.61	090		Y	Y	Y	Y	Y		
25671		PIN RADIOULNAR DISLOCATION	7/1/2014	RBRVS	$545.79	$545.79	090		Y	Y	Y				
25675		TREAT WRIST DISLOCATION	7/1/2014	RBRVS	$447.78	$410.13	090		Y	Y	Y				
25676		TREAT WRIST DISLOCATION	7/1/2014	RBRVS	$648.81	$648.81	090		Y	Y	Y	Y			
25680		TREAT WRIST FRACTURE	7/1/2014	RBRVS	$486.98	$486.98	090		Y	Y	Y				
25685		TREAT WRIST FRACTURE	7/1/2014	RBRVS	$760.59	$760.59	090		Y	Y	Y	Y			
25690		TREAT WRIST DISLOCATION	7/1/2014	RBRVS	$494.87	$494.87	090		Y	Y	Y				
25695		TREAT WRIST DISLOCATION	7/1/2014	RBRVS	$654.52	$654.52	090		Y	Y	Y	Y	Y		
25800		FUSION OF WRIST JOINT	7/1/2014	RBRVS	$755.75	$755.75	090		Y	Y	Y	Y	Y		
25805		FUSION/GRAFT OF WRIST JOINT	7/1/2014	RBRVS	$874.73	$874.73	090		Y	Y	Y	Y	Y		
25810		FUSION/GRAFT OF WRIST JOINT	7/1/2014	RBRVS	$896.32	$896.32	090		Y	Y	Y	Y	Y		
25820		FUSION OF HAND BONES	7/1/2014	RBRVS	$632.43	$632.43	090		Y	Y	Y	Y	Y		
25825		FUSE HAND BONES WITH GRAFT	7/1/2014	RBRVS	$779.85	$779.85	090		Y	Y	Y	Y	Y		
25830		FUSION RADIOULNAR JNT/ULNA	7/1/2014	RBRVS	$978.62	$978.62	090		Y	Y	Y	Y	Y		
25900		AMPUTATION OF FOREARM	7/1/2014	RBRVS	$732.15	$732.15	090		Y	Y	Y				
25905		AMPUTATION OF FOREARM	7/1/2014	RBRVS	$659.07	$659.07	090		Y	Y	Y	Y			
25907		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$632.96	$632.96	090		Y	Y	Y	Y			
25909		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$708.95	$708.95	090		Y	Y	Y	Y			
25915		AMPUTATION OF FOREARM	7/1/2014	RBRVS	$1,083.26	$1,083.26	090		Y	Y	Y	Y			
25920		AMPUTATE HAND AT WRIST	7/1/2014	RBRVS	$719.39	$719.39	090		Y	Y	Y				
25922		AMPUTATE HAND AT WRIST	7/1/2014	RBRVS	$506.13	$506.13	090		Y	Y	Y	Y			
25924		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$635.12	$635.12	090		Y	Y	Y	Y			
25927		AMPUTATION OF HAND	7/1/2014	RBRVS	$834.25	$834.25	090		Y	Y	Y				
25929		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$616.18	$616.18	090		Y	Y	Y	Y			
25931		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$693.14	$693.14	090		Y	Y	Y				
25999		FOREARM OR WRIST SURGERY	7/1/2014	FEE SCHED	$762.42	$0.00			Y						
26010		DRAINAGE OF FINGER ABSCESS	7/1/2014	RBRVS	$267.26	$142.11	010		Y	Y					
26011		DRAINAGE OF FINGER ABSCESS	7/1/2014	RBRVS	$393.78	$190.09	010		Y	Y					
26020		DRAIN HAND TENDON SHEATH	7/1/2014	RBRVS	$444.92	$444.92	090		Y	Y					
26025		DRAINAGE OF PALM BURSA	7/1/2014	RBRVS	$432.26	$432.26	090		Y	Y	Y				
26030		DRAINAGE OF PALM BURSAS	7/1/2014	RBRVS	$507.89	$507.89	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
26034		TREAT HAND BONE LESION	7/1/2014	RBRVS	$550.92	$550.92	090		Y	Y					
26035		DECOMPRESS FINGERS/HAND	7/1/2014	RBRVS	$895.46	$895.46	090		Y	Y					
26037		DECOMPRESS FINGERS/HAND	7/1/2014	RBRVS	$586.24	$586.24	090		Y	Y	Y				
26040		RELEASE PALM CONTRACTURE	7/1/2014	RBRVS	$317.33	$317.33	090		Y	Y	Y				
26045		RELEASE PALM CONTRACTURE	7/1/2014	RBRVS	$482.03	$482.03	090		Y	Y	Y				
26055		INCISE FINGER TENDON SHEATH	7/1/2014	RBRVS	$563.68	$316.97	090		Y	Y					
26060		INCISION OF FINGER TENDON	7/1/2014	RBRVS	$271.68	$271.68	090		Y	Y					
26070		EXPLORE/TREAT HAND JOINT	7/1/2014	RBRVS	$322.45	$322.45	090		Y	Y	Y				
26075		EXPLORE/TREAT FINGER JOINT	7/1/2014	RBRVS	$338.02	$338.02	090		Y	Y	Y				
26080		EXPLORE/TREAT FINGER JOINT	7/1/2014	RBRVS	$399.98	$399.98	090		Y	Y					
26100		BIOPSY HAND JOINT LINING	7/1/2014	RBRVS	$343.75	$343.75	090		Y	Y	Y				
26105		BIOPSY FINGER JOINT LINING	7/1/2014	RBRVS	$343.14	$343.14	090		Y	Y	Y				
26110		BIOPSY FINGER JOINT LINING	7/1/2014	RBRVS	$328.87	$328.87	090		Y	Y					
26111		EXC HAND LES SC 1.5 CM/>	7/1/2014	RBRVS	$429.50	$429.50	090		Y	Y		Y			
26113		EXC HAND TUM DEEP 1.5 CM/>	7/1/2014	RBRVS	$564.72	$564.72	090		Y	Y		Y			
26115		REMOVAL HAND LESION SUBCUT	7/1/2014	RBRVS	$511.08	$341.46	090		Y	Y					
26116		REMOVAL HAND LESION DEEP	7/1/2014	RBRVS	$541.84	$541.84	090		Y	Y					
26117		REMOVE TUMOR, HAND/FINGER	7/1/2014	RBRVS	$771.06	$771.06	090		Y	Y					
26118		EXC HAND TUM RA 3 CM/>	7/1/2014	RBRVS	$1,093.51	$1,093.51	090		Y	Y		Y			
26121		RELEASE PALM CONTRACTURE	7/1/2014	RBRVS	$614.68	$614.68	090		Y	Y	Y				
26123		RELEASE PALM CONTRACTURE	7/1/2014	RBRVS	$857.91	$857.91	090		Y	Y	Y				
26125		RELEASE PALM CONTRACTURE	7/1/2014	RBRVS	$285.77	$285.77	ZZZ		Y						
26130		REMOVE WRIST JOINT LINING	7/1/2014	RBRVS	$474.32	$474.32	090		Y	Y	Y				
26135		REVISE FINGER JOINT EACH	7/1/2014	RBRVS	$566.59	$566.59	090		Y	Y					
26140		REVISE FINGER JOINT EACH	7/1/2014	RBRVS	$518.18	$518.18	090		Y	Y					
26145		TENDON EXCISION PALM/FINGER	7/1/2014	RBRVS	$525.92	$525.92	090		Y	Y					
26160		REMOVE TENDON SHEATH LESION	7/1/2014	RBRVS	$579.93	$341.10	090		Y	Y					
26170		REMOVAL OF PALM TENDON EACH	7/1/2014	RBRVS	$416.87	$416.87	090		Y	Y					
26180		REMOVAL OF FINGER TENDON	7/1/2014	RBRVS	$454.06	$454.06	090		Y	Y					
26185		REMOVE FINGER BONE	7/1/2014	RBRVS	$567.34	$567.34	090		Y	Y	Y	Y	Y		
26200		REMOVE HAND BONE LESION	7/1/2014	RBRVS	$463.06	$463.06	090		Y	Y					
26205		REMOVE/GRAFT BONE LESION	7/1/2014	RBRVS	$622.10	$622.10	090		Y	Y					
26210		REMOVAL OF FINGER LESION	7/1/2014	RBRVS	$453.27	$453.27	090		Y	Y					
26215		REMOVE/GRAFT FINGER LESION	7/1/2014	RBRVS	$581.58	$581.58	090		Y	Y					
26230		PARTIAL REMOVAL OF HAND BONE	7/1/2014	RBRVS	$513.44	$513.44	090		Y	Y					
26235		PARTIAL REMOVAL FINGER BONE	7/1/2014	RBRVS	$506.81	$506.81	090		Y	Y					
26236		PARTIAL REMOVAL FINGER BONE	7/1/2014	RBRVS	$453.09	$453.09	090		Y	Y					
26250		EXTENSIVE HAND SURGERY	7/1/2014	RBRVS	$1,134.07	$1,134.07	090		Y	Y					
26260		EXTENSIVE FINGER SURGERY	7/1/2014	RBRVS	$846.48	$846.48	090		Y	Y		Y			
26262		PARTIAL REMOVAL OF FINGER	7/1/2014	RBRVS	$660.40	$660.40	090		Y	Y		Y			
26320		REMOVAL OF IMPLANT FROM HAND	7/1/2014	RBRVS	$354.73	$354.73	090		Y	Y					
26340		MANIPULATE FINGER W/ANESTH	7/1/2014	RBRVS	$340.06	$340.06	090		Y	Y	Y				
26341		MANIPULAT PALM CORD POST INJ	7/1/2014	RBRVS	$99.37	$75.70	010		Y	Y	Y				
26350		REPAIR FINGER/HAND TENDON	7/1/2014	RBRVS	$715.69	$715.69	090		Y	Y					
26352		REPAIR/GRAFT HAND TENDON	7/1/2014	RBRVS	$827.08	$827.08	090		Y	Y		Y	Y		
26356		REPAIR FINGER/HAND TENDON	7/1/2014	RBRVS	$1,106.78	$1,106.78	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
26357		REPAIR FINGER/HAND TENDON	7/1/2014	RBRVS	$882.55	$882.55	090		Y	Y		Y			
26358		REPAIR/GRAFT HAND TENDON	7/1/2014	RBRVS	$931.71	$931.71	090		Y	Y		Y			
26370		REPAIR FINGER/HAND TENDON	7/1/2014	RBRVS	$766.15	$766.15	090		Y	Y					
26372		REPAIR/GRAFT HAND TENDON	7/1/2014	RBRVS	$897.97	$897.97	090		Y	Y		Y			
26373		REPAIR FINGER/HAND TENDON	7/1/2014	RBRVS	$860.68	$860.68	090		Y	Y		Y			
26390		REVISE HAND/FINGER TENDON	7/1/2014	RBRVS	$851.10	$851.10	090		Y	Y		Y	Y		
26392		REPAIR/GRAFT HAND TENDON	7/1/2014	RBRVS	$989.99	$989.99	090		Y	Y		Y	Y		
26410		REPAIR HAND TENDON	7/1/2014	RBRVS	$567.91	$567.91	090		Y	Y					
26412		REPAIR/GRAFT HAND TENDON	7/1/2014	RBRVS	$685.75	$685.75	090		Y	Y					
26415		EXCISION HAND/FINGER TENDON	7/1/2014	RBRVS	$805.59	$805.59	090		Y	Y					
26416		GRAFT HAND OR FINGER TENDON	7/1/2014	RBRVS	$774.47	$774.47	090		Y	Y					
26418		REPAIR FINGER TENDON	7/1/2014	RBRVS	$580.18	$580.18	090		Y	Y					
26420		REPAIR/GRAFT FINGER TENDON	7/1/2014	RBRVS	$718.85	$718.85	090		Y	Y		Y			
26426		REPAIR FINGER/HAND TENDON	7/1/2014	RBRVS	$515.31	$515.31	090		Y	Y					
26428		REPAIR/GRAFT FINGER TENDON	7/1/2014	RBRVS	$767.15	$767.15	090		Y	Y					
26432		REPAIR FINGER TENDON	7/1/2014	RBRVS	$500.46	$500.46	090		Y	Y					
26433		REPAIR FINGER TENDON	7/1/2014	RBRVS	$534.13	$534.13	090		Y	Y					
26434		REPAIR/GRAFT FINGER TENDON	7/1/2014	RBRVS	$655.38	$655.38	090		Y	Y		Y			
26437		REALIGNMENT OF TENDONS	7/1/2014	RBRVS	$625.86	$625.86	090		Y	Y					
26440		RELEASE PALM/FINGER TENDON	7/1/2014	RBRVS	$620.45	$620.45	090		Y	Y					
26442		RELEASE PALM & FINGER TENDON	7/1/2014	RBRVS	$974.82	$974.82	090		Y	Y					
26445		RELEASE HAND/FINGER TENDON	7/1/2014	RBRVS	$577.49	$577.49	090		Y	Y					
26449		RELEASE FOREARM/HAND TENDON	7/1/2014	RBRVS	$712.47	$712.47	090		Y	Y					
26450		INCISION OF PALM TENDON	7/1/2014	RBRVS	$410.13	$410.13	090		Y	Y					
26455		INCISION OF FINGER TENDON	7/1/2014	RBRVS	$406.98	$406.98	090		Y	Y					
26460		INCISE HAND/FINGER TENDON	7/1/2014	RBRVS	$396.93	$396.93	090		Y	Y					
26471		FUSION OF FINGER TENDONS	7/1/2014	RBRVS	$619.77	$619.77	090		Y	Y					
26474		FUSION OF FINGER TENDONS	7/1/2014	RBRVS	$607.11	$607.11	090		Y	Y		Y			
26476		TENDON LENGTHENING	7/1/2014	RBRVS	$589.43	$589.43	090		Y	Y					
26477		TENDON SHORTENING	7/1/2014	RBRVS	$587.46	$587.46	090		Y	Y			Y		
26478		LENGTHENING OF HAND TENDON	7/1/2014	RBRVS	$626.90	$626.90	090		Y	Y					
26479		SHORTENING OF HAND TENDON	7/1/2014	RBRVS	$625.22	$625.22	090		Y	Y		Y			
26480		TRANSPLANT HAND TENDON	7/1/2014	RBRVS	$758.12	$758.12	090		Y	Y					
26483		TRANSPLANT/GRAFT HAND TENDON	7/1/2014	RBRVS	$852.68	$852.68	090		Y	Y		Y	Y		
26485		TRANSPLANT PALM TENDON	7/1/2014	RBRVS	$812.26	$812.26	090		Y	Y		Y	Y		
26489		TRANSPLANT/GRAFT PALM TENDON	7/1/2014	RBRVS	$944.01	$944.01	090		Y	Y					
26490		REVISE THUMB TENDON	7/1/2014	RBRVS	$804.59	$804.59	090		Y	Y					
26492		TENDON TRANSFER WITH GRAFT	7/1/2014	RBRVS	$894.89	$894.89	090		Y	Y		Y	Y		
26494		HAND TENDON/MUSCLE TRANSFER	7/1/2014	RBRVS	$811.76	$811.76	090		Y	Y		Y	Y		
26496		REVISE THUMB TENDON	7/1/2014	RBRVS	$851.35	$851.35	090		Y	Y					
26497		FINGER TENDON TRANSFER	7/1/2014	RBRVS	$880.51	$880.51	090		Y	Y		Y			
26498		FINGER TENDON TRANSFER	7/1/2014	RBRVS	$1,168.03	$1,168.03	090		Y	Y		Y	Y		
26499		REVISION OF FINGER	7/1/2014	RBRVS	$843.97	$843.97	090		Y	Y		Y	Y		
26500		HAND TENDON RECONSTRUCTION	7/1/2014	RBRVS	$629.34	$629.34	090		Y	Y					
26502		HAND TENDON RECONSTRUCTION	7/1/2014	RBRVS	$715.44	$715.44	090		Y	Y		Y			
26508		RELEASE THUMB CONTRACTURE	7/1/2014	RBRVS	$645.23	$645.23	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
26510		THUMB TENDON TRANSFER	7/1/2014	RBRVS	$602.27	$602.27	090		Y	Y					
26516		FUSION OF KNUCKLE JOINT	7/1/2014	RBRVS	$706.91	$706.91	090		Y	Y	Y				
26517		FUSION OF KNUCKLE JOINTS	7/1/2014	RBRVS	$838.91	$838.91	090		Y	Y	Y	Y			
26518		FUSION OF KNUCKLE JOINTS	7/1/2014	RBRVS	$847.26	$847.26	090		Y	Y	Y	Y	Y		
26520		RELEASE KNUCKLE CONTRACTURE	7/1/2014	RBRVS	$653.62	$653.62	090		Y	Y					
26525		RELEASE FINGER CONTRACTURE	7/1/2014	RBRVS	$652.65	$652.65	090		Y	Y			Y		
26530		REVISE KNUCKLE JOINT	7/1/2014	RBRVS	$551.99	$551.99	090		Y	Y		Y			
26531		REVISE KNUCKLE WITH IMPLANT	7/1/2014	RBRVS	$640.78	$640.78	090		Y	Y		Y	Y		
26535		REVISE FINGER JOINT	7/1/2014	RBRVS	$429.60	$429.60	090		Y	Y					
26536		REVISE/IMPLANT FINGER JOINT	7/1/2014	RBRVS	$717.49	$717.49	090		Y	Y					
26540		REPAIR HAND JOINT	7/1/2014	RBRVS	$663.98	$663.98	090		Y	Y			Y		
26541		REPAIR HAND JOINT WITH GRAFT	7/1/2014	RBRVS	$808.61	$808.61	090		Y	Y		Y	Y		
26542		REPAIR HAND JOINT WITH GRAFT	7/1/2014	RBRVS	$688.08	$688.08	090		Y	Y					
26545		RECONSTRUCT FINGER JOINT	7/1/2014	RBRVS	$699.27	$699.27	090		Y	Y					
26546		REPAIR NONUNION HAND	7/1/2014	RBRVS	$1,003.79	$1,003.79	090		Y	Y	Y	Y			
26548		RECONSTRUCT FINGER JOINT	7/1/2014	RBRVS	$772.28	$772.28	090		Y	Y					
26550		CONSTRUCT THUMB REPLACEMENT	7/1/2014	RBRVS	$1,686.93	$1,686.93	090		Y	Y	Y	Y			
26551		GREAT TOE-HAND TRANSFER	7/1/2014	RBRVS	$3,064.81	$3,064.81	090		Y	Y	Y	Y			
26553		SINGLE TRANSFER TOE-HAND	7/1/2014	RBRVS	$3,148.54	$3,148.54	090		Y	Y	Y	Y	Y		
26554		DOUBLE TRANSFER TOE-HAND	7/1/2014	RBRVS	$3,280.47	$3,280.47	090		Y	Y	Y	Y	Y		
26555		POSITIONAL CHANGE OF FINGER	7/1/2014	RBRVS	$1,407.25	$1,407.25	090		Y	Y		Y			
26556		TOE JOINT TRANSFER	7/1/2014	RBRVS	$2,816.27	$2,816.27	090		Y	Y		Y	Y		
26560		REPAIR OF WEB FINGER	7/1/2014	RBRVS	$578.13	$578.13	090		Y	Y		Y			
26561		REPAIR OF WEB FINGER	7/1/2014	RBRVS	$965.03	$965.03	090		Y	Y		Y	Y		
26562		REPAIR OF WEB FINGER	7/1/2014	RBRVS	$1,296.55	$1,296.55	090		Y	Y		Y			
26565		CORRECT METACARPAL FLAW	7/1/2014	RBRVS	$689.41	$689.41	090		Y	Y		Y			
26567		CORRECT FINGER DEFORMITY	7/1/2014	RBRVS	$687.65	$687.65	090		Y	Y					
26568		LENGTHEN METACARPAL/FINGER	7/1/2014	RBRVS	$913.61	$913.61	090		Y	Y		Y			
26580		REPAIR HAND DEFORMITY	7/1/2014	RBRVS	$1,564.72	$1,564.72	090		Y	Y	Y	Y			
26587		RECONSTRUCT EXTRA FINGER	7/1/2014	RBRVS	$977.47	$977.47	090		Y	Y		Y			
26590		REPAIR FINGER DEFORMITY	7/1/2014	RBRVS	$1,445.30	$1,445.30	090		Y	Y		Y			
26591		REPAIR MUSCLES OF HAND	7/1/2014	RBRVS	$437.71	$437.71	090		Y	Y					
26593		RELEASE MUSCLES OF HAND	7/1/2014	RBRVS	$600.91	$600.91	090		Y	Y					
26596		EXCISION CONSTRICTING TISSUE	7/1/2014	RBRVS	$780.85	$780.85	090		Y	Y		Y			
26600		TREAT METACARPAL FRACTURE	7/1/2014	RBRVS	$300.36	$283.51	090		Y	Y					
26605		TREAT METACARPAL FRACTURE	7/1/2014	RBRVS	$328.44	$300.11	090		Y	Y					
26607		TREAT METACARPAL FRACTURE	7/1/2014	RBRVS	$468.94	$468.94	090		Y	Y					
26608		TREAT METACARPAL FRACTURE	7/1/2014	RBRVS	$489.96	$489.96	090		Y	Y					
26615		TREAT METACARPAL FRACTURE	7/1/2014	RBRVS	$591.80	$591.80	090		Y	Y					
26641		TREAT THUMB DISLOCATION	7/1/2014	RBRVS	$380.26	$349.42	090		Y	Y	Y				
26645		TREAT THUMB FRACTURE	7/1/2014	RBRVS	$436.74	$401.95	090		Y	Y	Y				
26650		TREAT THUMB FRACTURE	7/1/2014	RBRVS	$490.28	$490.28	090		Y	Y	Y				
26665		TREAT THUMB FRACTURE	7/1/2014	RBRVS	$648.10	$648.10	090		Y	Y	Y		Y		
26670		TREAT HAND DISLOCATION	7/1/2014	RBRVS	$347.34	$316.86	090		Y	Y					
26675		TREAT HAND DISLOCATION	7/1/2014	RBRVS	$465.10	$428.89	090		Y	Y					
26676		PIN HAND DISLOCATION	7/1/2014	RBRVS	$513.77	$513.77	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
26685		TREAT HAND DISLOCATION	7/1/2014	RBRVS	$597.75	$597.75	090		Y	Y			Y		
26686		TREAT HAND DISLOCATION	7/1/2014	RBRVS	$644.19	$644.19	090		Y	Y		Y			
26700		TREAT KNUCKLE DISLOCATION	7/1/2014	RBRVS	$334.29	$314.21	090		Y	Y					
26705		TREAT KNUCKLE DISLOCATION	7/1/2014	RBRVS	$423.47	$389.05	090		Y	Y					
26706		PIN KNUCKLE DISLOCATION	7/1/2014	RBRVS	$451.84	$451.84	090		Y	Y					
26715		TREAT KNUCKLE DISLOCATION	7/1/2014	RBRVS	$590.47	$590.47	090		Y	Y					
26720		TREAT FINGER FRACTURE EACH	7/1/2014	RBRVS	$203.08	$189.09	090		Y	Y					
26725		TREAT FINGER FRACTURE EACH	7/1/2014	RBRVS	$344.65	$312.38	090		Y	Y					
26727		TREAT FINGER FRACTURE EACH	7/1/2014	RBRVS	$481.13	$481.13	090		Y	Y					
26735		TREAT FINGER FRACTURE EACH	7/1/2014	RBRVS	$614.14	$614.14	090		Y	Y					
26740		TREAT FINGER FRACTURE EACH	7/1/2014	RBRVS	$233.23	$219.25	090		Y	Y					
26742		TREAT FINGER FRACTURE EACH	7/1/2014	RBRVS	$377.03	$343.68	090		Y	Y					
26746		TREAT FINGER FRACTURE EACH	7/1/2014	RBRVS	$764.21	$764.21	090		Y	Y					
26750		TREAT FINGER FRACTURE EACH	7/1/2014	RBRVS	$189.09	$189.45	090		Y	Y					
26755		TREAT FINGER FRACTURE EACH	7/1/2014	RBRVS	$322.09	$281.57	090		Y	Y					
26756		PIN FINGER FRACTURE EACH	7/1/2014	RBRVS	$427.45	$427.45	090		Y	Y					
26765		TREAT FINGER FRACTURE EACH	7/1/2014	RBRVS	$515.74	$515.74	090		Y	Y					
26770		TREAT FINGER DISLOCATION	7/1/2014	RBRVS	$283.51	$263.43	090		Y	Y					
26775		TREAT FINGER DISLOCATION	7/1/2014	RBRVS	$389.76	$353.90	090		Y	Y					
26776		PIN FINGER DISLOCATION	7/1/2014	RBRVS	$453.41	$453.41	090		Y	Y					
26785		TREAT FINGER DISLOCATION	7/1/2014	RBRVS	$562.32	$562.32	090		Y	Y					
26820		THUMB FUSION WITH GRAFT	7/1/2014	RBRVS	$799.75	$799.75	090		Y	Y	Y	Y	Y		
26841		FUSION OF THUMB	7/1/2014	RBRVS	$736.89	$736.89	090		Y	Y	Y		Y		
26842		THUMB FUSION WITH GRAFT	7/1/2014	RBRVS	$799.39	$799.39	090		Y	Y	Y	Y	Y		
26843		FUSION OF HAND JOINT	7/1/2014	RBRVS	$749.22	$749.22	090		Y	Y		Y	Y		
26844		FUSION/GRAFT OF HAND JOINT	7/1/2014	RBRVS	$829.48	$829.48	090		Y	Y		Y	Y		
26850		FUSION OF KNUCKLE	7/1/2014	RBRVS	$698.41	$698.41	090		Y	Y					
26852		FUSION OF KNUCKLE WITH GRAFT	7/1/2014	RBRVS	$802.65	$802.65	090		Y	Y		Y	Y		
26860		FUSION OF FINGER JOINT	7/1/2014	RBRVS	$565.23	$565.23	090		Y	Y					
26861		FUSION OF FINGER JNT ADD-ON	7/1/2014	RBRVS	$108.30	$108.30	ZZZ		Y						
26862		FUSION/GRAFT OF FINGER JOINT	7/1/2014	RBRVS	$730.68	$730.68	090		Y	Y		Y	Y		
26863		FUSE/GRAFT ADDED JOINT	7/1/2014	RBRVS	$239.87	$239.87	ZZZ		Y			Y			
26910		AMPUTATE METACARPAL BONE	7/1/2014	RBRVS	$727.81	$727.81	090		Y	Y					
26951		AMPUTATION OF FINGER/THUMB	7/1/2014	RBRVS	$659.82	$659.82	090		Y	Y					
26952		AMPUTATION OF FINGER/THUMB	7/1/2014	RBRVS	$653.41	$653.41	090		Y	Y					
26989		HAND/FINGER SURGERY	7/1/2014	FEE SCHED	$121.44	$0.00			Y						
26990		DRAINAGE OF PELVIS LESION	7/1/2014	RBRVS	$643.65	$643.65	090		Y	Y					
26991		DRAINAGE OF PELVIS BURSA	7/1/2014	RBRVS	$722.18	$541.81	090		Y	Y					
26992		DRAINAGE OF BONE LESION	7/1/2014	RBRVS	$999.81	$999.81	090		Y	Y					
27000		INCISION OF HIP TENDON	7/1/2014	RBRVS	$435.34	$435.34	090		Y	Y	Y		Y		
27001		INCISION OF HIP TENDON	7/1/2014	RBRVS	$560.53	$560.53	090		Y	Y	Y	Y	Y		
27003		INCISION OF HIP TENDON	7/1/2014	RBRVS	$615.82	$615.82	090		Y	Y	Y	Y	Y		
27005		INCISION OF HIP TENDON	7/1/2014	RBRVS	$753.78	$753.78	090		Y	Y	Y	Y	Y		
27006		INCISION OF HIP TENDONS	7/1/2014	RBRVS	$762.71	$762.71	090		Y	Y	Y	Y	Y		
27025		INCISION OF HIP/THIGH FASCIA	7/1/2014	RBRVS	$952.66	$952.66	090		Y	Y	Y		Y		
27027		BUTTOCK FASCIOTOMY	7/1/2014	RBRVS	$872.26	$872.26	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
27030		DRAINAGE OF HIP JOINT	7/1/2014	RBRVS	$953.91	$953.91	090		Y	Y	Y	Y	Y		
27033		EXPLORATION OF HIP JOINT	7/1/2014	RBRVS	$1,013.01	$1,013.01	090		Y	Y	Y	Y	Y		
27035		DENERVATION OF HIP JOINT	7/1/2014	RBRVS	$1,224.30	$1,224.30	090		Y	Y	Y	Y	Y		
27036		EXCISION OF HIP JOINT/MUSCLE	7/1/2014	RBRVS	$1,051.09	$1,051.09	090		Y	Y	Y	Y	Y		
27040		BIOPSY OF SOFT TISSUES	7/1/2014	RBRVS	$352.36	$208.56	010		Y	Y	Y				
27041		BIOPSY OF SOFT TISSUES	7/1/2014	RBRVS	$714.15	$714.15	090		Y	Y	Y				
27043		EXC HIP PELVIS LES SC 3 CM/>	7/1/2014	RBRVS	$484.97	$484.97	090		Y	Y	Y				
27045		EXC HIP/PELV TUM DEEP 5 CM/>	7/1/2014	RBRVS	$777.30	$777.30	090		Y	Y	Y	Y	Y		
27047		REMOVE HIP/PELVIS LESION	7/1/2014	RBRVS	$479.52	$375.88	090		Y	Y	Y				
27048		REMOVE HIP/PELVIS LESION	7/1/2014	RBRVS	$632.39	$632.39	090		Y	Y	Y	Y	Y		
27049		RESECT HIP/PELV TUM < 5 CM	7/1/2014	RBRVS	$1,422.67	$1,422.67	090		Y	Y	Y	Y	Y		
27050		BIOPSY OF SACROILIAC JOINT	7/1/2014	RBRVS	$413.72	$413.72	090		Y	Y	Y		Y		
27052		BIOPSY OF HIP JOINT	7/1/2014	RBRVS	$597.54	$597.54	090		Y	Y	Y	Y	Y		
27054		REMOVAL OF HIP JOINT LINING	7/1/2014	RBRVS	$710.57	$710.57	090		Y	Y	Y	Y	Y		
27057		BUTTOCK FASCIOTOMY W/DBRDMT	7/1/2014	RBRVS	$979.23	$979.23	090		Y	Y	Y				
27059		RESECT HIP/PELV TUM 5 CM/>	7/1/2014	RBRVS	$1,883.80	$1,883.80	090		Y	Y	Y	Y	Y		
27060		REMOVAL OF ISCHIAL BURSA	7/1/2014	RBRVS	$480.34	$480.34	090		Y	Y	Y				
27062		REMOVE FEMUR LESION/BURSA	7/1/2014	RBRVS	$470.77	$470.77	090		Y	Y	Y		Y		
27065		REMOVE HIP BONE LES SUPER	7/1/2014	RBRVS	$530.41	$530.41	090		Y	Y	Y	Y	Y		
27066		REMOVE HIP BONE LES DEEP	7/1/2014	RBRVS	$843.32	$843.32	090		Y	Y	Y	Y	Y		
27067		REMOVE/GRAFT HIP BONE LESION	7/1/2014	RBRVS	$1,073.97	$1,073.97	090		Y	Y	Y	Y			
27070		PARTIAL REMOVAL OF HIP BONE	7/1/2014	RBRVS	$882.80	$882.80	090		Y	Y	Y	Y	Y		
27071		PARTIAL REMOVAL OF HIP BONE	7/1/2014	RBRVS	$951.51	$951.51	090		Y	Y	Y	Y	Y		
27075		EXTENSIVE HIP SURGERY	7/1/2014	RBRVS	$2,193.41	$2,193.41	090		Y	Y		Y	Y		
27076		EXTENSIVE HIP SURGERY	7/1/2014	RBRVS	$2,638.61	$2,638.61	090		Y	Y		Y	Y		
27077		EXTENSIVE HIP SURGERY	7/1/2014	RBRVS	$2,966.55	$2,966.55	090		Y	Y		Y	Y		
27078		EXTENSIVE HIP SURGERY	7/1/2014	RBRVS	$2,162.36	$2,162.36	090		Y	Y	Y	Y	Y		
27080		REMOVAL OF TAIL BONE	7/1/2014	RBRVS	$530.15	$530.15	090		Y	Y		Y	Y		
27086		REMOVE HIP FOREIGN BODY	7/1/2014	RBRVS	$296.92	$170.34	010		Y	Y	Y				
27087		REMOVE HIP FOREIGN BODY	7/1/2014	RBRVS	$651.18	$651.18	090		Y	Y	Y	Y	Y		
27090		REMOVAL OF HIP PROSTHESIS	7/1/2014	RBRVS	$860.32	$860.32	090		Y	Y	Y	Y	Y		
27091		REMOVAL OF HIP PROSTHESIS	7/1/2014	RBRVS	$1,670.61	$1,670.61	090		Y	Y	Y	Y	Y		
27093		INJECTION FOR HIP X-RAY	7/1/2014	RBRVS	$189.38	$73.19	000		Y	Y	Y				
27095		INJECTION FOR HIP X-RAY	7/1/2014	RBRVS	$241.98	$85.63	000		Y	Y	Y				
27096		INJECT SACROILIAC JOINT	7/1/2014	RBRVS	$166.03	$87.86	000		Y	Y	Y				
27097		REVISION OF HIP TENDON	7/1/2014	RBRVS	$705.98	$705.98	090		Y	Y	Y	Y			
27098		TRANSFER TENDON TO PELVIS	7/1/2014	RBRVS	$718.28	$718.28	090		Y	Y	Y	Y			
27100		TRANSFER OF ABDOMINAL MUSCLE	7/1/2014	RBRVS	$848.84	$848.84	090		Y	Y	Y	Y	Y		
27105		TRANSFER OF SPINAL MUSCLE	7/1/2014	RBRVS	$897.61	$897.61	090		Y	Y	Y	Y			
27110		TRANSFER OF ILIOPSOAS MUSCLE	7/1/2014	RBRVS	$1,005.48	$1,005.48	090		Y	Y	Y	Y	Y		
27111		TRANSFER OF ILIOPSOAS MUSCLE	7/1/2014	RBRVS	$931.93	$931.93	090		Y	Y	Y	Y	Y		
27120		RECONSTRUCTION OF HIP SOCKET	7/1/2014	RBRVS	$1,352.96	$1,352.96	090		Y	Y	Y	Y	Y		
27122		RECONSTRUCTION OF HIP SOCKET	7/1/2014	RBRVS	$1,144.58	$1,144.58	090		Y	Y	Y	Y	Y		
27125		PARTIAL HIP REPLACEMENT	7/1/2014	RBRVS	$1,181.52	$1,181.52	090		Y	Y	Y	Y	Y		
27130		TOTAL HIP ARTHROPLASTY	7/1/2014	RBRVS	$1,419.48	$1,419.48	090		Y	Y	Y	Y	Y		
27132		TOTAL HIP ARTHROPLASTY	7/1/2014	RBRVS	$1,753.88	$1,753.88	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
27134		REVISE HIP JOINT REPLACEMENT	7/1/2014	RBRVS	$2,008.91	$2,008.91	090		Y	Y	Y	Y	Y		
27137		REVISE HIP JOINT REPLACEMENT	7/1/2014	RBRVS	$1,541.44	$1,541.44	090		Y	Y	Y	Y	Y		
27138		REVISE HIP JOINT REPLACEMENT	7/1/2014	RBRVS	$1,602.87	$1,602.87	090		Y	Y	Y	Y	Y		
27140		TRANSPLANT FEMUR RIDGE	7/1/2014	RBRVS	$928.70	$928.70	090		Y	Y	Y	Y	Y		
27146		INCISION OF HIP BONE	7/1/2014	RBRVS	$1,337.97	$1,337.97	090		Y	Y	Y	Y	Y		
27147		REVISION OF HIP BONE	7/1/2014	RBRVS	$1,531.40	$1,531.40	090		Y	Y	Y	Y	Y		
27151		INCISION OF HIP BONES	7/1/2014	RBRVS	$1,658.92	$1,658.92	090		Y	Y	Y	Y	Y		
27156		REVISION OF HIP BONES	7/1/2014	RBRVS	$1,788.80	$1,788.80	090		Y	Y	Y	Y	Y		
27158		REVISION OF PELVIS	7/1/2014	RBRVS	$1,460.40	$1,460.40	090		Y	Y		Y			
27161		INCISION OF NECK OF FEMUR	7/1/2014	RBRVS	$1,267.44	$1,267.44	090		Y	Y	Y	Y	Y		
27165		INCISION/FIXATION OF FEMUR	7/1/2014	RBRVS	$1,436.55	$1,436.55	090		Y	Y	Y	Y	Y		
27170		REPAIR/GRAFT FEMUR HEAD/NECK	7/1/2014	RBRVS	$1,227.06	$1,227.06	090		Y	Y	Y	Y	Y		
27175		TREAT SLIPPED EPIPHYSIS	7/1/2014	RBRVS	$613.99	$613.99	090		Y	Y	Y				
27176		TREAT SLIPPED EPIPHYSIS	7/1/2014	RBRVS	$953.30	$953.30	090		Y	Y	Y	Y	Y		
27177		TREAT SLIPPED EPIPHYSIS	7/1/2014	RBRVS	$1,157.56	$1,157.56	090		Y	Y	Y	Y	Y		
27178		TREAT SLIPPED EPIPHYSIS	7/1/2014	RBRVS	$953.30	$953.30	090		Y	Y	Y	Y	Y		
27179		REVISE HEAD/NECK OF FEMUR	7/1/2014	RBRVS	$1,013.55	$1,013.55	090		Y	Y	Y	Y			
27181		TREAT SLIPPED EPIPHYSIS	7/1/2014	RBRVS	$1,062.71	$1,062.71	090		Y	Y	Y	Y			
27185		REVISION OF FEMUR EPIPHYSIS	7/1/2014	RBRVS	$605.64	$605.64	090		Y	Y	Y		Y		
27187		REINFORCE HIP BONES	7/1/2014	RBRVS	$1,032.48	$1,032.48	090		Y	Y	Y	Y	Y		
27193		TREAT PELVIC RING FRACTURE	7/1/2014	RBRVS	$487.34	$493.79	090		Y	Y					
27194		TREAT PELVIC RING FRACTURE	7/1/2014	RBRVS	$725.88	$725.88	090		Y	Y			Y		
27200		TREAT TAIL BONE FRACTURE	7/1/2014	RBRVS	$184.82	$192.35	090		Y	Y					
27202		TREAT TAIL BONE FRACTURE	7/1/2014	RBRVS	$552.64	$552.64	090		Y	Y		Y			
27220		TREAT HIP SOCKET FRACTURE	7/1/2014	RBRVS	$548.66	$544.00	090		Y	Y	Y				
27222		TREAT HIP SOCKET FRACTURE	7/1/2014	RBRVS	$1,013.62	$1,013.62	090		Y	Y	Y				
27226		TREAT HIP WALL FRACTURE	7/1/2014	RBRVS	$1,103.66	$1,103.66	090		Y	Y	Y	Y	Y		
27227		TREAT HIP FRACTURE(S)	7/1/2014	RBRVS	$1,735.27	$1,735.27	090		Y	Y	Y	Y	Y		
27228		TREAT HIP FRACTURE(S)	7/1/2014	RBRVS	$1,977.39	$1,977.39	090		Y	Y	Y	Y	Y		
27230		TREAT THIGH FRACTURE	7/1/2014	RBRVS	$490.21	$486.98	090		Y	Y	Y				
27232		TREAT THIGH FRACTURE	7/1/2014	RBRVS	$792.33	$792.33	090		Y	Y	Y				
27235		TREAT THIGH FRACTURE	7/1/2014	RBRVS	$945.41	$945.41	090		Y	Y	Y		Y		
27236		TREAT THIGH FRACTURE	7/1/2014	RBRVS	$1,248.21	$1,248.21	090		Y	Y	Y	Y	Y		
27238		TREAT THIGH FRACTURE	7/1/2014	RBRVS	$475.07	$475.07	090		Y	Y	Y				
27240		TREAT THIGH FRACTURE	7/1/2014	RBRVS	$994.18	$994.18	090		Y	Y	Y				
27244		TREAT THIGH FRACTURE	7/1/2014	RBRVS	$1,283.18	$1,283.18	090		Y	Y	Y	Y	Y		
27245		TREAT THIGH FRACTURE	7/1/2014	RBRVS	$1,283.54	$1,283.54	090		Y	Y	Y	Y	Y		
27246		TREAT THIGH FRACTURE	7/1/2014	RBRVS	$396.86	$399.01	090		Y	Y	Y				
27248		TREAT THIGH FRACTURE	7/1/2014	RBRVS	$774.04	$774.04	090		Y	Y	Y	Y	Y		
27250		TREAT HIP DISLOCATION	7/1/2014	RBRVS	$192.42	$192.42	000		Y	Y	Y				
27252		TREAT HIP DISLOCATION	7/1/2014	RBRVS	$789.21	$789.21	090		Y	Y	Y				
27253		TREAT HIP DISLOCATION	7/1/2014	RBRVS	$980.45	$980.45	090		Y	Y	Y	Y	Y		
27254		TREAT HIP DISLOCATION	7/1/2014	RBRVS	$1,320.69	$1,320.69	090		Y	Y	Y	Y	Y		
27256		TREAT HIP DISLOCATION	7/1/2014	RBRVS	$310.51	$245.96	010		Y	Y	Y				
27257		TREAT HIP DISLOCATION	7/1/2014	RBRVS	$374.92	$374.92	010		Y	Y	Y				
27258		TREAT HIP DISLOCATION	7/1/2014	RBRVS	$1,154.51	$1,154.51	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
27259		TREAT HIP DISLOCATION	7/1/2014	RBRVS	$1,616.96	$1,616.96	090		Y	Y	Y	Y			
27265		TREAT HIP DISLOCATION	7/1/2014	RBRVS	$413.36	$413.36	090		Y	Y	Y				
27266		TREAT HIP DISLOCATION	7/1/2014	RBRVS	$601.69	$601.69	090		Y	Y	Y				
27267		CLTX THIGH FX	7/1/2014	RBRVS	$452.27	$452.27	090		Y	Y	Y	Y	Y		
27268		CLTX THIGH FX W/MNPJ	7/1/2014	RBRVS	$556.58	$556.58	090		Y	Y	Y	Y	Y		
27269		OPTX THIGH FX	7/1/2014	RBRVS	$1,298.28	$1,298.28	090		Y	Y	Y	Y	Y		
27275		MANIPULATION OF HIP JOINT	7/1/2014	RBRVS	$187.23	$187.23	010		Y	Y					
27279		ARTHRODESIS SACROILIAC JOINT	1/1/2015	RBRVS	$581.36	$581.36	090		Y	Y	Y	Y	Y		
27280		FUSION OF SACROILIAC JOINT	7/1/2014	RBRVS	$1,083.69	$1,083.69	090		Y	Y	Y	Y	Y		
27282		FUSION OF PUBIC BONES	7/1/2014	RBRVS	$885.56	$885.56	090		Y	Y		Y	Y		
27284		FUSION OF HIP JOINT	7/1/2014	RBRVS	$1,689.72	$1,689.72	090		Y	Y	Y	Y	Y		
27286		FUSION OF HIP JOINT	7/1/2014	RBRVS	$1,723.93	$1,723.93	090		Y	Y	Y	Y	Y		
27290		AMPUTATION OF LEG AT HIP	7/1/2014	RBRVS	$1,693.52	$1,693.52	090		Y	Y		Y	Y		
27295		AMPUTATION OF LEG AT HIP	7/1/2014	RBRVS	$1,321.15	$1,321.15	090		Y	Y	Y	Y	Y		
27299		PELVIS/HIP JOINT SURGERY	7/1/2014	FEE SCHED	$1,232.88	$0.00			Y						
27301		DRAIN THIGH/KNEE LESION	7/1/2014	RBRVS	$675.82	$513.01	090		Y	Y	Y				
27303		DRAINAGE OF BONE LESION	7/1/2014	RBRVS	$661.87	$661.87	090		Y	Y	Y	Y	Y		
27305		INCISE THIGH TENDON & FASCIA	7/1/2014	RBRVS	$500.71	$500.71	090		Y	Y	Y	Y	Y		
27306		INCISION OF THIGH TENDON	7/1/2014	RBRVS	$382.52	$382.52	090		Y	Y	Y	Y			
27307		INCISION OF THIGH TENDONS	7/1/2014	RBRVS	$495.59	$495.59	090		Y	Y	Y		Y		
27310		EXPLORATION OF KNEE JOINT	7/1/2014	RBRVS	$758.40	$758.40	090		Y	Y	Y	Y	Y		
27323		BIOPSY THIGH SOFT TISSUES	7/1/2014	RBRVS	$276.62	$184.11	010		Y	Y	Y				
27324		BIOPSY THIGH SOFT TISSUES	7/1/2014	RBRVS	$408.62	$408.62	090		Y	Y	Y				
27325		NEURECTOMY HAMSTRING	7/1/2014	RBRVS	$575.70	$575.70	090		Y	Y	Y	Y			
27326		NEURECTOMY POPLITEAL	7/1/2014	RBRVS	$530.01	$530.01	090		Y	Y	Y	Y	Y		
27327		REMOVAL OF THIGH LESION	7/1/2014	RBRVS	$469.30	$324.07	090		Y	Y	Y				
27328		REMOVAL OF THIGH LESION	7/1/2014	RBRVS	$642.07	$642.07	090		Y	Y	Y				
27329		REMOVE TUMOR THIGH/KNEE	7/1/2014	RBRVS	$1,081.25	$1,081.25	090		Y	Y	Y	Y	Y		
27330		BIOPSY KNEE JOINT LINING	7/1/2014	RBRVS	$430.68	$430.68	090		Y	Y	Y		Y		
27331		EXPLORE/TREAT KNEE JOINT	7/1/2014	RBRVS	$491.86	$491.86	090		Y	Y	Y	Y	Y		
27332		REMOVAL OF KNEE CARTILAGE	7/1/2014	RBRVS	$662.73	$662.73	090		Y	Y	Y	Y	Y		
27333		REMOVAL OF KNEE CARTILAGE	7/1/2014	RBRVS	$605.17	$605.17	090		Y	Y	Y	Y	Y		
27334		REMOVE KNEE JOINT LINING	7/1/2014	RBRVS	$709.13	$709.13	090		Y	Y	Y	Y	Y		
27335		REMOVE KNEE JOINT LINING	7/1/2014	RBRVS	$793.12	$793.12	090		Y	Y	Y	Y	Y		
27337		EXC THIGH/KNEE LES SC 3 CM/>	7/1/2014	RBRVS	$432.51	$432.51	090		Y	Y	Y	Y			
27339		EXC THIGH/KNEE TUM DEP 5CM/>	7/1/2014	RBRVS	$778.38	$778.38	090		Y	Y	Y	Y			
27340		REMOVAL OF KNEECAP BURSA	7/1/2014	RBRVS	$382.70	$382.70	090		Y	Y	Y				
27345		REMOVAL OF KNEE CYST	7/1/2014	RBRVS	$497.02	$497.02	090		Y	Y	Y	Y	Y		
27347		REMOVE KNEE CYST	7/1/2014	RBRVS	$546.79	$546.79	090		Y	Y	Y	Y	Y		
27350		REMOVAL OF KNEECAP	7/1/2014	RBRVS	$676.93	$676.93	090		Y	Y	Y	Y	Y		
27355		REMOVE FEMUR LESION	7/1/2014	RBRVS	$624.65	$624.65	090		Y	Y	Y	Y	Y		
27356		REMOVE FEMUR LESION/GRAFT	7/1/2014	RBRVS	$764.89	$764.89	090		Y	Y	Y	Y	Y		
27357		REMOVE FEMUR LESION/GRAFT	7/1/2014	RBRVS	$844.04	$844.04	090		Y	Y	Y	Y	Y		
27358		REMOVE FEMUR LESION/FIXATION	7/1/2014	RBRVS	$291.69	$291.69	ZZZ		Y			Y			
27360		PARTIAL REMOVAL LEG BONE(S)	7/1/2014	RBRVS	$883.81	$883.81	090		Y	Y	Y	Y	Y		
27364		RESECT THIGH/KNEE TUM 5 CM/>	7/1/2014	RBRVS	$1,631.06	$1,631.06	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
27365		EXTENSIVE LEG SURGERY	7/1/2014	RBRVS	$2,162.82	$2,162.82	090		Y	Y	Y	Y	Y		
27370		INJECTION FOR KNEE X-RAY	7/1/2014	RBRVS	$163.09	$54.08	000		Y	Y	Y				
27372		REMOVAL OF FOREIGN BODY	7/1/2014	RBRVS	$622.64	$418.95	090		Y	Y	Y				
27380		REPAIR OF KNEECAP TENDON	7/1/2014	RBRVS	$615.11	$615.11	090		Y	Y	Y	Y	Y		
27381		REPAIR/GRAFT KNEECAP TENDON	7/1/2014	RBRVS	$829.26	$829.26	090		Y	Y	Y	Y	Y		
27385		REPAIR OF THIGH MUSCLE	7/1/2014	RBRVS	$594.38	$594.38	090		Y	Y	Y	Y	Y		
27386		REPAIR/GRAFT OF THIGH MUSCLE	7/1/2014	RBRVS	$861.18	$861.18	090		Y	Y	Y	Y	Y		
27390		INCISION OF THIGH TENDON	7/1/2014	RBRVS	$462.31	$462.31	090		Y	Y	Y	Y			
27391		INCISION OF THIGH TENDONS	7/1/2014	RBRVS	$596.14	$596.14	090		Y	Y			Y		
27392		INCISION OF THIGH TENDONS	7/1/2014	RBRVS	$736.89	$736.89	090		Y	Y		Y	Y		
27393		LENGTHENING OF THIGH TENDON	7/1/2014	RBRVS	$526.53	$526.53	090		Y	Y	Y	Y	Y		
27394		LENGTHENING OF THIGH TENDONS	7/1/2014	RBRVS	$675.21	$675.21	090		Y	Y		Y			
27395		LENGTHENING OF THIGH TENDONS	7/1/2014	RBRVS	$910.49	$910.49	090		Y	Y		Y	Y		
27396		TRANSPLANT OF THIGH TENDON	7/1/2014	RBRVS	$637.02	$637.02	090		Y	Y	Y	Y	Y		
27397		TRANSPLANTS OF THIGH TENDONS	7/1/2014	RBRVS	$949.61	$949.61	090		Y	Y	Y	Y			
27400		REVISE THIGH MUSCLES/TENDONS	7/1/2014	RBRVS	$718.63	$718.63	090		Y	Y	Y	Y	Y		
27403		REPAIR OF KNEE CARTILAGE	7/1/2014	RBRVS	$663.55	$663.55	090		Y	Y	Y	Y	Y		
27405		REPAIR OF KNEE LIGAMENT	7/1/2014	RBRVS	$701.57	$701.57	090		Y	Y	Y	Y	Y		
27407		REPAIR OF KNEE LIGAMENT	7/1/2014	RBRVS	$820.76	$820.76	090		Y	Y	Y	Y	Y		
27409		REPAIR OF KNEE LIGAMENTS	7/1/2014	RBRVS	$1,001.82	$1,001.82	090		Y	Y	Y	Y	Y		
27412		AUTOCHONDROCYTE IMPLANT KNEE	7/1/2014	RBRVS	$1,724.22	$1,724.22	090		Y	Y	Y	Y	Y		
27415		REPAIR/GRAFT KNEE LIGAME	7/1/2014	RBRVS	$1,430.10	$1,430.10	090		Y	Y	Y	Y	Y		
27416		OSTEOCHONDRAL KNEE AUTOGRAFT	7/1/2014	RBRVS	$1,018.82	$1,018.82	090		Y	Y	Y				
27418		REPAIR DEGENERATED KNEECAP	7/1/2014	RBRVS	$862.65	$862.65	090		Y	Y	Y	Y	Y		
27420		REVISION OF UNSTABLE KNEECAP	7/1/2014	RBRVS	$762.56	$762.56	090		Y	Y	Y	Y	Y		
27422		REVISION OF UNSTABLE KNEECAP	7/1/2014	RBRVS	$771.49	$771.49	090		Y	Y	Y	Y	Y		
27424		REVISION/REMOVAL OF KNEECAP	7/1/2014	RBRVS	$774.04	$774.04	090		Y	Y	Y	Y	Y		
27425		LAT RETINACULAR RELEASE OPEN	7/1/2014	RBRVS	$461.41	$461.41	090		Y	Y	Y		Y		
27427		RECONSTRUCTION KNEE	7/1/2014	RBRVS	$741.73	$741.73	090		Y	Y	Y	Y	Y		
27428		RECONSTRUCTION KNEE	7/1/2014	RBRVS	$1,156.77	$1,156.77	090		Y	Y	Y	Y	Y		
27429		RECONSTRUCTION KNEE	7/1/2014	RBRVS	$1,300.93	$1,300.93	090		Y	Y	Y	Y	Y		
27430		REVISION OF THIGH MUSCLES	7/1/2014	RBRVS	$768.62	$768.62	090		Y	Y	Y	Y	Y		
27435		INCISION OF KNEE JOINT	7/1/2014	RBRVS	$840.20	$840.20	090		Y	Y	Y	Y	Y		
27437		REVISE KNEECAP	7/1/2014	RBRVS	$683.81	$683.81	090		Y	Y	Y		Y		
27438		REVISE KNEECAP WITH IMPLANT	7/1/2014	RBRVS	$875.63	$875.63	090		Y	Y	Y	Y	Y		
27440		REVISION OF KNEE JOINT	7/1/2014	RBRVS	$826.68	$826.68	090		Y	Y	Y	Y	Y		
27441		REVISION OF KNEE JOINT	7/1/2014	RBRVS	$854.40	$854.40	090		Y	Y	Y	Y	Y		
27442		REVISION OF KNEE JOINT	7/1/2014	RBRVS	$904.78	$904.78	090		Y	Y	Y	Y	Y		
27443		REVISION OF KNEE JOINT	7/1/2014	RBRVS	$846.83	$846.83	090		Y	Y	Y	Y	Y		
27445		REVISION OF KNEE JOINT	7/1/2014	RBRVS	$1,306.88	$1,306.88	090		Y	Y	Y	Y	Y		
27446		REVISION OF KNEE JOINT	7/1/2014	RBRVS	$1,212.96	$1,212.96	090		Y	Y	Y	Y	Y		
27447		TOTAL KNEE ARTHROPLASTY	7/1/2014	RBRVS	$1,418.69	$1,418.69	090		Y	Y	Y	Y	Y		
27448		INCISION OF THIGH	7/1/2014	RBRVS	$839.52	$839.52	090		Y	Y	Y	Y	Y		
27450		INCISION OF THIGH	7/1/2014	RBRVS	$1,054.18	$1,054.18	090		Y	Y	Y	Y	Y		
27454		REALIGNMENT OF THIGH BONE	7/1/2014	RBRVS	$1,352.50	$1,352.50	090		Y	Y	Y	Y	Y		
27455		REALIGNMENT OF KNEE	7/1/2014	RBRVS	$978.12	$978.12	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
27457		REALIGNMENT OF KNEE	7/1/2014	RBRVS	$995.69	$995.69	090		Y	Y	Y	Y	Y		
27465		SHORTENING OF THIGH BONE	7/1/2014	RBRVS	$1,305.38	$1,305.38	090		Y	Y	Y	Y	Y		
27466		LENGTHENING OF THIGH BONE	7/1/2014	RBRVS	$1,227.13	$1,227.13	090		Y	Y	Y	Y	Y		
27468		SHORTEN/LENGTHEN THIGHS	7/1/2014	RBRVS	$1,256.89	$1,256.89	090		Y	Y	Y	Y	Y		
27470		REPAIR OF THIGH	7/1/2014	RBRVS	$1,226.23	$1,226.23	090		Y	Y	Y	Y	Y		
27472		REPAIR/GRAFT OF THIGH	7/1/2014	RBRVS	$1,318.36	$1,318.36	090		Y	Y	Y	Y	Y		
27475		SURGERY TO STOP LEG GROWTH	7/1/2014	RBRVS	$685.25	$685.25	090		Y	Y	Y		Y		
27477		SURGERY TO STOP LEG GROWTH	7/1/2014	RBRVS	$758.94	$758.94	090		Y	Y	Y		Y		
27479		SURGERY TO STOP LEG GROWTH	7/1/2014	RBRVS	$889.22	$889.22	090		Y	Y	Y	Y			
27485		SURGERY TO STOP LEG GROWTH	7/1/2014	RBRVS	$694.79	$694.79	090		Y	Y	Y				
27486		REVISE/REPLACE KNEE JOINT	7/1/2014	RBRVS	$1,471.16	$1,471.16	090		Y	Y	Y	Y	Y		
27487		REVISE/REPLACE KNEE JOINT	7/1/2014	RBRVS	$1,841.88	$1,841.88	090		Y	Y	Y	Y	Y		
27488		REMOVAL OF KNEE PROSTHESIS	7/1/2014	RBRVS	$1,253.59	$1,253.59	090		Y	Y	Y	Y	Y		
27495		REINFORCE THIGH	7/1/2014	RBRVS	$1,175.24	$1,175.24	090		Y	Y	Y	Y	Y		
27496		DECOMPRESSION OF THIGH/KNEE	7/1/2014	RBRVS	$560.85	$560.85	090		Y	Y	Y				
27497		DECOMPRESSION OF THIGH/KNEE	7/1/2014	RBRVS	$602.56	$602.56	090		Y	Y	Y		Y		
27498		DECOMPRESSION OF THIGH/KNEE	7/1/2014	RBRVS	$676.93	$676.93	090		Y	Y	Y	Y	Y		
27499		DECOMPRESSION OF THIGH/KNEE	7/1/2014	RBRVS	$724.87	$724.87	090		Y	Y	Y	Y	Y		
27500		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$533.70	$495.33	090		Y	Y	Y				
27501		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$519.61	$515.67	090		Y	Y	Y				
27502		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$801.65	$801.65	090		Y	Y	Y				
27503		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$833.28	$833.28	090		Y	Y	Y				
27506		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$1,395.35	$1,395.35	090		Y	Y	Y	Y	Y		
27507		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$1,015.27	$1,015.27	090		Y	Y	Y	Y	Y		
27508		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$542.56	$511.72	090		Y	Y	Y				
27509		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$666.31	$666.31	090		Y	Y	Y				
27510		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$711.71	$711.71	090		Y	Y	Y				
27511		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$1,041.37	$1,041.37	090		Y	Y	Y	Y	Y		
27513		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$1,297.02	$1,297.02	090		Y	Y	Y	Y	Y		
27514		TREATMENT OF THIGH FRACTURE	7/1/2014	RBRVS	$1,008.81	$1,008.81	090		Y	Y	Y	Y	Y		
27516		TREAT THIGH FX GROWTH PLATE	7/1/2014	RBRVS	$521.87	$491.03	090		Y	Y	Y				
27517		TREAT THIGH FX GROWTH PLATE	7/1/2014	RBRVS	$709.10	$709.10	090		Y	Y	Y				
27519		TREAT THIGH FX GROWTH PLATE	7/1/2014	RBRVS	$927.45	$927.45	090		Y	Y	Y	Y	Y		
27520		TREAT KNEECAP FRACTURE	7/1/2014	RBRVS	$331.06	$303.09	090		Y	Y	Y				
27524		TREAT KNEECAP FRACTURE	7/1/2014	RBRVS	$781.03	$781.03	090		Y	Y	Y	Y	Y		
27530		TREAT KNEE FRACTURE	7/1/2014	RBRVS	$308.79	$287.27	090		Y	Y	Y				
27532		TREAT KNEE FRACTURE	7/1/2014	RBRVS	$634.87	$597.21	090		Y	Y	Y				
27535		TREAT KNEE FRACTURE	7/1/2014	RBRVS	$935.80	$935.80	090		Y	Y	Y	Y	Y		
27536		TREAT KNEE FRACTURE	7/1/2014	RBRVS	$1,241.51	$1,241.51	090		Y	Y	Y	Y	Y		
27538		TREAT KNEE FRACTURE(S)	7/1/2014	RBRVS	$486.87	$456.75	090		Y	Y	Y				
27540		TREAT KNEE FRACTURE	7/1/2014	RBRVS	$844.50	$844.50	090		Y	Y	Y	Y	Y		
27550		TREAT KNEE DISLOCATION	7/1/2014	RBRVS	$521.51	$485.65	090		Y	Y	Y				
27552		TREAT KNEE DISLOCATION	7/1/2014	RBRVS	$647.78	$647.78	090		Y	Y	Y				
27556		TREAT KNEE DISLOCATION	7/1/2014	RBRVS	$909.27	$909.27	090		Y	Y	Y	Y	Y		
27557		TREAT KNEE DISLOCATION	7/1/2014	RBRVS	$1,091.76	$1,091.76	090		Y	Y	Y	Y	Y		
27558		TREAT KNEE DISLOCATION	7/1/2014	RBRVS	$1,245.10	$1,245.10	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
27560		TREAT KNEECAP DISLOCATION	7/1/2014	RBRVS	$371.15	$344.26	090		Y	Y	Y				
27562		TREAT KNEECAP DISLOCATION	7/1/2014	RBRVS	$498.67	$498.67	090		Y	Y	Y				
27566		TREAT KNEECAP DISLOCATION	7/1/2014	RBRVS	$926.77	$926.77	090		Y	Y	Y	Y	Y		
27570		FIXATION OF KNEE JOINT	7/1/2014	RBRVS	$155.42	$155.42	010		Y	Y	Y				
27580		FUSION OF KNEE	7/1/2014	RBRVS	$1,496.98	$1,496.98	090		Y	Y	Y	Y	Y		
27590		AMPUTATE LEG AT THIGH	7/1/2014	RBRVS	$852.93	$852.93	090		Y	Y	Y	Y	Y		
27591		AMPUTATE LEG AT THIGH	7/1/2014	RBRVS	$1,010.50	$1,010.50	090		Y	Y	Y	Y	Y		
27592		AMPUTATE LEG AT THIGH	7/1/2014	RBRVS	$720.43	$720.43	090		Y	Y	Y	Y	Y		
27594		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$534.82	$534.82	090		Y	Y	Y				
27596		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$764.89	$764.89	090		Y	Y	Y		Y		
27598		AMPUTATE LOWER LEG AT KNEE	7/1/2014	RBRVS	$766.26	$766.26	090		Y	Y	Y	Y	Y		
27599		LEG SURGERY PROCEDURE	7/1/2014	FEE SCHED	$438.68	$0.00			Y						
27600		DECOMPRESSION OF LOWER LEG	7/1/2014	RBRVS	$433.19	$433.19	090		Y	Y	Y		Y		
27601		DECOMPRESSION OF LOWER LEG	7/1/2014	RBRVS	$460.44	$460.44	090		Y	Y	Y				
27602		DECOMPRESSION OF LOWER LEG	7/1/2014	RBRVS	$525.13	$525.13	090		Y	Y	Y	Y	Y		
27603		DRAIN LOWER LEG LESION	7/1/2014	RBRVS	$542.56	$403.43	090		Y	Y	Y				
27604		DRAIN LOWER LEG BURSA	7/1/2014	RBRVS	$476.36	$344.40	090		Y	Y	Y				
27605		INCISION OF ACHILLES TENDON	7/1/2014	RBRVS	$349.06	$192.35	010		Y	Y	Y				
27606		INCISION OF ACHILLES TENDON	7/1/2014	RBRVS	$297.06	$297.06	010		Y	Y	Y		Y		
27607		TREAT LOWER LEG BONE LESION	7/1/2014	RBRVS	$634.69	$634.69	090		Y	Y	Y				
27610		EXPLORE/TREAT ANKLE JOINT	7/1/2014	RBRVS	$679.44	$679.44	090		Y	Y	Y				
27612		EXPLORATION OF ANKLE JOINT	7/1/2014	RBRVS	$585.34	$585.34	090		Y	Y	Y	Y	Y		
27613		BIOPSY LOWER LEG SOFT TISSUE	7/1/2014	RBRVS	$257.83	$168.54	010		Y	Y	Y				
27614		BIOPSY LOWER LEG SOFT TISSUE	7/1/2014	RBRVS	$595.74	$422.90	090		Y	Y	Y				
27615		REMOVE TUMOR, LOWER LEG	7/1/2014	RBRVS	$1,067.01	$1,067.01	090		Y	Y	Y		Y		
27616		RESECT LEG/ANKLE TUM 5 CM/>	7/1/2014	RBRVS	$1,320.26	$1,320.26	090		Y	Y	Y		Y		
27618		REMOVE LOWER LEG LESION	7/1/2014	RBRVS	$457.43	$316.14	090		Y	Y	Y				
27619		REMOVE LOWER LEG LESION	7/1/2014	RBRVS	$490.31	$490.31	090		Y	Y	Y				
27620		EXPLORE/TREAT ANKLE JOINT	7/1/2014	RBRVS	$471.74	$471.74	090		Y	Y	Y	Y	Y		
27625		REMOVE ANKLE JOINT LINING	7/1/2014	RBRVS	$601.37	$601.37	090		Y	Y	Y	Y	Y		
27626		REMOVE ANKLE JOINT LINING	7/1/2014	RBRVS	$650.46	$650.46	090		Y	Y	Y	Y			
27630		REMOVAL OF TENDON LESION	7/1/2014	RBRVS	$577.85	$381.34	090		Y	Y	Y				
27632		EXC LEG/ANKLE LES SC 3 CM/>	7/1/2014	RBRVS	$428.46	$428.46	090		Y	Y	Y	Y			
27634		EXC LEG/ANKLE TUM DEP 5 CM/>	7/1/2014	RBRVS	$708.38	$708.38	090		Y	Y	Y	Y			
27635		REMOVE LOWER LEG BONE LESION	7/1/2014	RBRVS	$612.35	$612.35	090		Y	Y	Y		Y		
27637		REMOVE/GRAFT LEG BONE LESION	7/1/2014	RBRVS	$781.64	$781.64	090		Y	Y	Y	Y	Y		
27638		REMOVE/GRAFT LEG BONE LESION	7/1/2014	RBRVS	$801.54	$801.54	090		Y	Y	Y	Y	Y		
27640		PARTIAL REMOVAL OF TIBIA	7/1/2014	RBRVS	$866.99	$866.99	090		Y	Y	Y		Y		
27641		PARTIAL REMOVAL OF FIBULA	7/1/2014	RBRVS	$695.83	$695.83	090		Y	Y	Y		Y		
27645		EXTENSIVE LOWER LEG SURGERY	7/1/2014	RBRVS	$1,857.76	$1,857.76	090		Y	Y	Y	Y	Y		
27646		EXTENSIVE LOWER LEG SURGERY	7/1/2014	RBRVS	$1,609.79	$1,609.79	090		Y	Y	Y	Y	Y		
27647		EXTENSIVE ANKLE/HEEL SURGERY	7/1/2014	RBRVS	$1,085.48	$1,085.48	090		Y	Y	Y	Y			
27648		INJECTION FOR ANKLE X-RAY	7/1/2014	RBRVS	$165.60	$54.44	000		Y	Y	Y				
27650		REPAIR ACHILLES TENDON	7/1/2014	RBRVS	$688.80	$688.80	090		Y	Y	Y	Y	Y		
27652		REPAIR/GRAFT ACHILLES TENDON	7/1/2014	RBRVS	$716.05	$716.05	090		Y	Y	Y		Y		
27654		REPAIR OF ACHILLES TENDON	7/1/2014	RBRVS	$735.42	$735.42	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
27656		REPAIR LEG FASCIA DEFECT	7/1/2014	RBRVS	$647.78	$407.87	090		Y	Y	Y	Y			
27658		REPAIR OF LEG TENDON EACH	7/1/2014	RBRVS	$387.79	$387.79	090		Y	Y		Y	Y		
27659		REPAIR OF LEG TENDON EACH	7/1/2014	RBRVS	$505.16	$505.16	090		Y	Y		Y	Y		
27664		REPAIR OF LEG TENDON EACH	7/1/2014	RBRVS	$374.34	$374.34	090		Y	Y					
27665		REPAIR OF LEG TENDON EACH	7/1/2014	RBRVS	$429.57	$429.57	090		Y	Y		Y	Y		
27675		REPAIR LOWER LEG TENDONS	7/1/2014	RBRVS	$504.26	$504.26	090		Y	Y	Y	Y	Y		
27676		REPAIR LOWER LEG TENDONS	7/1/2014	RBRVS	$640.07	$640.07	090		Y	Y	Y	Y			
27680		RELEASE OF LOWER LEG TENDON	7/1/2014	RBRVS	$444.84	$444.84	090		Y	Y			Y		
27681		RELEASE OF LOWER LEG TENDONS	7/1/2014	RBRVS	$564.76	$564.76	090		Y	Y	Y		Y		
27685		REVISION OF LOWER LEG TENDON	7/1/2014	RBRVS	$685.79	$483.18	090		Y	Y	Y	Y	Y		
27686		REVISE LOWER LEG TENDONS	7/1/2014	RBRVS	$573.51	$573.51	090		Y	Y	Y		Y		
27687		REVISION OF CALF TENDON	7/1/2014	RBRVS	$472.17	$472.17	090		Y	Y	Y	Y	Y		
27690		REVISE LOWER LEG TENDON	7/1/2014	RBRVS	$655.81	$655.81	090		Y	Y	Y	Y	Y		
27691		REVISE LOWER LEG TENDON	7/1/2014	RBRVS	$782.72	$782.72	090		Y	Y	Y	Y	Y		
27692		REVISE ADDITIONAL LEG TENDON	7/1/2014	RBRVS	$111.31	$111.31	ZZZ		Y			Y	Y		
27695		REPAIR OF ANKLE LIGAMENT	7/1/2014	RBRVS	$497.74	$497.74	090		Y	Y	Y		Y		
27696		REPAIR OF ANKLE LIGAMENTS	7/1/2014	RBRVS	$582.47	$582.47	090		Y	Y	Y		Y		
27698		REPAIR OF ANKLE LIGAMENT	7/1/2014	RBRVS	$667.28	$667.28	090		Y	Y	Y	Y	Y		
27700		REVISION OF ANKLE JOINT	7/1/2014	RBRVS	$615.72	$615.72	090		Y	Y	Y	Y	Y		
27702		RECONSTRUCT ANKLE JOINT	7/1/2014	RBRVS	$1,012.58	$1,012.58	090		Y	Y	Y	Y	Y		
27703		RECONSTRUCTION ANKLE JOINT	7/1/2014	RBRVS	$1,169.47	$1,169.47	090		Y	Y	Y	Y			
27704		REMOVAL OF ANKLE IMPLANT	7/1/2014	RBRVS	$599.01	$599.01	090		Y	Y	Y		Y		
27705		INCISION OF TIBIA	7/1/2014	RBRVS	$789.17	$789.17	090		Y	Y	Y	Y	Y		
27707		INCISION OF FIBULA	7/1/2014	RBRVS	$417.84	$417.84	090		Y	Y	Y		Y		
27709		INCISION OF TIBIA & FIBULA	7/1/2014	RBRVS	$1,218.63	$1,218.63	090		Y	Y	Y	Y	Y		
27712		REALIGNMENT OF LOWER LEG	7/1/2014	RBRVS	$1,149.13	$1,149.13	090		Y	Y	Y	Y	Y		
27715		REVISION OF LOWER LEG	7/1/2014	RBRVS	$1,113.70	$1,113.70	090		Y	Y	Y	Y	Y		
27720		REPAIR OF TIBIA	7/1/2014	RBRVS	$911.20	$911.20	090		Y	Y	Y	Y	Y		
27722		REPAIR/GRAFT OF TIBIA	7/1/2014	RBRVS	$923.18	$923.18	090		Y	Y	Y	Y	Y		
27724		REPAIR/GRAFT OF TIBIA	7/1/2014	RBRVS	$1,324.99	$1,324.99	090		Y	Y	Y	Y	Y		
27725		REPAIR OF LOWER LEG	7/1/2014	RBRVS	$1,268.48	$1,268.48	090		Y	Y	Y	Y	Y		
27726		REPAIR FIBULA NONUNION	7/1/2014	RBRVS	$1,010.86	$1,010.86	090		Y	Y	Y		Y		
27727		REPAIR OF LOWER LEG	7/1/2014	RBRVS	$960.12	$960.12	090		Y	Y	Y	Y	Y		
27730		REPAIR OF TIBIA EPIPHYSIS	7/1/2014	RBRVS	$606.00	$606.00	090		Y	Y	Y		Y		
27732		REPAIR OF FIBULA EPIPHYSIS	7/1/2014	RBRVS	$396.97	$396.97	090		Y	Y	Y				
27734		REPAIR LOWER LEG EPIPHYSES	7/1/2014	RBRVS	$634.69	$634.69	090		Y	Y	Y				
27740		REPAIR OF LEG EPIPHYSES	7/1/2014	RBRVS	$645.44	$645.44	090		Y	Y	Y	Y			
27742		REPAIR OF LEG EPIPHYSES	7/1/2014	RBRVS	$710.31	$710.31	090		Y	Y	Y	Y	Y		
27745		REINFORCE TIBIA	7/1/2014	RBRVS	$786.48	$786.48	090		Y	Y	Y	Y	Y		
27750		TREATMENT OF TIBIA FRACTURE	7/1/2014	RBRVS	$355.05	$327.08	090		Y	Y	Y				
27752		TREATMENT OF TIBIA FRACTURE	7/1/2014	RBRVS	$553.71	$512.48	090		Y	Y	Y				
27756		TREATMENT OF TIBIA FRACTURE	7/1/2014	RBRVS	$595.31	$595.31	090		Y	Y	Y	Y	Y		
27758		TREATMENT OF TIBIA FRACTURE	7/1/2014	RBRVS	$926.48	$926.48	090		Y	Y	Y	Y	Y		
27759		TREATMENT OF TIBIA FRACTURE	7/1/2014	RBRVS	$1,040.26	$1,040.26	090		Y	Y	Y	Y	Y		
27760		CLTX MEDIAL ANKLE FX	7/1/2014	RBRVS	$342.89	$314.21	090		Y	Y	Y				
27762		CLTX MED ANKLE FX W/MNPJ	7/1/2014	RBRVS	$492.36	$451.48	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
27766		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$631.78	$631.78	090		Y	Y	Y		Y		
27767		CLTX POST ANKLE FX	7/1/2014	RBRVS	$290.07	$291.86	090		Y	Y	Y				
27768		CLTX POST ANKLE FX W/MNPJ	7/1/2014	RBRVS	$453.70	$453.70	090		Y	Y	Y				
27769		OPTX POST ANKLE FX	7/1/2014	RBRVS	$758.22	$758.22	090		Y	Y	Y				
27780		TREATMENT OF FIBULA FRACTURE	7/1/2014	RBRVS	$313.92	$286.66	090		Y	Y	Y				
27781		TREATMENT OF FIBULA FRACTURE	7/1/2014	RBRVS	$430.21	$400.09	090		Y	Y	Y				
27784		TREATMENT OF FIBULA FRACTURE	7/1/2014	RBRVS	$745.06	$745.06	090		Y	Y	Y		Y		
27786		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$324.75	$294.63	090		Y	Y	Y				
27788		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$432.90	$396.68	090		Y	Y	Y				
27792		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$678.54	$678.54	090		Y	Y	Y		Y		
27808		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$343.14	$309.44	090		Y	Y	Y				
27810		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$483.03	$440.00	090		Y	Y	Y				
27814		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$803.34	$803.34	090		Y	Y	Y	Y	Y		
27816		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$326.90	$294.27	090		Y	Y	Y				
27818		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$500.07	$450.58	090		Y	Y	Y				
27822		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$875.06	$875.06	090		Y	Y	Y	Y	Y		
27823		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$994.15	$994.15	090		Y	Y	Y	Y	Y		
27824		TREAT LOWER LEG FRACTURE	7/1/2014	RBRVS	$322.60	$313.99	090		Y	Y	Y				
27825		TREAT LOWER LEG FRACTURE	7/1/2014	RBRVS	$562.68	$512.12	090		Y	Y	Y				
27826		TREAT LOWER LEG FRACTURE	7/1/2014	RBRVS	$870.97	$870.97	090		Y	Y	Y	Y	Y		
27827		TREAT LOWER LEG FRACTURE	7/1/2014	RBRVS	$1,127.33	$1,127.33	090		Y	Y	Y	Y	Y		
27828		TREAT LOWER LEG FRACTURE	7/1/2014	RBRVS	$1,350.34	$1,350.34	090		Y	Y	Y	Y	Y		
27829		TREAT LOWER LEG JOINT	7/1/2014	RBRVS	$711.35	$711.35	090		Y	Y	Y	Y	Y		
27830		TREAT LOWER LEG DISLOCATION	7/1/2014	RBRVS	$389.80	$363.98	090		Y	Y	Y				
27831		TREAT LOWER LEG DISLOCATION	7/1/2014	RBRVS	$411.10	$411.10	090		Y	Y	Y				
27832		TREAT LOWER LEG DISLOCATION	7/1/2014	RBRVS	$782.97	$782.97	090		Y	Y	Y	Y	Y		
27840		TREAT ANKLE DISLOCATION	7/1/2014	RBRVS	$382.98	$382.98	090		Y	Y	Y				
27842		TREAT ANKLE DISLOCATION	7/1/2014	RBRVS	$511.76	$511.76	090		Y	Y	Y				
27846		TREAT ANKLE DISLOCATION	7/1/2014	RBRVS	$761.20	$761.20	090		Y	Y	Y	Y	Y		
27848		TREAT ANKLE DISLOCATION	7/1/2014	RBRVS	$849.70	$849.70	090		Y	Y	Y	Y	Y		
27860		FIXATION OF ANKLE JOINT	7/1/2014	RBRVS	$184.00	$184.00	010		Y	Y	Y				
27870		FUSION OF ANKLE JOINT OPEN	7/1/2014	RBRVS	$1,079.46	$1,079.46	090		Y	Y	Y	Y	Y		
27871		FUSION OF TIBIOFIBULAR JOINT	7/1/2014	RBRVS	$715.84	$715.84	090		Y	Y	Y	Y	Y		
27880		AMPUTATION OF LOWER LEG	7/1/2014	RBRVS	$972.63	$972.63	090		Y	Y	Y	Y	Y		
27881		AMPUTATION OF LOWER LEG	7/1/2014	RBRVS	$924.90	$924.90	090		Y	Y	Y	Y	Y		
27882		AMPUTATION OF LOWER LEG	7/1/2014	RBRVS	$639.38	$639.38	090		Y	Y	Y		Y		
27884		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$606.89	$606.89	090		Y	Y	Y				
27886		AMPUTATION FOLLOW-UP SURGERY	7/1/2014	RBRVS	$694.54	$694.54	090		Y	Y	Y		Y		
27888		AMPUTATION OF FOOT AT ANKLE	7/1/2014	RBRVS	$705.90	$705.90	090		Y	Y	Y	Y	Y		
27889		AMPUTATION OF FOOT AT ANKLE	7/1/2014	RBRVS	$700.35	$700.35	090		Y	Y	Y		Y		
27892		DECOMPRESSION OF LEG	7/1/2014	RBRVS	$579.03	$579.03	090		Y	Y	Y				
27893		DECOMPRESSION OF LEG	7/1/2014	RBRVS	$635.22	$635.22	090		Y	Y	Y				
27894		DECOMPRESSION OF LEG	7/1/2014	RBRVS	$896.18	$896.18	090		Y	Y	Y	Y			
27899		LEG/ANKLE SURGERY PROCEDURE	7/1/2014	FEE SCHED	$828.78	$0.00			Y						
28001		DRAINAGE OF BURSA OF FOOT	7/1/2014	RBRVS	$284.23	$175.21	010		Y	Y					
28002		TREATMENT OF FOOT INFECTION	7/1/2014	RBRVS	$461.30	$334.72	010		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
28003		TREATMENT OF FOOT INFECTION	7/1/2014	RBRVS	$738.25	$594.09	090		Y	Y					
28005		TREAT FOOT BONE LESION	7/1/2014	RBRVS	$603.95	$603.95	090		Y	Y					
28008		INCISION OF FOOT FASCIA	7/1/2014	RBRVS	$445.52	$303.52	090		Y	Y	Y				
28010		INCISION OF TOE TENDON	7/1/2014	RBRVS	$240.37	$217.06	090		Y	Y					
28011		INCISION OF TOE TENDONS	7/1/2014	RBRVS	$335.94	$301.15	090		Y	Y					
28020		EXPLORATION OF FOOT JOINT	7/1/2014	RBRVS	$558.56	$375.67	090		Y	Y			Y		
28022		EXPLORATION OF FOOT JOINT	7/1/2014	RBRVS	$504.48	$336.65	090		Y	Y					
28024		EXPLORATION OF TOE JOINT	7/1/2014	RBRVS	$474.28	$314.71	090		Y	Y					
28035		DECOMPRESSION OF TIBIA NERVE	7/1/2014	RBRVS	$548.73	$371.58	090		Y	Y	Y		Y		
28039		EXC FOOT/TOE TUM SC 1.5 CM/>	7/1/2014	RBRVS	$528.79	$363.48	090		Y	Y	Y	Y			
28041		EXC FOOT/TOE TUM DEP 1.5CM/>	7/1/2014	RBRVS	$477.15	$477.15	090		Y	Y	Y				
28043		EXCISION OF FOOT LESION	7/1/2014	RBRVS	$411.71	$271.50	090		Y	Y	Y				
28045		EXCISION OF FOOT LESION	7/1/2014	RBRVS	$513.48	$362.15	090		Y	Y	Y				
28046		RESECTION OF TUMOR, FOOT	7/1/2014	RBRVS	$767.12	$767.12	090		Y	Y	Y		Y		
28047		RESECT FOOT/TOE TUMOR 3 CM/>	7/1/2014	RBRVS	$1,064.68	$1,064.68	090		Y	Y	Y	Y	Y		
28050		BIOPSY OF FOOT JOINT LINING	7/1/2014	RBRVS	$440.04	$291.94	090		Y	Y	Y		Y		
28052		BIOPSY OF FOOT JOINT LINING	7/1/2014	RBRVS	$453.92	$292.19	090		Y	Y	Y		Y		
28054		BIOPSY OF TOE JOINT LINING	7/1/2014	RBRVS	$386.68	$243.60	090		Y	Y	Y				
28055		NEURECTOMY FOOT	7/1/2014	RBRVS	$391.02	$391.02	090		Y	Y	Y				
28060		PARTIAL REMOVAL FOOT FASCIA	7/1/2014	RBRVS	$534.17	$368.86	090		Y	Y	Y				
28062		REMOVAL OF FOOT FASCIA	7/1/2014	RBRVS	$605.46	$422.22	090		Y	Y	Y		Y		
28070		REMOVAL OF FOOT JOINT LINING	7/1/2014	RBRVS	$549.34	$367.17	090		Y	Y					
28072		REMOVAL OF FOOT JOINT LINING	7/1/2014	RBRVS	$526.10	$346.80	090		Y	Y					
28080		REMOVAL OF FOOT LESION	7/1/2014	RBRVS	$539.19	$378.18	090		Y	Y					
28086		EXCISE FOOT TENDON SHEATH	7/1/2014	RBRVS	$564.58	$374.52	090		Y	Y	Y	Y	Y		
28088		EXCISE FOOT TENDON SHEATH	7/1/2014	RBRVS	$481.81	$304.67	090		Y	Y	Y				
28090		REMOVAL OF FOOT LESION	7/1/2014	RBRVS	$485.76	$319.37	090		Y	Y	Y				
28092		REMOVAL OF TOE LESIONS	7/1/2014	RBRVS	$436.09	$278.31	090		Y	Y					
28100		REMOVAL OF ANKLE/HEEL LESION	7/1/2014	RBRVS	$625.76	$426.02	090		Y	Y	Y	Y	Y		
28102		REMOVE/GRAFT FOOT LESION	7/1/2014	RBRVS	$589.39	$589.39	090		Y	Y	Y	Y			
28103		REMOVE/GRAFT FOOT LESION	7/1/2014	RBRVS	$405.90	$405.90	090		Y	Y	Y	Y			
28104		REMOVAL OF FOOT LESION	7/1/2014	RBRVS	$540.98	$363.12	090		Y	Y		Y	Y		
28106		REMOVE/GRAFT FOOT LESION	7/1/2014	RBRVS	$461.84	$461.84	090		Y	Y		Y	Y		
28107		REMOVE/GRAFT FOOT LESION	7/1/2014	RBRVS	$565.73	$378.54	090		Y	Y		Y			
28108		REMOVAL OF TOE LESIONS	7/1/2014	RBRVS	$455.39	$298.68	090		Y	Y					
28110		PART REMOVAL OF METATARSAL	7/1/2014	RBRVS	$477.08	$298.86	090		Y	Y	Y		Y		
28111		PART REMOVAL OF METATARSAL	7/1/2014	RBRVS	$514.02	$341.17	090		Y	Y	Y		Y		
28112		PART REMOVAL OF METATARSAL	7/1/2014	RBRVS	$506.09	$325.36	090		Y	Y	Y		Y		
28113		PART REMOVAL OF METATARSAL	7/1/2014	RBRVS	$612.45	$441.40	090		Y	Y	Y				
28114		REMOVAL OF METATARSAL HEADS	7/1/2014	RBRVS	$1,112.41	$870.00	090		Y	Y	Y	Y	Y		
28116		REVISION OF FOOT	7/1/2014	RBRVS	$770.27	$585.24	090		Y	Y	Y				
28118		REMOVAL OF HEEL BONE	7/1/2014	RBRVS	$608.87	$425.62	090		Y	Y	Y	Y	Y		
28119		REMOVAL OF HEEL SPUR	7/1/2014	RBRVS	$543.06	$374.16	090		Y	Y	Y		Y		
28120		PART REMOVAL OF ANKLE/HEEL	7/1/2014	RBRVS	$703.57	$518.89	090		Y	Y	Y		Y		
28122		PARTIAL REMOVAL OF FOOT BONE	7/1/2014	RBRVS	$619.45	$457.00	090		Y	Y	Y	Y	Y		
28124		PARTIAL REMOVAL OF TOE	7/1/2014	RBRVS	$491.86	$341.24	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
28126		PARTIAL REMOVAL OF TOE	7/1/2014	RBRVS	$409.66	$257.98	090		Y	Y					
28130		REMOVAL OF ANKLE BONE	7/1/2014	RBRVS	$692.96	$692.96	090		Y	Y	Y	Y	Y		
28140		REMOVAL OF METATARSAL	7/1/2014	RBRVS	$622.96	$460.51	090		Y	Y			Y		
28150		REMOVAL OF TOE	7/1/2014	RBRVS	$441.65	$291.40	090		Y	Y					
28153		PARTIAL REMOVAL OF TOE	7/1/2014	RBRVS	$426.30	$274.26	090		Y	Y					
28160		PARTIAL REMOVAL OF TOE	7/1/2014	RBRVS	$433.87	$278.95	090		Y	Y					
28171		EXTENSIVE FOOT SURGERY	7/1/2014	RBRVS	$882.80	$882.80	090		Y	Y		Y			
28173		EXTENSIVE FOOT SURGERY	7/1/2014	RBRVS	$804.99	$804.99	090		Y	Y			Y		
28175		EXTENSIVE FOOT SURGERY	7/1/2014	RBRVS	$507.31	$507.31	090		Y	Y			Y		
28190		REMOVAL OF FOOT FOREIGN BODY	7/1/2014	RBRVS	$263.97	$138.81	010		Y	Y	Y				
28192		REMOVAL OF FOOT FOREIGN BODY	7/1/2014	RBRVS	$487.27	$326.25	090		Y	Y	Y				
28193		REMOVAL OF FOOT FOREIGN BODY	7/1/2014	RBRVS	$551.13	$384.38	090		Y	Y	Y				
28200		REPAIR OF FOOT TENDON	7/1/2014	RBRVS	$501.72	$329.59	090		Y	Y			Y		
28202		REPAIR/GRAFT OF FOOT TENDON	7/1/2014	RBRVS	$616.83	$441.83	090		Y	Y		Y	Y		
28208		REPAIR OF FOOT TENDON	7/1/2014	RBRVS	$489.06	$322.67	090		Y	Y			Y		
28210		REPAIR/GRAFT OF FOOT TENDON	7/1/2014	RBRVS	$583.84	$418.52	090		Y	Y		Y			
28220		RELEASE OF FOOT TENDON	7/1/2014	RBRVS	$462.02	$311.05	090		Y	Y	Y				
28222		RELEASE OF FOOT TENDONS	7/1/2014	RBRVS	$525.67	$363.23	090		Y	Y	Y				
28225		RELEASE OF FOOT TENDON	7/1/2014	RBRVS	$421.50	$267.30	090		Y	Y	Y		Y		
28226		RELEASE OF FOOT TENDONS	7/1/2014	RBRVS	$605.82	$383.13	090		Y	Y	Y				
28230		INCISION OF FOOT TENDON(S)	7/1/2014	RBRVS	$450.44	$293.73	090		Y	Y	Y				
28232		INCISION OF TOE TENDON	7/1/2014	RBRVS	$401.06	$252.60	090		Y	Y					
28234		INCISION OF FOOT TENDON	7/1/2014	RBRVS	$420.78	$272.32	090		Y	Y					
28238		REVISION OF FOOT TENDON	7/1/2014	RBRVS	$698.01	$507.60	090		Y	Y	Y	Y	Y		
28240		RELEASE OF BIG TOE	7/1/2014	RBRVS	$454.31	$300.11	090		Y	Y	Y				
28250		REVISION OF FOOT FASCIA	7/1/2014	RBRVS	$599.22	$419.20	090		Y	Y	Y	Y	Y		
28260		RELEASE OF MIDFOOT JOINT	7/1/2014	RBRVS	$709.42	$530.12	090		Y	Y	Y	Y	Y		
28261		REVISION OF FOOT TENDON	7/1/2014	RBRVS	$1,000.89	$794.33	090		Y	Y	Y				
28262		REVISION OF FOOT AND ANKLE	7/1/2014	RBRVS	$1,512.40	$1,217.98	090		Y	Y	Y	Y	Y		
28264		RELEASE OF MIDFOOT JOINT	7/1/2014	RBRVS	$991.85	$746.21	090		Y	Y	Y	Y			
28270		RELEASE OF FOOT CONTRACTURE	7/1/2014	RBRVS	$507.74	$346.01	090		Y	Y	Y				
28272		RELEASE OF TOE JOINT EACH	7/1/2014	RBRVS	$406.29	$262.85	090		Y	Y	Y				
28280		FUSION OF TOES	7/1/2014	RBRVS	$539.12	$365.56	090		Y	Y	Y				
28285		REPAIR OF HAMMERTOE	7/1/2014	RBRVS	$550.95	$389.94	090		Y	Y	Y		Y		
28286		REPAIR OF HAMMERTOE	7/1/2014	RBRVS	$468.37	$310.94	090		Y	Y	Y				
28288		PARTIAL REMOVAL OF FOOT BONE	7/1/2014	RBRVS	$625.25	$445.24	090		Y	Y					
28289		REPAIR HALLUX RIGIDUS	7/1/2014	RBRVS	$761.31	$569.82	090		Y	Y	Y	Y	Y		
28290		CORRECTION OF BUNION	7/1/2014	RBRVS	$605.64	$408.77	090		Y	Y	Y				
28292		CORRECTION OF BUNION	7/1/2014	RBRVS	$816.42	$623.50	090		Y	Y	Y	Y	Y		
28293		CORRECTION OF BUNION	7/1/2014	RBRVS	$1,079.39	$736.21	090		Y	Y	Y	Y	Y		
28294		CORRECTION OF BUNION	7/1/2014	RBRVS	$776.26	$555.36	090		Y	Y	Y	Y	Y		
28296		CORRECTION OF BUNION	7/1/2014	RBRVS	$736.92	$539.69	090		Y	Y	Y	Y	Y		
28297		CORRECTION OF BUNION	7/1/2014	RBRVS	$844.36	$608.40	090		Y	Y	Y	Y	Y		
28298		CORRECTION OF BUNION	7/1/2014	RBRVS	$746.86	$524.88	090		Y	Y	Y	Y	Y		
28299		CORRECTION OF BUNION	7/1/2014	RBRVS	$924.11	$700.70	090		Y	Y	Y	Y	Y		
28300		INCISION OF HEEL BONE	7/1/2014	RBRVS	$682.92	$682.92	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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	7/1/2014	RBRVS	$741.37	$741.37	090		Y	Y	Y	Y	Y		
28304		INCISION OF MIDFOOT BONES	7/1/2014	RBRVS	$841.31	$620.77	090		Y	Y	Y	Y	Y		
28305		INCISE/GRAFT MIDFOOT BONES	7/1/2014	RBRVS	$660.51	$660.51	090		Y	Y	Y	Y	Y		
28306		INCISION OF METATARSAL	7/1/2014	RBRVS	$636.87	$421.36	090		Y	Y	Y	Y	Y		
28307		INCISION OF METATARSAL	7/1/2014	RBRVS	$725.13	$485.22	090		Y	Y	Y				
28308		INCISION OF METATARSAL	7/1/2014	RBRVS	$581.15	$388.94	090		Y	Y	Y	Y	Y		
28309		INCISION OF METATARSALS	7/1/2014	RBRVS	$932.79	$932.79	090		Y	Y	Y				
28310		REVISION OF BIG TOE	7/1/2014	RBRVS	$559.63	$368.14	090		Y	Y	Y		Y		
28312		REVISION OF TOE	7/1/2014	RBRVS	$528.18	$332.03	090		Y	Y			Y		
28313		REPAIR DEFORMITY OF TOE	7/1/2014	RBRVS	$550.77	$375.06	090		Y	Y					
28315		REMOVAL OF SESAMOID BONE	7/1/2014	RBRVS	$495.87	$335.94	090		Y	Y	Y		Y		
28320		REPAIR OF FOOT BONES	7/1/2014	RBRVS	$644.37	$644.37	090		Y	Y	Y	Y	Y		
28322		REPAIR OF METATARSALS	7/1/2014	RBRVS	$822.48	$604.81	090		Y	Y		Y	Y		
28340		RESECT ENLARGED TOE TISSUE	7/1/2014	RBRVS	$598.72	$428.74	090		Y	Y					
28341		RESECT ENLARGED TOE	7/1/2014	RBRVS	$695.54	$511.22	090		Y	Y					
28344		REPAIR EXTRA TOE(S)	7/1/2014	RBRVS	$447.32	$296.71	090		Y	Y	Y		Y		
28345		REPAIR WEBBED TOE(S)	7/1/2014	RBRVS	$539.73	$377.64	090		Y	Y					
28360		RECONSTRUCT CLEFT FOOT	7/1/2014	RBRVS	$931.71	$931.71	090		Y	Y	Y	Y			
28400		TREATMENT OF HEEL FRACTURE	7/1/2014	RBRVS	$256.33	$234.81	090		Y	Y	Y				
28405		TREATMENT OF HEEL FRACTURE	7/1/2014	RBRVS	$400.63	$364.77	090		Y	Y	Y				
28406		TREATMENT OF HEEL FRACTURE	7/1/2014	RBRVS	$548.12	$548.12	090		Y	Y	Y				
28415		TREAT HEEL FRACTURE	7/1/2014	RBRVS	$1,155.66	$1,155.66	090		Y	Y	Y	Y	Y		
28420		TREAT/GRAFT HEEL FRACTURE	7/1/2014	RBRVS	$1,303.37	$1,303.37	090		Y	Y	Y	Y	Y		
28430		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$242.20	$215.66	090		Y	Y	Y				
28435		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$337.05	$302.26	090		Y	Y	Y				
28436		TREATMENT OF ANKLE FRACTURE	7/1/2014	RBRVS	$463.49	$463.49	090		Y	Y	Y				
28445		TREAT ANKLE FRACTURE	7/1/2014	RBRVS	$1,105.53	$1,105.53	090		Y	Y	Y	Y	Y		
28446		OSTEOCHONDRAL TALUS AUTOGRFT	7/1/2014	RBRVS	$1,274.21	$1,274.21	090		Y	Y	Y	Y	Y		
28450		TREAT MIDFOOT FRACTURE EACH	7/1/2014	RBRVS	$222.62	$198.59	090		Y	Y					
28455		TREAT MIDFOOT FRACTURE EACH	7/1/2014	RBRVS	$307.64	$276.80	090		Y	Y					
28456		TREAT MIDFOOT FRACTURE	7/1/2014	RBRVS	$327.37	$327.37	090		Y	Y					
28465		TREAT MIDFOOT FRACTURE EACH	7/1/2014	RBRVS	$649.42	$649.42	090		Y	Y					
28470		TREAT METATARSAL FRACTURE	7/1/2014	RBRVS	$227.10	$212.40	090		Y	Y					
28475		TREAT METATARSAL FRACTURE	7/1/2014	RBRVS	$263.54	$234.49	090		Y	Y					
28476		TREAT METATARSAL FRACTURE	7/1/2014	RBRVS	$360.18	$360.18	090		Y	Y					
28485		TREAT METATARSAL FRACTURE	7/1/2014	RBRVS	$544.00	$544.00	090		Y	Y			Y		
28490		TREAT BIG TOE FRACTURE	7/1/2014	RBRVS	$149.00	$128.20	090		Y	Y	Y				
28495		TREAT BIG TOE FRACTURE	7/1/2014	RBRVS	$181.85	$153.52	090		Y	Y	Y				
28496		TREAT BIG TOE FRACTURE	7/1/2014	RBRVS	$448.39	$240.05	090		Y	Y	Y				
28505		TREAT BIG TOE FRACTURE	7/1/2014	RBRVS	$685.18	$515.20	090		Y	Y	Y				
28510		TREATMENT OF TOE FRACTURE	7/1/2014	RBRVS	$126.62	$123.04	090		Y	Y					
28515		TREATMENT OF TOE FRACTURE	7/1/2014	RBRVS	$164.88	$145.88	090		Y	Y					
28525		TREAT TOE FRACTURE	7/1/2014	RBRVS	$589.61	$416.05	090		Y	Y					
28530		TREAT SESAMOID BONE FRACTURE	7/1/2014	RBRVS	$117.55	$104.64	090		Y	Y	Y				
28531		TREAT SESAMOID BONE FRACTURE	7/1/2014	RBRVS	$364.30	$200.42	090		Y	Y	Y		Y		
28540		TREAT FOOT DISLOCATION	7/1/2014	RBRVS	$209.96	$189.52	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
28545		TREAT FOOT DISLOCATION	7/1/2014	RBRVS	$302.98	$269.27	090		Y	Y	Y				
28546		TREAT FOOT DISLOCATION	7/1/2014	RBRVS	$591.55	$349.13	090		Y	Y	Y				
28555		REPAIR FOOT DISLOCATION	7/1/2014	RBRVS	$899.15	$687.58	090		Y	Y	Y	Y	Y		
28570		TREAT FOOT DISLOCATION	7/1/2014	RBRVS	$221.18	$186.76	090		Y	Y	Y				
28575		TREAT FOOT DISLOCATION	7/1/2014	RBRVS	$374.27	$339.13	090		Y	Y	Y				
28576		TREAT FOOT DISLOCATION	7/1/2014	RBRVS	$408.16	$408.16	090		Y	Y	Y				
28585		REPAIR FOOT DISLOCATION	7/1/2014	RBRVS	$897.97	$711.50	090		Y	Y	Y	Y	Y		
28600		TREAT FOOT DISLOCATION	7/1/2014	RBRVS	$226.13	$194.93	090		Y	Y					
28605		TREAT FOOT DISLOCATION	7/1/2014	RBRVS	$335.26	$302.62	090		Y	Y					
28606		TREAT FOOT DISLOCATION	7/1/2014	RBRVS	$413.54	$413.54	090		Y	Y					
28615		REPAIR FOOT DISLOCATION	7/1/2014	RBRVS	$820.44	$820.44	090		Y	Y		Y	Y		
28630		TREAT TOE DISLOCATION	7/1/2014	RBRVS	$161.94	$113.89	010		Y	Y					
28635		TREAT TOE DISLOCATION	7/1/2014	RBRVS	$180.56	$137.16	010		Y	Y					
28636		TREAT TOE DISLOCATION	7/1/2014	RBRVS	$267.91	$180.41	010		Y	Y			Y		
28645		REPAIR TOE DISLOCATION	7/1/2014	RBRVS	$678.01	$501.93	090		Y	Y			Y		
28660		TREAT TOE DISLOCATION	7/1/2014	RBRVS	$119.81	$92.55	010		Y	Y					
28665		TREAT TOE DISLOCATION	7/1/2014	RBRVS	$158.79	$136.20	010		Y	Y					
28666		TREAT TOE DISLOCATION	7/1/2014	RBRVS	$197.70	$197.70	010		Y	Y			Y		
28675		REPAIR OF TOE DISLOCATION	7/1/2014	RBRVS	$586.28	$417.02	090		Y	Y					
28705		FUSION OF FOOT BONES	7/1/2014	RBRVS	$1,326.32	$1,326.32	090		Y	Y	Y	Y	Y		
28715		FUSION OF FOOT BONES	7/1/2014	RBRVS	$974.67	$974.67	090		Y	Y	Y	Y	Y		
28725		FUSION OF FOOT BONES	7/1/2014	RBRVS	$804.05	$804.05	090		Y	Y	Y	Y	Y		
28730		FUSION OF FOOT BONES	7/1/2014	RBRVS	$765.29	$765.29	090		Y	Y	Y	Y	Y		
28735		FUSION OF FOOT BONES	7/1/2014	RBRVS	$815.13	$815.13	090		Y	Y	Y	Y	Y		
28737		REVISION OF FOOT BONES	7/1/2014	RBRVS	$717.24	$717.24	090		Y	Y	Y	Y	Y		
28740		FUSION OF FOOT BONES	7/1/2014	RBRVS	$883.77	$653.55	090		Y	Y		Y	Y		
28750		FUSION OF BIG TOE JOINT	7/1/2014	RBRVS	$846.87	$618.80	090		Y	Y	Y				
28755		FUSION OF BIG TOE JOINT	7/1/2014	RBRVS	$526.17	$342.93	090		Y	Y	Y		Y		
28760		FUSION OF BIG TOE JOINT	7/1/2014	RBRVS	$810.26	$595.81	090		Y	Y	Y	Y	Y		
28800		AMPUTATION OF MIDFOOT	7/1/2014	RBRVS	$570.03	$570.03	090		Y	Y	Y	Y	Y		
28805		AMPUTATION THRU METATARSAL	7/1/2014	RBRVS	$781.32	$781.32	090		Y	Y	Y				
28810		AMPUTATION TOE & METATARSAL	7/1/2014	RBRVS	$456.71	$456.71	090		Y	Y					
28820		AMPUTATION OF TOE	7/1/2014	RBRVS	$590.40	$416.12	090		Y	Y					
28825		PARTIAL AMPUTATION OF TOE	7/1/2014	RBRVS	$562.61	$389.40	090		Y	Y					
28890		HIGH ENERGY ESWT PLANTAR F	7/1/2014	RBRVS	$334.72	$233.95	090		Y	Y	Y		Y		
28899		FOOT/TOES SURGERY PROCEDURE	7/1/2014	FEE SCHED	$906.18	$0.00			Y						
29000		APPLICATION OF BODY CAST	7/1/2014	RBRVS	$305.81	$172.41	000		Y	Y					
29010		APPLICATION OF BODY CAST	7/1/2014	RBRVS	$251.06	$156.39	000		Y	Y					
29015		APPLICATION OF BODY CAST	7/1/2014	RBRVS	$285.59	$181.60	000		Y	Y					
29035		APPLICATION OF BODY CAST	7/1/2014	RBRVS	$238.25	$141.07	000		Y	Y					
29040		APPLICATION OF BODY CAST	7/1/2014	RBRVS	$357.38	$193.50	000		Y	Y					
29044		APPLICATION OF BODY CAST	7/1/2014	RBRVS	$271.60	$166.18	000		Y	Y					
29046		APPLICATION OF BODY CAST	7/1/2014	RBRVS	$283.87	$181.67	000		Y	Y					
29049		APPLICATION OF FIGURE EIGHT	7/1/2014	RBRVS	$101.41	$72.72	000		Y	Y					
29055		APPLICATION OF SHOULDER CAST	7/1/2014	RBRVS	$227.50	$143.22	000		Y	Y					
29058		APPLICATION OF SHOULDER CAST	7/1/2014	RBRVS	$126.08	$97.40	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
29065		APPLICATION OF LONG ARM CAST	7/1/2014	RBRVS	$98.79	$70.82	000		Y	Y	Y				
29075		APPLICATION OF FOREARM CAST	7/1/2014	RBRVS	$88.97	$64.58	000		Y	Y	Y				
29085		APPLY HAND/WRIST CAST	7/1/2014	RBRVS	$97.22	$69.60	000		Y	Y	Y				
29086		APPLY FINGER CAST	7/1/2014	RBRVS	$80.43	$52.82	000		Y	Y	Y				
29105		APPLY LONG ARM SPLINT	7/1/2014	RBRVS	$90.04	$61.72	000		Y	Y	Y				
29125		APPLY FOREARM SPLINT	7/1/2014	RBRVS	$66.09	$40.99	000		Y	Y	Y				
29126		APPLY FOREARM SPLINT	7/1/2014	RBRVS	$78.43	$50.46	000		Y	Y	Y				
29130		APPLICATION OF FINGER SPLINT	7/1/2014	RBRVS	$42.39	$29.84	000		Y	Y	Y				
29131		APPLICATION OF FINGER SPLINT	7/1/2014	RBRVS	$52.82	$34.53	000		Y	Y	Y				
29200		STRAPPING OF CHEST	7/1/2014	RBRVS	$53.72	$40.81	000		Y	Y					
29240		STRAPPING OF SHOULDER	7/1/2014	RBRVS	$58.02	$44.75	000		Y	Y	Y				
29260		STRAPPING OF ELBOW OR WRIST	7/1/2014	RBRVS	$51.93	$37.94	000		Y	Y	Y				
29280		STRAPPING OF HAND OR FINGER	7/1/2014	RBRVS	$51.17	$36.83	000		Y	Y	Y				
29305		APPLICATION OF HIP CAST	7/1/2014	RBRVS	$252.85	$164.63	000		Y	Y					
29325		APPLICATION OF HIP CASTS	7/1/2014	RBRVS	$280.10	$185.07	000		Y	Y					
29345		APPLICATION OF LONG LEG CAST	7/1/2014	RBRVS	$140.68	$105.54	000		Y	Y	Y				
29355		APPLICATION OF LONG LEG CAST	7/1/2014	RBRVS	$146.52	$112.10	000		Y	Y	Y				
29358		APPLY LONG LEG CAST BRACE	7/1/2014	RBRVS	$165.17	$108.51	000		Y	Y	Y				
29365		APPLICATION OF LONG LEG CAST	7/1/2014	RBRVS	$126.80	$91.66	000		Y	Y	Y				
29405		APPLY SHORT LEG CAST	7/1/2014	RBRVS	$83.84	$61.97	000		Y	Y	Y				
29425		APPLY SHORT LEG CAST	7/1/2014	RBRVS	$80.58	$58.70	000		Y	Y	Y				
29435		APPLY SHORT LEG CAST	7/1/2014	RBRVS	$118.91	$86.28	000		Y	Y	Y				
29440		ADDITION OF WALKER TO CAST	7/1/2014	RBRVS	$46.37	$31.66	000		Y	Y	Y				
29445		APPLY RIGID LEG CAST	7/1/2014	RBRVS	$140.14	$109.66	000		Y	Y	Y				
29450		APPLICATION OF LEG CAST	7/1/2014	RBRVS	$146.49	$116.37	000		Y	Y	Y				
29505		APPLICATION LONG LEG SPLINT	7/1/2014	RBRVS	$85.28	$51.93	000		Y	Y	Y				
29515		APPLICATION LOWER LEG SPLINT	7/1/2014	RBRVS	$73.76	$51.89	000		Y	Y	Y				
29520		STRAPPING OF HIP	7/1/2014	RBRVS	$48.66	$35.75	000		Y	Y	Y				
29530		STRAPPING OF KNEE	7/1/2014	RBRVS	$51.57	$37.94	000		Y	Y	Y				
29540		STRAPPING OF ANKLE AND/OR FT	7/1/2014	RBRVS	$37.83	$26.72	000		Y	Y	Y				
29550		STRAPPING OF TOES	7/1/2014	RBRVS	$31.63	$19.79	000		Y	Y	Y				
29580		APPLICATION OF PASTE BOOT	7/1/2014	RBRVS	$53.86	$37.01	000		Y	Y	Y				
29581		APPLY MULTLAY COMPRS LWR LEG	7/1/2014	RBRVS	$62.47	$12.98	000		Y	Y	Y				
29582		APPLY MULTLAY COMPRS UPR LEG	7/1/2014	RBRVS	$71.07	$16.21	000		Y	Y	Y				
29583		APPLY MULTLAY COMPRS UPR ARM	7/1/2014	RBRVS	$44.18	$11.55	000		Y	Y	Y				
29584		APPL MULTLAY COMPRS ARM/HAND	7/1/2014	RBRVS	$71.07	$16.21	000		Y	Y	Y				
29700		REMOVAL/REVISION OF CAST	7/1/2014	RBRVS	$63.72	$35.39	000		Y	Y					
29705		REMOVAL/REVISION OF CAST	7/1/2014	RBRVS	$68.42	$48.70	000		Y	Y	Y				
29710		REMOVAL/REVISION OF CAST	7/1/2014	RBRVS	$119.88	$85.10	000		Y	Y	Y				
29720		REPAIR OF BODY CAST	7/1/2014	RBRVS	$86.35	$45.47	000		Y	Y					
29730		WINDOWING OF CAST	7/1/2014	RBRVS	$66.63	$46.90	000		Y	Y					
29740		WEDGING OF CAST	7/1/2014	RBRVS	$100.69	$71.65	000		Y	Y					
29750		WEDGING OF CLUBFOOT CAST	7/1/2014	RBRVS	$89.33	$69.60	000		Y	Y	Y				
29799		CASTING/STRAPPING PROCEDURE	7/1/2014	FEE SCHED	$44.88	$0.00			Y						
29800		JAW ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$540.41	$540.41	090	Y	Y	Y	Y				
29804		JAW ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$681.48	$681.48	090	Y	Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
29805		SHOULDER ARTHROSCOPY DX	7/1/2014	RBRVS	$488.63	$488.63	090		Y	Y	Y		Y		
29806		SHOULDER ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$1,104.49	$1,104.49	090		Y	Y	Y		Y		
29807		SHOULDER ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$1,075.87	$1,075.87	090		Y	Y	Y		Y		
29819		SHOULDER ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$607.79	$607.79	090		Y	Y	Y		Y		
29820		SHOULDER ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$560.89	$560.89	090		Y	Y	Y	Y	Y		
29821		SHOULDER ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$613.35	$613.35	090		Y	Y	Y	Y	Y		
29822		SHOULDER ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$596.57	$596.57	090		Y	Y	Y	Y			
29823		SHOULDER ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$651.11	$651.11	090		Y	Y	Y	Y	Y		
29824		SHOULDER ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$703.18	$703.18	090		Y	Y	Y	Y	Y		
29825		SHOULDER ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$608.15	$608.15	090		Y	Y	Y	Y	Y		
29826		SHOULDER ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$185.11	$185.11	ZZZ		Y		Y	Y	Y		
29827		ARTHROSCOP ROTATOR CUFF REPR	7/1/2014	RBRVS	$1,119.80	$1,119.80	090		Y	Y	Y	Y	Y		
29828		ARTHROSCOPY BICEPS TENODESIS	7/1/2014	RBRVS	$962.45	$962.45	090		Y	Y	Y	Y	Y		
29830		ELBOW ARTHROSCOPY	7/1/2014	RBRVS	$471.74	$471.74	090		Y	Y	Y				
29834		ELBOW ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$508.60	$508.60	090		Y	Y	Y	Y	Y		
29835		ELBOW ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$525.10	$525.10	090		Y	Y	Y	Y	Y		
29836		ELBOW ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$599.18	$599.18	090		Y	Y	Y	Y	Y		
29837		ELBOW ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$548.48	$548.48	090		Y	Y	Y	Y	Y		
29838		ELBOW ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$610.19	$610.19	090		Y	Y	Y				
29840		WRIST ARTHROSCOPY	7/1/2014	RBRVS	$467.90	$467.90	090		Y	Y	Y				
29843		WRIST ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$500.64	$500.64	090		Y	Y	Y	Y	Y		
29844		WRIST ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$515.16	$515.16	090		Y	Y	Y	Y			
29845		WRIST ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$598.36	$598.36	090		Y	Y	Y	Y	Y		
29846		WRIST ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$538.37	$538.37	090		Y	Y	Y				
29847		WRIST ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$564.58	$564.58	090		Y	Y	Y	Y			
29848		WRIST ENDOSCOPY/SURGERY	7/1/2014	RBRVS	$526.60	$526.60	090		Y	Y	Y				
29850		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$646.41	$646.41	090		Y	Y	Y		Y		
29851		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$969.04	$969.04	090		Y	Y	Y	Y	Y		
29855		TIBIAL ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$818.15	$818.15	090		Y	Y	Y	Y	Y		
29856		TIBIAL ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$1,036.96	$1,036.96	090		Y	Y	Y	Y	Y		
29860		HIP ARTHROSCOPY DX	7/1/2014	RBRVS	$692.13	$692.13	090		Y	Y	Y	Y	Y		
29861		HIP ARTHRO W/FB REMOVAL	7/1/2014	RBRVS	$754.49	$754.49	090		Y	Y	Y	Y	Y		
29862		HIP ARTHR0 W/DEBRIDEMENT	7/1/2014	RBRVS	$848.99	$848.99	090		Y	Y	Y	Y	Y		
29863		HIP ARTHR0 W/SYNOVECTOMY	7/1/2014	RBRVS	$851.57	$851.57	090		Y	Y	Y	Y	Y		
29866		AUTGRFT IMPLNT KNEE W/SCOPE	7/1/2014	RBRVS	$1,090.83	$1,090.83	090		Y	Y	Y				
29867		ALLGRFT IMPLNT KNEE W/SCOPE	7/1/2014	RBRVS	$1,330.44	$1,330.44	090		Y	Y	Y				
29868		MENISCAL TRNSPL KNEE W/SCPE	7/1/2014	RBRVS	$1,745.66	$1,745.66	090		Y	Y	Y				
29870		KNEE ARTHROSCOPY DX	7/1/2014	RBRVS	$599.65	$427.52	090		Y	Y	Y		Y		
29871		KNEE ARTHROSCOPY/DRAINAGE	7/1/2014	RBRVS	$533.09	$533.09	090		Y	Y	Y				
29873		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$542.67	$542.67	090		Y	Y	Y		Y		
29874		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$558.38	$558.38	090		Y	Y	Y				
29875		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$513.87	$513.87	090		Y	Y	Y				
29876		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$682.20	$682.20	090		Y	Y	Y				
29877		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$647.13	$647.13	090		Y	Y	Y				
29879		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$689.55	$689.55	090		Y	Y	Y				
29880		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$585.20	$585.20	090		Y	Y	Y		Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
29881		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$562.50	$562.50	090		Y	Y	Y				
29882		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$727.92	$727.92	090		Y	Y	Y				
29883		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$876.88	$876.88	090		Y	Y	Y				
29884		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$644.26	$644.26	090		Y	Y	Y	Y	Y		
29885		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$780.85	$780.85	090		Y	Y	Y	Y	Y		
29886		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$659.90	$659.90	090		Y	Y	Y				
29887		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$777.59	$777.59	090		Y	Y	Y	Y	Y		
29888		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$1,030.33	$1,030.33	090		Y	Y	Y	Y	Y		
29889		KNEE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$1,271.95	$1,271.95	090		Y	Y	Y	Y	Y		
29891		ANKLE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$714.37	$714.37	090		Y	Y	Y	Y			
29892		ANKLE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$649.68	$649.68	090		Y	Y	Y	Y			
29893		SCOPE PLANTAR FASCIOTOMY	7/1/2014	RBRVS	$628.59	$441.04	090		Y	Y	Y		Y		
29894		ANKLE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$529.04	$529.04	090		Y	Y	Y	Y	Y		
29895		ANKLE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$494.08	$494.08	090		Y	Y	Y	Y	Y		
29897		ANKLE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$532.38	$532.38	090		Y	Y	Y	Y			
29898		ANKLE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$588.21	$588.21	090		Y	Y	Y	Y	Y		
29899		ANKLE ARTHROSCOPY/SURGERY	7/1/2014	RBRVS	$1,079.82	$1,079.82	090		Y	Y	Y	Y	Y		
29900		MCP JOINT ARTHROSCOPY DX	7/1/2014	RBRVS	$481.74	$481.74	090		Y	Y	Y				
29901		MCP JOINT ARTHROSCOPY SURG	7/1/2014	RBRVS	$550.92	$550.92	090		Y	Y	Y				
29902		MCP JOINT ARTHROSCOPY SURG	7/1/2014	RBRVS	$636.37	$636.37	090		Y	Y	Y				
29904		SUBTALAR ARTHRO W/FB RMVL	7/1/2014	RBRVS	$661.51	$661.51	090		Y	Y	Y	Y			
29905		SUBTALAR ARTHRO W/EXC	7/1/2014	RBRVS	$715.59	$715.59	090		Y	Y	Y	Y			
29906		SUBTALAR ARTHRO W/DEB	7/1/2014	RBRVS	$753.38	$753.38	090		Y	Y	Y	Y			
29907		SUBTALAR ARTHRO W/FUSION	7/1/2014	RBRVS	$910.49	$910.49	090		Y	Y	Y	Y			
29914		HIP ARTHRO W/FEMOROPLASTY	7/1/2014	RBRVS	$1,053.17	$1,053.17	090		Y	Y	Y	Y	Y		
29915		HIP ARTHRO ACETABULOPLASTY	7/1/2014	RBRVS	$1,074.54	$1,074.54	090		Y	Y	Y	Y	Y		
29916		HIP ARTHRO W/LABRAL REPAIR	7/1/2014	RBRVS	$1,074.90	$1,074.90	090		Y	Y	Y	Y	Y		
29999		ARTHROSCOPY OF JOINT	7/1/2014	FEE SCHED	$973.84	$0.00			Y						
30000		DRAINAGE OF NOSE LESION	7/1/2014	RBRVS	$239.01	$123.90	010		Y	Y					
30020		DRAINAGE OF NOSE LESION	7/1/2014	RBRVS	$240.30	$123.39	010		Y	Y					
3006F		CXR DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
3008F		BODY MASS INDEX DOCD	9/1/2011	RBRVS	$0.00	$0.00									
30100		INTRANASAL BIOPSY	7/1/2014	RBRVS	$144.80	$71.29	000		Y	Y					
3011F		LIPID PANEL DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
30110		REMOVAL OF NOSE POLYP(S)	7/1/2014	RBRVS	$237.61	$135.41	010		Y	Y	Y				
30115		REMOVAL OF NOSE POLYP(S)	7/1/2014	RBRVS	$442.48	$442.48	090		Y	Y	Y				
30117		REMOVAL OF INTRANASAL LESION	7/1/2014	RBRVS	$895.57	$346.91	090		Y	Y					
30118		REMOVAL OF INTRANASAL LESION	7/1/2014	RBRVS	$793.80	$793.80	090		Y	Y			Y		
30120		REVISION OF NOSE	7/1/2014	RBRVS	$531.88	$450.83	090		Y	Y					
30124		REMOVAL OF NOSE LESION	7/1/2014	RBRVS	$294.91	$294.91	090		Y	Y					
30125		REMOVAL OF NOSE LESION	7/1/2014	RBRVS	$627.80	$627.80	090		Y	Y		Y			
30130		EXCISE INFERIOR TURBINATE	7/1/2014	RBRVS	$389.76	$389.76	090		Y	Y	Y				
3014F		SCREEN MAMMO DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
30140		RESECT INFERIOR TURBINATE	7/1/2014	RBRVS	$452.23	$452.23	090		Y	Y	Y				
3015F		CERV CANCER SCREEN DOC/REV	9/1/2011	RBRVS	$0.00	$0.00									
30150		PARTIAL REMOVAL OF NOSE	7/1/2014	RBRVS	$797.67	$797.67	090		Y	Y			Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
3016F		PT SCRND UNHLTHY OH USE	1/1/2009	RBRVS	$0.00	$0.00									
30160		REMOVAL OF NOSE	7/1/2014	RBRVS	$799.36	$799.36	090		Y	Y		Y	Y		
3017F		COLORECTAL CA SCREEN DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
3018F		PRE-PRXD RSK ET AL DOCD	7/1/2009	RBRVS	$0.00	$0.00									
3019F		LVEF ASSESS PLANPOST DSCHRGE	1/1/2012	RBRVS	$0.00	$0.00									
3020F		LVF ASSESS DOCUMENTED	7/1/2006	RBRVS	$0.00	$0.00									
30200		INJECTION TREATMENT OF NOSE	7/1/2014	RBRVS	$117.51	$62.29	000		Y	Y					
3021F		LVEF MOD/SEVERE <40%	7/1/2006	RBRVS	$0.00	$0.00									
30210		NASAL SINUS THERAPY	7/1/2014	RBRVS	$154.23	$102.95	010		Y	Y					
3022F		LVEF >/=40% SYSTOLIC	7/1/2006	RBRVS	$0.00	$0.00									
30220		INSERT NASAL SEPTAL BUTTON	7/1/2014	RBRVS	$312.52	$129.99	010		Y	Y					
3023F		SPIROM DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
3025F		SPIROM FEV/FVC<70% W/COPD	7/1/2006	RBRVS	$0.00	$0.00									
3027F		SPIROM FEV/FVC>=70%/W/O COPD	7/1/2006	RBRVS	$0.00	$0.00									
3028F		O2 SATURATION DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
30300		REMOVE NASAL FOREIGN BODY	7/1/2014	RBRVS	$237.07	$130.21	010		Y	Y					
30310		REMOVE NASAL FOREIGN BODY	7/1/2014	RBRVS	$213.76	$213.76	010		Y	Y					
30320		REMOVE NASAL FOREIGN BODY	7/1/2014	RBRVS	$464.89	$464.89	090		Y	Y					
3035F		O2 SATURATION</=88%/PAO</=55	7/1/2006	RBRVS	$0.00	$0.00									
3037F		O2 SATURATION >88%/PAO>55 HG	7/1/2006	RBRVS	$0.00	$0.00									
3038F		PULM FX W/IN 12MON PRIORSURG	9/1/2011	RBRVS	$0.00	$0.00									
3040F		FEV <40% PREDICTED VALUE	7/1/2006	RBRVS	$0.00	$0.00									
30400		RECONSTRUCTION OF NOSE	7/1/2014	RBRVS	$1,038.83	$1,038.83	090	Y	Y	Y					
30410		RECONSTRUCTION OF NOSE	7/1/2014	RBRVS	$1,220.46	$1,220.46	090	Y	Y	Y		Y			
3042F		FEV >/=40% PREDICTED VALUE	7/1/2006	RBRVS	$0.00	$0.00									
30420		RECONSTRUCTION OF NOSE	7/1/2014	RBRVS	$1,418.26	$1,418.26	090	Y	Y	Y					
30430		REVISION OF NOSE	7/1/2014	RBRVS	$999.63	$999.63	090	Y	Y	Y		Y			
30435		REVISION OF NOSE	7/1/2014	RBRVS	$1,147.05	$1,147.05	090	Y	Y	Y		Y			
3044F		HG A1C LEVEL < 7.0%	1/1/2007	RBRVS	$0.00	$0.00									
3045F		HG A1C LEVEL 7.0-9.0%	1/1/2007	RBRVS	$0.00	$0.00									
30450		REVISION OF NOSE	7/1/2014	RBRVS	$1,546.57	$1,546.57	090	Y	Y	Y		Y			
3046F		HEMOGLOBIN A1C LEVEL >9.0%	4/1/2006	RBRVS	$0.00	$0.00									
30460		REVISION OF NOSE	7/1/2014	RBRVS	$781.64	$781.64	090	Y	Y	Y		Y	Y		
30462		REVISION OF NOSE	7/1/2014	RBRVS	$1,630.63	$1,630.63	090	Y	Y	Y		Y	Y		
30465		REPAIR NASAL STENOSIS	7/1/2014	RBRVS	$1,017.13	$1,017.13	090	Y	Y	Y					
3048F		LDL-C <100 MG/DL	4/1/2006	RBRVS	$0.00	$0.00									
3049F		LDL-C 100-129 MG/DL	4/1/2006	RBRVS	$0.00	$0.00									
3050F		LDL-C >/= 130 MG/DL	4/1/2006	RBRVS	$0.00	$0.00									
30520		REPAIR OF NASAL SEPTUM	7/1/2014	RBRVS	$644.12	$644.12	090		Y	Y					
30540		REPAIR NASAL DEFECT	7/1/2014	RBRVS	$709.02	$709.02	090		Y	Y		Y			
30545		REPAIR NASAL DEFECT	7/1/2014	RBRVS	$944.16	$944.16	090		Y	Y		Y			
3055F		LVEF LESS THAN/EQUAL TO 35%	1/1/2012	RBRVS	$0.00	$0.00									
3056F		LVEF GREATER THAN 35%	1/1/2012	RBRVS	$0.00	$0.00									
30560		RELEASE OF NASAL ADHESIONS	7/1/2014	RBRVS	$277.13	$142.29	010		Y	Y					
30580		REPAIR UPPER JAW FISTULA	7/1/2014	RBRVS	$666.89	$524.17	090		Y	Y					
3060F		POS MICROALBUMINURIA REV&DOC	7/1/2006	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
30600		REPAIR MOUTH/NOSE FISTULA	7/1/2014	RBRVS	$602.95	$456.64	090		Y	Y					
3061F		NEG MICROALBUMINURIA REV&DOC	7/1/2006	RBRVS	$0.00	$0.00									
3062F		POS MACROALBUMINURIA REV&DOC	7/1/2006	RBRVS	$0.00	$0.00									
30620		INTRANASAL RECONSTRUCTION	7/1/2014	RBRVS	$644.37	$644.37	090		Y	Y					
30630		REPAIR NASAL SEPTUM DEFECT	7/1/2014	RBRVS	$647.17	$647.17	090		Y	Y					
3066F		NEPHROPATHY DOC TX	7/1/2006	RBRVS	$0.00	$0.00									
3072F		LOW RISK FOR RETINOPATHY	7/1/2006	RBRVS	$0.00	$0.00									
3073F		PRE-SURG EYE MEASURES DOCD	1/1/2007	RBRVS	$0.00	$0.00									
3074F		SYST BP < 130 MM HG	1/1/2007	RBRVS	$0.00	$0.00									
3075F		SYST BP 130 - 139MM HG	1/1/2007	RBRVS	$0.00	$0.00									
3077F		SYST BP >= 140 MM HG	4/1/2006	RBRVS	$0.00	$0.00									
3078F		DIAST BP < 80 MM HG	4/1/2006	RBRVS	$0.00	$0.00									
3079F		DIAST BP 80-89 MM HG	4/1/2006	RBRVS	$0.00	$0.00									
3080F		DIAST BP >= 90 MM HG	4/1/2006	RBRVS	$0.00	$0.00									
30801		ABLATE INF TURBINATE SUPERF	7/1/2014	RBRVS	$233.48	$140.97	010		Y	Y					
30802		CAUTERIZATION, INNER NOSE	7/1/2014	RBRVS	$297.39	$196.62	010		Y	Y					
3082F		KT/V >1.2	10/1/2006	RBRVS	$0.00	$0.00									
3083F		KT/V =/> 1.2 & <1.7	10/1/2006	RBRVS	$0.00	$0.00									
3084F		KT/V >= 1.7	10/1/2006	RBRVS	$0.00	$0.00									
3085F		SUICIDE RISK ASSESSED	10/1/2006	RBRVS	$0.00	$0.00									
3088F		MDD, MILD	10/1/2006	RBRVS	$0.00	$0.00									
3089F		MDD, MODERATE	10/1/2006	RBRVS	$0.00	$0.00									
3090F		MDD SEVERE W/O PSYCH	10/1/2006	RBRVS	$0.00	$0.00									
30901		CONTROL OF NOSEBLEED	7/1/2014	RBRVS	$98.44	$59.35	000		Y	Y	Y				
30903		CONTROL OF NOSEBLEED	7/1/2014	RBRVS	$212.15	$83.41	000		Y	Y	Y				
30905		CONTROL OF NOSEBLEED	7/1/2014	RBRVS	$263.86	$106.07	000		Y	Y					
30906		REPEAT CONTROL OF NOSEBLEED	7/1/2014	RBRVS	$290.21	$137.45	000		Y	Y					
3091F		MDD, SEVERE; W/PSYCH	10/1/2006	RBRVS	$0.00	$0.00									
30915		LIGATION NASAL SINUS ARTERY	7/1/2014	RBRVS	$597.32	$597.32	090		Y	Y					
30920		LIGATION UPPER JAW ARTERY	7/1/2014	RBRVS	$864.98	$864.98	090		Y	Y					
3093F		DOC NEW INIT/RECUR MDD	10/1/2006	RBRVS	$0.00	$0.00									
30930		THER FX NASAL INF TURBINATE	7/1/2014	RBRVS	$127.95	$127.95	010		Y	Y	Y				
3095F		CENTRAL DEXA RESULTS DOCD	1/1/2007	RBRVS	$0.00	$0.00									
3096F		CENTRAL DEXA ORDERED	1/1/2007	RBRVS	$0.00	$0.00									
30999		NASAL SURGERY PROCEDURE	7/1/2014	FEE SCHED	$324.72	$0.00			Y						
3100F		IMAGE CAROTID STUDY REPORT	7/1/2007	RBRVS	$0.00	$0.00									
31000		IRRIGATION MAXILLARY SINUS	7/1/2014	RBRVS	$187.23	$108.33	010		Y	Y	Y				
31002		IRRIGATION SPHENOID SINUS	7/1/2014	RBRVS	$207.31	$207.31	010		Y	Y	Y				
31020		EXPLORATION MAXILLARY SINUS	7/1/2014	RBRVS	$493.11	$367.24	090		Y	Y	Y				
31030		EXPLORATION MAXILLARY SINUS	7/1/2014	RBRVS	$706.05	$542.17	090		Y	Y	Y				
31032		EXPLORE SINUS REMOVE POLYPS	7/1/2014	RBRVS	$590.87	$590.87	090		Y	Y	Y				
31040		EXPLORATION BEHIND UPPER JAW	7/1/2014	RBRVS	$790.32	$790.32	090		Y	Y	Y		Y		
31050		EXPLORATION SPHENOID SINUS	7/1/2014	RBRVS	$498.35	$498.35	090		Y	Y	Y				
31051		SPHENOID SINUS SURGERY	7/1/2014	RBRVS	$663.55	$663.55	090		Y	Y	Y				
31070		EXPLORATION OF FRONTAL SINUS	7/1/2014	RBRVS	$452.27	$452.27	090		Y	Y	Y				
31075		EXPLORATION OF FRONTAL SINUS	7/1/2014	RBRVS	$805.52	$805.52	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
31080		REMOVAL OF FRONTAL SINUS	7/1/2014	RBRVS	$1,062.07	$1,062.07	090		Y	Y	Y	Y			
31081		REMOVAL OF FRONTAL SINUS	7/1/2014	RBRVS	$1,542.84	$1,542.84	090		Y	Y	Y	Y	Y		
31084		REMOVAL OF FRONTAL SINUS	7/1/2014	RBRVS	$1,189.98	$1,189.98	090		Y	Y	Y	Y	Y		
31085		REMOVAL OF FRONTAL SINUS	7/1/2014	RBRVS	$1,640.45	$1,640.45	090		Y	Y	Y	Y	Y		
31086		REMOVAL OF FRONTAL SINUS	7/1/2014	RBRVS	$1,155.84	$1,155.84	090		Y	Y	Y	Y			
31087		REMOVAL OF FRONTAL SINUS	7/1/2014	RBRVS	$1,115.75	$1,115.75	090		Y	Y	Y	Y	Y		
31090		EXPLORATION OF SINUSES	7/1/2014	RBRVS	$1,059.05	$1,059.05	090		Y	Y	Y				
3110F		CT/MRI HMRHG/LESION DOC	7/1/2007	RBRVS	$0.00	$0.00									
3111F		CT/MRI BRAIN DONE W/IN 24HRS	7/1/2007	RBRVS	$0.00	$0.00									
3112F		CT/MRI BRAIN DONE GT 24 HRS	7/1/2007	RBRVS	$0.00	$0.00									
3115F		QUANT RESULTS ACTIVITY +SYMP	1/1/2012	RBRVS	$0.00	$0.00									
3117F		HF ASSESSMENT TOOL COMPLETED	1/1/2012	RBRVS	$0.00	$0.00									
3118F		NY HEART ASSOC CLASS DOCD	1/1/2012	RBRVS	$0.00	$0.00									
3119F		NO EVAL ACTIVITY CLIN SYMP	1/1/2012	RBRVS	$0.00	$0.00									
3120F		12-LEAD ECG PERFORMED	7/1/2007	RBRVS	$0.00	$0.00									
31200		REMOVAL OF ETHMOID SINUS	7/1/2014	RBRVS	$589.39	$589.39	090		Y	Y	Y				
31201		REMOVAL OF ETHMOID SINUS	7/1/2014	RBRVS	$765.25	$765.25	090		Y	Y	Y				
31205		REMOVAL OF ETHMOID SINUS	7/1/2014	RBRVS	$939.57	$939.57	090		Y	Y	Y	Y	Y		
31225		REMOVAL OF UPPER JAW	7/1/2014	RBRVS	$1,938.91	$1,938.91	090		Y	Y	Y	Y	Y		
31230		REMOVAL OF UPPER JAW	7/1/2014	RBRVS	$2,150.34	$2,150.34	090		Y	Y	Y	Y	Y		
31231		NASAL ENDOSCOPY DX	7/1/2014	RBRVS	$212.94	$66.99	000		Y	Y					
31233		NASAL/SINUS ENDOSCOPY DX	7/1/2014	RBRVS	$272.03	$143.30	000		Y	Y	Y				
31235		NASAL/SINUS ENDOSCOPY DX	7/1/2014	RBRVS	$308.50	$169.01	000		Y	Y	Y				
31237		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$265.47	$168.65	000		Y	Y	Y				
31238		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$264.43	$176.22	000		Y	Y	Y				
31239		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$646.91	$646.91	010		Y	Y	Y				
31240		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$168.33	$168.33	000		Y	Y	Y				
31254		REVISION OF ETHMOID SINUS	7/1/2014	RBRVS	$284.87	$284.87	000		Y	Y	Y				
31255		REMOVAL OF ETHMOID SINUS	7/1/2014	RBRVS	$417.37	$417.37	000		Y	Y	Y				
31256		EXPLORATION MAXILLARY SINUS	7/1/2014	RBRVS	$205.98	$205.98	000		Y	Y	Y				
3126F		ESOPH BX RPRT W/DYSPL INFO	1/1/2015	RBRVS	$0.00	$0.00									
31267		ENDOSCOPY MAXILLARY SINUS	7/1/2014	RBRVS	$330.95	$330.95	000		Y	Y	Y				
31276		SINUS ENDOSCOPY SURGICAL	7/1/2014	RBRVS	$527.14	$527.14	000		Y	Y	Y				
31287		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$242.38	$242.38	000		Y	Y	Y				
31288		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$280.93	$280.93	000		Y	Y	Y				
31290		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$1,206.55	$1,206.55	010		Y	Y	Y				
31291		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$1,283.25	$1,283.25	010		Y	Y	Y				
31292		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$1,039.65	$1,039.65	010		Y	Y	Y				
31293		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$1,128.19	$1,128.19	010		Y	Y	Y				
31294		NASAL/SINUS ENDOSCOPY SURG	7/1/2014	RBRVS	$1,292.50	$1,292.50	010		Y	Y	Y				
31295		SINUS ENDO W/BALLOON DIL	7/1/2014	RBRVS	$2,108.35	$174.06	000		Y	Y	Y	Y			
31296		SINUS ENDO W/BALLOON DIL	7/1/2014	RBRVS	$2,140.34	$208.20	000		Y	Y	Y	Y			
31297		SINUS ENDO W/BALLOON DIL	7/1/2014	RBRVS	$2,104.77	$171.20	000		Y	Y	Y				
31299		SINUS SURGERY PROCEDURE	7/1/2014	FEE SCHED	$191.40	$0.00			Y						
3130F		UPPER GI ENDOSCOPY PERFORMED	7/1/2007	RBRVS	$0.00	$0.00									
31300		REMOVAL OF LARYNX LESION	7/1/2014	RBRVS	$1,300.64	$1,300.64	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
3132F		DOC REF UPPER GI ENDOSCOPY	7/1/2007	RBRVS	$0.00	$0.00									
31320		DIAGNOSTIC INCISION LARYNX	7/1/2014	RBRVS	$673.95	$673.95	090		Y	Y					
31360		REMOVAL OF LARYNX	7/1/2014	RBRVS	$2,158.02	$2,158.02	090		Y	Y		Y	Y		
31365		REMOVAL OF LARYNX	7/1/2014	RBRVS	$2,672.00	$2,672.00	090		Y	Y		Y	Y		
31367		PARTIAL REMOVAL OF LARYNX	7/1/2014	RBRVS	$2,281.66	$2,281.66	090		Y	Y		Y	Y		
31368		PARTIAL REMOVAL OF LARYNX	7/1/2014	RBRVS	$2,528.88	$2,528.88	090		Y	Y		Y	Y		
31370		PARTIAL REMOVAL OF LARYNX	7/1/2014	RBRVS	$2,141.52	$2,141.52	090		Y	Y		Y	Y		
31375		PARTIAL REMOVAL OF LARYNX	7/1/2014	RBRVS	$2,032.90	$2,032.90	090		Y	Y		Y	Y		
31380		PARTIAL REMOVAL OF LARYNX	7/1/2014	RBRVS	$2,003.86	$2,003.86	090		Y	Y		Y	Y		
31382		PARTIAL REMOVAL OF LARYNX	7/1/2014	RBRVS	$2,200.08	$2,200.08	090		Y	Y		Y	Y		
31390		REMOVAL OF LARYNX & PHARYNX	7/1/2014	RBRVS	$2,974.98	$2,974.98	090		Y	Y		Y	Y		
31395		RECONSTRUCT LARYNX & PHARYNX	7/1/2014	RBRVS	$3,115.45	$3,115.45	090		Y	Y		Y	Y		
3140F		UPPER GI ENDO POSS BARRTTS	7/1/2007	RBRVS	$0.00	$0.00									
31400		REVISION OF LARYNX	7/1/2014	RBRVS	$1,026.89	$1,026.89	090		Y	Y		Y			
3141F		UPPER GI ENDO NO BARRETTS	7/1/2007	RBRVS	$0.00	$0.00									
3142F		BARIUM SWALLOW TEST ORDERED	7/1/2007	RBRVS	$0.00	$0.00									
31420		REMOVAL OF EPIGLOTTIS	7/1/2014	RBRVS	$864.69	$864.69	090		Y	Y		Y	Y		
3150F		FORCEPS ESOPH BIOPSY DONE	7/1/2007	RBRVS	$0.00	$0.00									
31500		INSERT EMERGENCY AIRWAY	7/1/2014	RBRVS	$115.83	$115.83	000								
31502		CHANGE OF WINDPIPE AIRWAY	7/1/2014	RBRVS	$36.65	$36.65	000		Y	Y					
31505		DIAGNOSTIC LARYNGOSCOPY	7/1/2014	RBRVS	$85.42	$50.99	000		Y	Y					
31510		LARYNGOSCOPY WITH BIOPSY	7/1/2014	RBRVS	$216.27	$126.62	000		Y	Y					
31511		REMOVE FOREIGN BODY LARYNX	7/1/2014	RBRVS	$216.59	$136.27	000		Y	Y					
31512		REMOVAL OF LARYNX LESION	7/1/2014	RBRVS	$213.47	$136.38	000		Y	Y					
31513		INJECTION INTO VOCAL CORD	7/1/2014	RBRVS	$138.53	$138.53	000		Y	Y					
31515		LARYNGOSCOPY FOR ASPIRATION	7/1/2014	RBRVS	$214.73	$116.47	000		Y	Y					
31520		DX LARYNGOSCOPY NEWBORN	7/1/2014	RBRVS	$165.06	$165.06	000		Y	Y					
31525		DX LARYNGOSCOPY EXCL NB	7/1/2014	RBRVS	$261.56	$167.97	000		Y	Y					
31526		DX LARYNGOSCOPY W/OPER SCOPE	7/1/2014	RBRVS	$165.42	$165.42	000		Y	Y					
31527		LARYNGOSCOPY FOR TREATMENT	7/1/2014	RBRVS	$204.90	$204.90	000		Y	Y					
31528		LARYNGOSCOPY AND DILATION	7/1/2014	RBRVS	$152.05	$152.05	000		Y	Y					
31529		LARYNGOSCOPY AND DILATION	7/1/2014	RBRVS	$170.12	$170.12	000		Y	Y					
31530		LARYNGOSCOPY W/FB REMOVAL	7/1/2014	RBRVS	$207.59	$207.59	000		Y	Y					
31531		LARYNGOSCOPY W/FB & OP SCOPE	7/1/2014	RBRVS	$223.09	$223.09	000		Y	Y					
31535		LARYNGOSCOPY W/BIOPSY	7/1/2014	RBRVS	$198.81	$198.81	000		Y	Y					
31536		LARYNGOSCOPY W/BX & OP SCOPE	7/1/2014	RBRVS	$221.29	$221.29	000		Y	Y					
31540		LARYNGOSCOPY W/EXC OF TUMOR	7/1/2014	RBRVS	$254.39	$254.39	000		Y	Y					
31541		LARYNSCOP W/TUMR EXC + SCOPE	7/1/2014	RBRVS	$277.63	$277.63	000		Y	Y					
31545		REMOVE VC LESION W/SCOPE	7/1/2014	RBRVS	$381.80	$381.80	000		Y	Y	Y				
31546		REMOVE VC LESION SCOPE/GRAFT	7/1/2014	RBRVS	$580.14	$580.14	000		Y	Y	Y				
3155F		CYTOGEN TEST MARROW PRIOR TX	7/1/2007	RBRVS	$0.00	$0.00									
31560		LARYNGOSCOP W/ARYTENOIDECTOM	7/1/2014	RBRVS	$329.16	$329.16	000		Y	Y					
31561		LARYNSCOP REMVE CART + SCOP	7/1/2014	RBRVS	$360.75	$360.75	000		Y	Y					
31570		LARYNGOSCOPE W/VC INJ	7/1/2014	RBRVS	$351.93	$241.12	000		Y	Y					
31571		LARYNGOSCOP W/VC INJ + SCOPE	7/1/2014	RBRVS	$262.35	$262.35	000		Y	Y					
31575		DIAGNOSTIC LARYNGOSCOPY	7/1/2014	RBRVS	$116.83	$78.82	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
31576		LARYNGOSCOPY WITH BIOPSY	7/1/2014	RBRVS	$231.23	$129.38	000		Y	Y					
31577		REMOVE FOREIGN BODY LARYNX	7/1/2014	RBRVS	$250.05	$156.82	000		Y	Y					
31578		REMOVAL OF LARYNX LESION	7/1/2014	RBRVS	$288.46	$179.44	000		Y	Y					
31579		DIAGNOSTIC LARYNGOSCOPY	7/1/2014	RBRVS	$219.03	$148.39	000		Y	Y					
31580		REVISION OF LARYNX	7/1/2014	RBRVS	$1,259.30	$1,259.30	090		Y	Y		Y	Y		
31582		REVISION OF LARYNX	7/1/2014	RBRVS	$1,953.37	$1,953.37	090		Y	Y			Y		
31584		TREAT LARYNX FRACTURE	7/1/2014	RBRVS	$1,560.48	$1,560.48	090		Y	Y		Y	Y		
31587		REVISION OF LARYNX	7/1/2014	RBRVS	$1,041.27	$1,041.27	090		Y	Y		Y	Y		
31588		REVISION OF LARYNX	7/1/2014	RBRVS	$1,181.41	$1,181.41	090		Y	Y		Y			
31590		REINNERVATE LARYNX	7/1/2014	RBRVS	$912.35	$912.35	090		Y	Y		Y	Y		
31595		LARYNX NERVE SURGERY	7/1/2014	RBRVS	$787.13	$787.13	090		Y	Y	Y	Y	Y		
31599		LARYNX SURGERY PROCEDURE	7/1/2014	FEE SCHED	$968.97	$0.00			Y						
3160F		DOC FE STORES PRIOR EPO THX	7/1/2007	RBRVS	$0.00	$0.00									
31600		INCISION OF WINDPIPE	7/1/2014	RBRVS	$416.33	$416.33	000		Y	Y					
31601		INCISION OF WINDPIPE	7/1/2014	RBRVS	$271.07	$271.07	000		Y	Y		Y	Y		
31603		INCISION OF WINDPIPE	7/1/2014	RBRVS	$236.28	$236.28	000		Y	Y					
31605		INCISION OF WINDPIPE	7/1/2014	RBRVS	$193.97	$193.97	000		Y	Y					
31610		INCISION OF WINDPIPE	7/1/2014	RBRVS	$741.51	$741.51	090		Y	Y					
31611		SURGERY/SPEECH PROSTHESIS	7/1/2014	RBRVS	$558.34	$558.34	090		Y	Y		Y	Y		
31612		PUNCTURE/CLEAR WINDPIPE	7/1/2014	RBRVS	$85.63	$49.77	000		Y	Y					
31613		REPAIR WINDPIPE OPENING	7/1/2014	RBRVS	$470.63	$470.63	090		Y	Y					
31614		REPAIR WINDPIPE OPENING	7/1/2014	RBRVS	$784.11	$784.11	090		Y	Y					
31615		VISUALIZATION OF WINDPIPE	7/1/2014	RBRVS	$187.94	$134.51	000		Y	Y					
31620		DIAGNOSTIC BRONCHOSCOPY	7/1/2014	RBRVS	$291.83	$70.21	ZZZ		Y						
31622		DX BRONCHOSCOPE/WASH	7/1/2014	RBRVS	$318.58	$153.62	000		Y	Y					
31623		DX BRONCHOSCOPE/BRUSH	7/1/2014	RBRVS	$336.40	$153.16	000		Y	Y					
31624		DX BRONCHOSCOPE/LAVAGE	7/1/2014	RBRVS	$316.68	$154.23	000		Y	Y					
31625		BRONCHOSCOPY W/BIOPSY(S)	7/1/2014	RBRVS	$340.67	$178.22	000		Y	Y					
31626		BRONCHOSCOPY W/MARKERS	7/1/2014	RBRVS	$452.19	$215.16	000		Y	Y					
31627		NAVIGATIONAL BRONCHOSCOPY	7/1/2014	RBRVS	$1,311.79	$98.65	ZZZ		Y						
31628		BRONCHOSCOPY/LUNG BX EACH	7/1/2014	RBRVS	$383.27	$197.88	000		Y	Y					
31629		BRONCHOSCOPY/NEEDLE BX EACH	7/1/2014	RBRVS	$602.23	$213.15	000		Y	Y					
31630		BRONCHOSCOPY DILATE/FX REPR	7/1/2014	RBRVS	$210.79	$210.79	000		Y	Y					
31631		BRONCHOSCOPY DILATE W/STENT	7/1/2014	RBRVS	$241.48	$241.48	000		Y	Y					
31632		BRONCHOSCOPY/LUNG BX ADDL	7/1/2014	RBRVS	$72.87	$50.99	ZZZ		Y						
31633		BRONCHOSCOPY/NEEDLE BX ADDL	7/1/2014	RBRVS	$90.26	$65.87	ZZZ		Y						
31634		BRONCH W/BALLOON OCCLUSION	7/1/2014	RBRVS	$1,890.29	$209.17	000		Y	Y		Y			
31635		BRONCHOSCOPY W/FB REMOVAL	7/1/2014	RBRVS	$354.69	$196.91	000		Y	Y					
31636		BRONCHOSCOPY BRONCH STENTS	7/1/2014	RBRVS	$233.05	$233.05	000		Y	Y					
31637		BRONCHOSCOPY STENT ADD-ON	7/1/2014	RBRVS	$77.03	$77.03	ZZZ		Y						
31638		BRONCHOSCOPY REVISE STENT	7/1/2014	RBRVS	$267.59	$267.59	000		Y	Y					
31640		BRONCHOSCOPY W/TUMOR EXCISE	7/1/2014	RBRVS	$267.91	$267.91	000		Y	Y					
31641		BRONCHOSCOPY TREAT BLOCKAGE	7/1/2014	RBRVS	$270.81	$270.81	000		Y	Y					
31643		DIAG BRONCHOSCOPE/CATHETER	7/1/2014	RBRVS	$183.82	$183.82	000		Y	Y					
31645		BRONCHOSCOPY CLEAR AIRWAYS	7/1/2014	RBRVS	$325.11	$168.76	000		Y	Y					
31646		BRONCHOSCOPY RECLEAR AIRWAY	7/1/2014	RBRVS	$292.29	$146.34	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
31647		BRONCHIAL VALVE INIT INSERT	7/1/2014	RBRVS	$231.33	$231.33	000		Y	Y					
31648		BRONCHIAL VALVE REMOV INIT	7/1/2014	RBRVS	$221.58	$221.58	000		Y	Y					
31649		BRONCHIAL VALVE REMOV ADDL	7/1/2014	RBRVS	$71.25	$71.25	ZZZ		Y						
31651		BRONCHIAL VALVE REMOV ADDL	7/1/2014	RBRVS	$82.76	$82.76	ZZZ		Y						
31660		BRONCH THERMOPLSTY 1 LOBE	7/1/2014	RBRVS	$221.15	$221.15	000		Y	Y					
31661		BRONCH THERMOPLSTY 2/> LOBES	7/1/2014	RBRVS	$233.23	$233.23	000		Y	Y					
3170F		FLOW CYTO DONE PRIOR TX	7/1/2007	RBRVS	$0.00	$0.00									
31717		BRONCHIAL BRUSH BIOPSY	7/1/2014	RBRVS	$266.98	$113.14	000		Y	Y					
31720		CLEARANCE OF AIRWAYS	7/1/2014	RBRVS	$53.18	$53.18	000		Y	Y					
31725		CLEARANCE OF AIRWAYS	7/1/2014	RBRVS	$95.78	$95.78	000		Y	Y					
31730		INTRO WINDPIPE WIRE/TUBE	7/1/2014	RBRVS	$1,231.11	$153.52	000		Y	Y					
31750		REPAIR OF WINDPIPE	7/1/2014	RBRVS	$1,415.32	$1,415.32	090		Y	Y		Y	Y		
31755		REPAIR OF WINDPIPE	7/1/2014	RBRVS	$1,775.25	$1,775.25	090		Y	Y		Y	Y		
31760		REPAIR OF WINDPIPE	7/1/2014	RBRVS	$1,451.79	$1,451.79	090		Y	Y		Y	Y		
31766		RECONSTRUCTION OF WINDPIPE	7/1/2014	RBRVS	$1,886.16	$1,886.16	090		Y	Y		Y	Y		
31770		REPAIR/GRAFT OF BRONCHUS	7/1/2014	RBRVS	$1,412.45	$1,412.45	090		Y	Y		Y	Y		
31775		RECONSTRUCT BRONCHUS	7/1/2014	RBRVS	$1,442.25	$1,442.25	090		Y	Y		Y			
31780		RECONSTRUCT WINDPIPE	7/1/2014	RBRVS	$1,235.74	$1,235.74	090		Y	Y		Y	Y		
31781		RECONSTRUCT WINDPIPE	7/1/2014	RBRVS	$1,621.84	$1,621.84	090		Y	Y		Y	Y		
31785		REMOVE WINDPIPE LESION	7/1/2014	RBRVS	$1,131.49	$1,131.49	090		Y	Y		Y	Y		
31786		REMOVE WINDPIPE LESION	7/1/2014	RBRVS	$1,529.82	$1,529.82	090		Y	Y		Y	Y		
31800		REPAIR OF WINDPIPE INJURY	7/1/2014	RBRVS	$735.67	$735.67	090		Y	Y					
31805		REPAIR OF WINDPIPE INJURY	7/1/2014	RBRVS	$862.36	$862.36	090		Y	Y		Y	Y		
31820		CLOSURE OF WINDPIPE LESION	7/1/2014	RBRVS	$450.62	$343.04	090		Y	Y					
31825		REPAIR OF WINDPIPE DEFECT	7/1/2014	RBRVS	$625.65	$501.57	090		Y	Y					
31830		REVISE WINDPIPE SCAR	7/1/2014	RBRVS	$458.00	$355.80	090		Y	Y					
31899		AIRWAYS SURGICAL PROCEDURE	7/1/2014	FEE SCHED	$272.58	$0.00			Y						
3200F		BARIUM SWALLOW NOT ORDER	7/1/2007	RBRVS	$0.00	$0.00									
32035		THORACOSTOMY W/RIB RESECTION	7/1/2014	RBRVS	$755.07	$755.07	090		Y	Y	Y	Y	Y		
32036		THORACOSTOMY W/FLAP DRAINAGE	7/1/2014	RBRVS	$821.09	$821.09	090		Y	Y	Y	Y	Y		
32096		OPEN WEDGE/BX LUNG INFILTR	7/1/2014	RBRVS	$854.47	$854.47	090		Y	Y		Y	Y		
32097		OPEN WEDGE/BX LUNG NODULE	7/1/2014	RBRVS	$854.83	$854.83	090		Y	Y		Y	Y		
32098		OPEN BIOPSY OF LUNG PLEURA	7/1/2014	RBRVS	$806.67	$806.67	090		Y	Y		Y	Y		
3210F		GRP A STREP TEST PERFORMED	7/1/2007	RBRVS	$0.00	$0.00									
32100		EXPLORATION/BIOPSY OF CHEST	7/1/2014	RBRVS	$865.05	$865.05	090		Y	Y		Y	Y		
32110		EXPLORE/REPAIR CHEST	7/1/2014	RBRVS	$1,541.12	$1,541.12	090		Y	Y		Y	Y		
32120		RE-EXPLORATION OF CHEST	7/1/2014	RBRVS	$922.89	$922.89	090		Y	Y		Y	Y		
32124		EXPLORE CHEST FREE ADHESIONS	7/1/2014	RBRVS	$983.60	$983.60	090		Y	Y		Y	Y		
32140		REMOVAL OF LUNG LESION(S)	7/1/2014	RBRVS	$1,050.48	$1,050.48	090		Y	Y		Y	Y		
32141		REMOVE/TREAT LUNG LESIONS	7/1/2014	RBRVS	$1,625.53	$1,625.53	090		Y	Y		Y	Y		
3215F		PT IMMUNITY TO HEP A DOCD	1/1/2008	RBRVS	$0.00	$0.00									
32150		REMOVAL OF LUNG LESION(S)	7/1/2014	RBRVS	$1,063.61	$1,063.61	090		Y	Y		Y	Y		
32151		REMOVE LUNG FOREIGN BODY	7/1/2014	RBRVS	$1,060.63	$1,060.63	090		Y	Y		Y	Y		
32160		OPEN CHEST HEART MASSAGE	7/1/2014	RBRVS	$832.38	$832.38	090		Y	Y		Y	Y		
32200		DRAIN OPEN LUNG LESION	7/1/2014	RBRVS	$1,199.41	$1,199.41	090		Y	Y		Y	Y		
32215		TREAT CHEST LINING	7/1/2014	RBRVS	$846.37	$846.37	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
32220		RELEASE OF LUNG	7/1/2014	RBRVS	$1,680.87	$1,680.87	090		Y	Y	Y	Y	Y		
32225		PARTIAL RELEASE OF LUNG	7/1/2014	RBRVS	$1,053.89	$1,053.89	090		Y	Y	Y	Y	Y		
3230F		HEARING TEST 6MON PRIOR TUBE	1/1/2008	RBRVS	$0.00	$0.00									
32310		REMOVAL OF CHEST LINING	7/1/2014	RBRVS	$972.20	$972.20	090		Y	Y		Y	Y		
32320		FREE/REMOVE CHEST LINING	7/1/2014	RBRVS	$1,692.52	$1,692.52	090		Y	Y		Y	Y		
32400		NEEDLE BIOPSY CHEST LINING	7/1/2014	RBRVS	$154.84	$91.73	000		Y	Y					
32405		PERCUT BX LUNG/MEDIASTINUM	7/1/2014	RBRVS	$453.56	$108.58	000		Y	Y					
32440		REMOVAL OF LUNG	7/1/2014	RBRVS	$1,661.50	$1,661.50	090		Y	Y		Y	Y		
32442		SLEEVE PNEUMONECTOMY	7/1/2014	RBRVS	$3,411.15	$3,411.15	090		Y	Y		Y	Y		
32445		REMOVAL OF LUNG	7/1/2014	RBRVS	$3,755.55	$3,755.55	090		Y	Y		Y	Y		
32480		PARTIAL REMOVAL OF LUNG	7/1/2014	RBRVS	$1,569.84	$1,569.84	090		Y	Y		Y	Y		
32482		BILOBECTOMY	7/1/2014	RBRVS	$1,680.87	$1,680.87	090		Y	Y		Y	Y		
32484		SEGMENTECTOMY	7/1/2014	RBRVS	$1,523.05	$1,523.05	090		Y	Y		Y	Y		
32486		SLEEVE LOBECTOMY	7/1/2014	RBRVS	$2,497.33	$2,497.33	090		Y	Y		Y	Y		
32488		COMPLETION PNEUMONECTOMY	7/1/2014	RBRVS	$2,550.94	$2,550.94	090		Y	Y		Y	Y		
32491		LUNG VOLUME REDUCTION	7/1/2014	RBRVS	$1,559.44	$1,559.44	090		Y	Y	Y	Y	Y		
3250F		NONPRIM LOC SPECIMIN SITE	1/1/2009	RBRVS	$0.00	$0.00									
32501		REPAIR BRONCHUS ADD-ON	7/1/2014	RBRVS	$261.13	$261.13	ZZZ					Y	Y		
32503		RESECT APICAL LUNG TUMOR	7/1/2014	RBRVS	$1,927.22	$1,927.22	090		Y	Y		Y	Y		
32504		RESECT APICAL LUNG TUM/CHEST	7/1/2014	RBRVS	$2,197.68	$2,197.68	090		Y	Y		Y	Y		
32505		WEDGE RESECT OF LUNG INITIAL	7/1/2014	RBRVS	$985.76	$985.76	090		Y	Y		Y	Y		
32506		WEDGE RESECT OF LUNG ADD-ON	7/1/2014	RBRVS	$167.90	$167.90	ZZZ		Y			Y	Y		
32507		WEDGE RESECT OF LUNG DIAG	7/1/2014	RBRVS	$167.90	$167.90	ZZZ		Y			Y	Y		
32540		REMOVAL OF LUNG LESION	7/1/2014	RBRVS	$1,842.13	$1,842.13	090		Y	Y		Y	Y		
32550		INSERT PLEURAL CATH	7/1/2014	RBRVS	$799.64	$236.28	000		Y						
32551		INSERTION OF CHEST TUBE	7/1/2014	RBRVS	$188.12	$188.12	000		Y	Y	Y				
32552		REMOVE LUNG CATHETER	7/1/2014	RBRVS	$199.88	$175.14	010		Y	Y					
32553		INS MARK THOR FOR RT PERQ	7/1/2014	RBRVS	$602.77	$224.45	000		Y	Y		Y			
32554		ASPIRATE PLEURA W/O IMAGING	7/1/2014	RBRVS	$202.11	$94.17	000		Y	Y	Y				
32555		ASPIRATE PLEURA W/ IMAGING	7/1/2014	RBRVS	$301.44	$118.55	000		Y	Y	Y				
32556		INSERT CATH PLEURA W/O IMAGE	7/1/2014	RBRVS	$544.00	$130.17	000		Y	Y	Y				
32557		INSERT CATH PLEURA W/ IMAGE	7/1/2014	RBRVS	$582.33	$175.68	000		Y	Y	Y				
32560		TREAT LUNG LINING CHEMICALLY	7/1/2014	RBRVS	$250.05	$83.30	000		Y	Y					
32561		LYSE CHEST FIBRIN INIT DAY	7/1/2014	RBRVS	$98.54	$75.23	000		Y	Y		Y			
32562		LYSE CHEST FIBRIN SUBQ DAY	7/1/2014	RBRVS	$88.79	$67.27	000		Y	Y		Y			
3260F		PT CAT/PN CAT/HIST GRD DOCD	1/1/2008	RBRVS	$0.00	$0.00									
32601		THORACOSCOPY DIAGNOSTIC	7/1/2014	RBRVS	$328.15	$328.15	000		Y	Y					
32604		THORACOSCOPY WBX SAC	7/1/2014	RBRVS	$511.44	$511.44	000		Y	Y					
32606		THORACOSCOPY W/BX MED SPACE	7/1/2014	RBRVS	$491.10	$491.10	000		Y	Y					
32607		THORACOSCOPY W/BX INFILTRATE	7/1/2014	RBRVS	$328.51	$328.51	000		Y	Y					
32608		THORACOSCOPY W/BX NODULE	7/1/2014	RBRVS	$403.50	$403.50	000		Y	Y					
32609		THORACOSCOPY W/BX PLEURA	7/1/2014	RBRVS	$278.45	$278.45	000		Y	Y					
3265F		RNA TSTNG HEPC VIR ORD/DOCD	1/1/2008	RBRVS	$0.00	$0.00									
32650		THORACOSCOPY W/PLEURODESIS	7/1/2014	RBRVS	$703.61	$703.61	090		Y	Y	Y	Y	Y		
32651		THORACOSCOPY REMOVE CORTEX	7/1/2014	RBRVS	$1,157.92	$1,157.92	090		Y	Y	Y	Y	Y		
32652		THORACOSCOPY REM TOTL CORTEX	7/1/2014	RBRVS	$1,760.04	$1,760.04	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Pass	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
32653		THORACOSCOPY REMOV FB/FIBRIN	7/1/2014	RBRVS	$1,119.19	$1,119.19	090		Y	Y		Y	Y		
32654		THORACOSCOPY CONTRL BLEEDING	7/1/2014	RBRVS	$1,243.41	$1,243.41	090		Y	Y	Y	Y	Y		
32655		THORACOSCOPY SURGICAL	7/1/2014	RBRVS	$1,011.83	$1,011.83	090		Y	Y	Y	Y	Y		
32656		THORACOSCOPY W/PLEURECTOMY	7/1/2014	RBRVS	$843.97	$843.97	090		Y	Y	Y	Y	Y		
32658		THORACOSCOPY W/SAC FB REMOVE	7/1/2014	RBRVS	$755.36	$755.36	090		Y	Y		Y	Y		
32659		THORACOSCOPY W/SAC DRAINAGE	7/1/2014	RBRVS	$773.57	$773.57	090		Y	Y		Y	Y		
32661		THORACOSCOPY W/PERICARD EXC	7/1/2014	RBRVS	$845.33	$845.33	090		Y	Y		Y	Y		
32662		THORACOSCOPY W/MEDIAST EXC	7/1/2014	RBRVS	$946.81	$946.81	090		Y	Y		Y	Y		
32663		THORACOSCOPY SURGICAL	7/1/2014	RBRVS	$1,486.25	$1,486.25	090		Y	Y		Y	Y		
32664		THORACOSCOPY W/ TH NRV EXC	7/1/2014	RBRVS	$898.65	$898.65	090		Y	Y	Y	Y	Y		
32665		THORACOSCOP W/ESOPH MUSC EXC	7/1/2014	RBRVS	$1,290.46	$1,290.46	090		Y	Y		Y	Y		
32666		THORACOSCOPY W/WEDGE RESECT	7/1/2014	RBRVS	$921.78	$921.78	090		Y	Y		Y	Y		
32667		THORACOSCOPY W/W RESECT ADDL	7/1/2014	RBRVS	$168.26	$168.26	ZZZ		Y			Y	Y		
32668		THORACOSCOPY W/W RESECT DIAG	7/1/2014	RBRVS	$168.40	$168.40	ZZZ		Y			Y	Y		
32669		THORACOSCOPY REMOVE SEGMENT	7/1/2014	RBRVS	$1,427.77	$1,427.77	090		Y	Y		Y	Y		
3267F		PATH RPRT W/ PT PN CAT ET AL	7/1/2011	RBRVS	$0.00	$0.00									
32670		THORACOSCOPY BILOBECTOMY	7/1/2014	RBRVS	$1,696.46	$1,696.46	090		Y	Y		Y	Y		
32671		THORACOSCOPY PNEUMONECTOMY	7/1/2014	RBRVS	$1,891.97	$1,891.97	090		Y	Y		Y	Y		
32672		THORACOSCOPY FOR LVRS	7/1/2014	RBRVS	$1,621.34	$1,621.34	090		Y	Y		Y	Y		
32673		THORACOSCOPY W/THYMUS RESECT	7/1/2014	RBRVS	$1,277.73	$1,277.73	090		Y	Y		Y	Y		
32674		THORACOSCOPY LYMPH NODE EXC	7/1/2014	RBRVS	$229.93	$229.93	ZZZ		Y			Y	Y		
3268F		PSA/T/GLSC DOCD PRIOR TXMNT	1/1/2008	RBRVS	$0.00	$0.00									
3269F		BONE SCN PRIOR TXMNT/AFTR DX	1/1/2008	RBRVS	$0.00	$0.00									
3270F		NO BONE SCN PRIORMNT/AFTRDX	1/1/2008	RBRVS	$0.00	$0.00									
32701		THORAX STEREO RAD TARGETW/TX	7/1/2014	RBRVS	$235.42	$235.42			Y				Y		
3271F		LOW RISK PROSTATE CNCR RECUR	1/1/2008	RBRVS	$0.00	$0.00									
3272F		MED RISK PROSTATE CNCR RECUR	1/1/2008	RBRVS	$0.00	$0.00									
3273F		HIGH RISKPROSTATE CNCR RECUR	1/1/2008	RBRVS	$0.00	$0.00									
3274F		PROST CNCR RSK NOT LW/MD/HGH	1/1/2008	RBRVS	$0.00	$0.00									
3278F		SERUM LVLS CA/IPTH/LPD ORD	1/1/2008	RBRVS	$0.00	$0.00									
3279F		HGB LVL >/=13 G/DL	1/1/2008	RBRVS	$0.00	$0.00									
3280F		HGB LVL 11-12.9 G/DL	1/1/2008	RBRVS	$0.00	$0.00									
32800		REPAIR LUNG HERNIA	7/1/2014	RBRVS	$998.77	$998.77	090		Y	Y		Y	Y		
3281F		HGB LVL <11 G/DL	1/1/2008	RBRVS	$0.00	$0.00									
32810		CLOSE CHEST AFTER DRAINAGE	7/1/2014	RBRVS	$954.74	$954.74	090		Y	Y		Y			
32815		CLOSE BRONCHIAL FISTULA	7/1/2014	RBRVS	$2,989.22	$2,989.22	090		Y	Y		Y	Y		
32820		RECONSTRUCT INJURED CHEST	7/1/2014	RBRVS	$1,409.76	$1,409.76	090		Y	Y		Y	Y		
3284F		IOP DOWN >15% OF PRE-SVC LVL	1/1/2008	RBRVS	$0.00	$0.00									
3285F		IOP DOWN <15% OF PRE-SVC LVL	1/1/2008	RBRVS	$0.00	$0.00									
32850		DONOR PNEUMONECTOMY	7/1/2014	RBRVS	$0.00	$0.00			Y						
32851		LUNG TRANSPLANT SINGLE	7/1/2014	RBRVS	$3,501.66	$3,501.66	090	Y	Y	Y		Y	Y	Y	
32852		LUNG TRANSPLANT WITH BYPASS	7/1/2014	RBRVS	$3,820.60	$3,820.60	090	Y	Y	Y		Y	Y	Y	
32853		LUNG TRANSPLANT DOUBLE	7/1/2014	RBRVS	$4,887.93	$4,887.93	090	Y	Y	Y		Y	Y	Y	
32854		LUNG TRANSPLANT WITH BYPASS	7/1/2014	RBRVS	$5,201.71	$5,201.71	090	Y	Y	Y		Y	Y	Y	
32855		PREPARE DONOR LUNG SINGLE	7/1/2014	RBRVS	$0.00	$0.00			Y	Y		Y	Y		
32856		PREPARE DONOR LUNG DOUBLE	7/1/2014	RBRVS	$0.00	$0.00			Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
3288F		FALL RISK ASSESSMENT DOCD	1/1/2008	RBRVS	$0.00	$0.00									
3290F		PT D(RH)- NEG UNSENSITIZED	1/1/2008	RBRVS	$0.00	$0.00									
32900		REMOVAL OF RIB(S)	7/1/2014	RBRVS	$1,488.01	$1,488.01	090		Y	Y		Y	Y		
32905		REVISE & REPAIR CHEST WALL	7/1/2014	RBRVS	$1,417.47	$1,417.47	090		Y	Y		Y	Y		
32906		REVISE & REPAIR CHEST WALL	7/1/2014	RBRVS	$1,753.34	$1,753.34	090		Y	Y		Y	Y		
3291F		PT D(RH)+ OR SENSITIZED	1/1/2008	RBRVS	$0.00	$0.00									
3292F		HIV TSTNG ASKED/DOCD/REVWD	1/1/2008	RBRVS	$0.00	$0.00									
3293F		ABO RH BLOOD TYPING DOCD	9/1/2011	RBRVS	$0.00	$0.00									
3294F		GRP B STREP SCREENING DOCD	9/1/2011	RBRVS	$0.00	$0.00									
32940		REVISION OF LUNG	7/1/2014	RBRVS	$1,309.97	$1,309.97	090		Y	Y		Y	Y		
32960		THERAPEUTIC PNEUMOTHORAX	7/1/2014	RBRVS	$155.85	$109.23	000		Y	Y					
32997		TOTAL LUNG LAVAGE	7/1/2014	RBRVS	$371.29	$371.29	000		Y	Y	Y				
32998		PERQ RF ABLATE TX PUL TUMOR	7/1/2014	RBRVS	$2,998.04	$301.37	000		Y	Y	Y	Y			
32999		CHEST SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,332.76	$0.00			Y						
3300F		AJCC STAGE DOCD PRIOR THXPY	1/1/2008	RBRVS	$0.00	$0.00									
3301F		CANCER STAGE DOCD METAST	1/1/2008	RBRVS	$0.00	$0.00									
33010		DRAINAGE OF HEART SAC	7/1/2014	RBRVS	$125.55	$125.55	000		Y	Y					
33011		REPEAT DRAINAGE OF HEART SAC	7/1/2014	RBRVS	$127.59	$127.59	000		Y	Y					
33015		INCISION OF HEART SAC	7/1/2014	RBRVS	$534.10	$534.10	090		Y	Y					
33020		INCISION OF HEART SAC	7/1/2014	RBRVS	$930.35	$930.35	090		Y	Y		Y	Y		
33025		INCISION OF HEART SAC	7/1/2014	RBRVS	$849.63	$849.63	090		Y	Y		Y	Y		
33030		PARTIAL REMOVAL OF HEART SAC	7/1/2014	RBRVS	$2,134.03	$2,134.03	090		Y	Y		Y	Y		
33031		PARTIAL REMOVAL OF HEART SAC	7/1/2014	RBRVS	$2,648.94	$2,648.94	090		Y	Y		Y	Y		
33050		REMOVAL OF HEART SAC LESION	7/1/2014	RBRVS	$1,060.63	$1,060.63	090		Y	Y		Y	Y		
33120		REMOVAL OF HEART LESION	7/1/2014	RBRVS	$2,245.27	$2,245.27	090		Y	Y		Y	Y		
33130		REMOVAL OF HEART LESION	7/1/2014	RBRVS	$1,482.60	$1,482.60	090		Y	Y		Y	Y		
33140		HEART REVASCULARIZE (TMR)	7/1/2014	RBRVS	$1,686.75	$1,686.75	090		Y	Y		Y			
33141		HEART TMR W/OTHER PROCEDURE	7/1/2014	RBRVS	$141.86	$141.86	ZZZ		Y			Y	Y		
3315F		ER +OR PR +BREAST CANCER	1/1/2008	RBRVS	$0.00	$0.00									
3316F		ER- OR PR- BREAST CANCER	1/1/2008	RBRVS	$0.00	$0.00									
3317F		PATH RPT MALIG CANCER DOCD	1/1/2008	RBRVS	$0.00	$0.00									
3318F		PATH RPT MALIG CANCER DOCD	1/1/2008	RBRVS	$0.00	$0.00									
3319F		XRAY/CT/US/MRI/PET/NM1 ORDER	1/1/2008	RBRVS	$0.00	$0.00									
3320F		NO IMAGE STUDIES ORDERED	1/1/2008	RBRVS	$0.00	$0.00									
33202		INSERT EPICARD ELTRD OPEN	7/1/2014	RBRVS	$822.56	$822.56	090		Y	Y					
33203		INSERT EPICARD ELTRD ENDO	7/1/2014	RBRVS	$855.19	$855.19	090		Y	Y					
33206		INSERT HEART PM ATRIAL	7/1/2014	RBRVS	$481.46	$481.46	090		Y	Y			Y		
33207		INSERT HEART PM VENTRICULAR	7/1/2014	RBRVS	$513.48	$513.48	090		Y	Y			Y		
33208		INSRT HEART PM ATRIAL & VENT	7/1/2014	RBRVS	$555.97	$555.97	090		Y	Y			Y		
3321F		AJCC CNCR 0/IA MELAN DOCD	7/1/2009	RBRVS	$0.00	$0.00									
33210		INSERT ELECTRD/PM CATH SNGL	7/1/2014	RBRVS	$188.70	$188.70	000		Y	Y					
33211		INSERT CARD ELECTRODES DUAL	7/1/2014	RBRVS	$193.97	$193.97	000		Y	Y					
33212		INSERT PULSE GEN SNGL LEAD	7/1/2014	RBRVS	$347.91	$347.91	090		Y	Y					
33213		INSERT PULSE GEN DUAL LEADS	7/1/2014	RBRVS	$363.73	$363.73	090		Y	Y					
33214		UPGRADE OF PACEMAKER SYSTEM	7/1/2014	RBRVS	$512.40	$512.40	090		Y	Y			Y		
33215		REPOSITION PACING-DEFIB LEAD	7/1/2014	RBRVS	$322.38	$322.38	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
33216		INSERT LEAD PACE-DEFIB ONE	7/1/2014	RBRVS	$397.72	$397.72	090		Y	Y					
33217		INSERT LEAD PACE-DEFIB DUAL	7/1/2014	RBRVS	$391.99	$391.99	090		Y	Y					
33218		REPAIR LEAD PACE-DEFIB ONE	7/1/2014	RBRVS	$415.55	$415.55	090		Y	Y					
3322F		MELANOMAAJCC STAGE 0 OR IA	7/1/2009	RBRVS	$0.00	$0.00									
33220		REPAIR LEAD PACE-DEFIB DUAL	7/1/2014	RBRVS	$418.49	$418.49	090		Y	Y					
33221		INSERT PULSE GEN MULT LEADS	7/1/2014	RBRVS	$386.68	$386.68	090		Y	Y					
33222		REVISE POCKET PACEMAKER	7/1/2014	RBRVS	$363.62	$363.62	090		Y	Y					
33223		REVISE POCKET PACING-DEFIB	7/1/2014	RBRVS	$438.60	$438.60	090		Y	Y					
33224		INSERT PACING LEAD & CONNECT	7/1/2014	RBRVS	$538.76	$538.76	000		Y	Y					
33225		L VENTRIC PACING LEAD ADD-ON	7/1/2014	RBRVS	$488.66	$488.66	ZZZ		Y						
33226		REPOSITION L VENTRIC LEAD	7/1/2014	RBRVS	$517.17	$517.17	000		Y	Y					
33227		REMOVE&REPLACE PM GEN SINGL	7/1/2014	RBRVS	$366.67	$366.67	090		Y	Y					
33228		REMV&REPLC PM GEN DUAL LEAD	7/1/2014	RBRVS	$382.02	$382.02	090		Y	Y					
33229		REMV&REPLC PM GEN MULT LEADS	7/1/2014	RBRVS	$401.02	$401.02	090		Y	Y					
3323F		TNM STAGE DOC PRIOR SURG	1/1/2010	RBRVS	$0.00	$0.00									
33230		INSRT PULSE GEN W/DUAL LEADS	7/1/2014	RBRVS	$416.80	$416.80	090		Y	Y					
33231		INSRT PULSE GEN W/MULT LEADS	7/1/2014	RBRVS	$430.07	$430.07	090		Y	Y					
33233		REMOVAL OF PM GENERATOR	7/1/2014	RBRVS	$250.88	$250.88	090		Y	Y					
33234		REMOVAL OF PACEMAKER SYSTEM	7/1/2014	RBRVS	$516.89	$516.89	090		Y	Y					
33235		REMOVAL PACEMAKER ELECTRODE	7/1/2014	RBRVS	$674.35	$674.35	090		Y	Y					
33236		REMOVE ELECTRODE/THORACOTOMY	7/1/2014	RBRVS	$835.97	$835.97	090		Y	Y			Y		
33237		REMOVE ELECTRODE/THORACOTOMY	7/1/2014	RBRVS	$889.40	$889.40	090		Y	Y			Y		
33238		REMOVE ELECTRODE/THORACOTOMY	7/1/2014	RBRVS	$996.62	$996.62	090		Y	Y			Y		
3324F		MRI CT SCAN ORD RVWD RQSTD	9/1/2011	RBRVS	$0.00	$0.00									
33240		INSRT PULSE GEN W/SINGL LEAD	7/1/2014	RBRVS	$396.00	$396.00	090		Y	Y					
33241		REMOVE PULSE GENERATOR	7/1/2014	RBRVS	$236.39	$236.39	090		Y	Y					
33243		REMOVE ELTRD/THORACOTOMY	7/1/2014	RBRVS	$1,453.73	$1,453.73	090		Y	Y		Y	Y		
33244		REMOVE ELTRD TRANSVEN	7/1/2014	RBRVS	$906.83	$906.83	090		Y	Y			Y		
33249		INSJ/RPLCMT DEFIB W/LEAD(S)	7/1/2014	RBRVS	$965.46	$965.46	090		Y	Y			Y		
3325F		PREOP ASSES CATARACT SURG	1/1/2008	RBRVS	$0.00	$0.00									
33250		ABLATE HEART DYSRHYTHM FOCUS	7/1/2014	RBRVS	$1,571.03	$1,571.03	090		Y	Y		Y	Y		
33251		ABLATE HEART DYSRHYTHM FOCUS	7/1/2014	RBRVS	$1,738.35	$1,738.35	090		Y	Y		Y	Y		
33254		ABLATE ATRIA LMTD	7/1/2014	RBRVS	$1,458.57	$1,458.57	090		Y	Y		Y	Y		
33255		ABLATE ATRIA W/O BYPASS EXT	7/1/2014	RBRVS	$1,774.46	$1,774.46	090		Y	Y		Y	Y		
33256		ABLATE ATRIA W/BYPASS EXTEN	7/1/2014	RBRVS	$2,097.85	$2,097.85	090		Y	Y		Y	Y		
33257		ABLATE ATRIA LMTD ADD-ON	7/1/2014	RBRVS	$620.92	$620.92	ZZZ		Y			Y			
33258		ABLATE ATRIA X10SV ADD-ON	7/1/2014	RBRVS	$698.05	$698.05	ZZZ		Y			Y			
33259		ABLATE ATRIA W/BYPASS ADD-ON	7/1/2014	RBRVS	$902.63	$902.63	ZZZ		Y			Y			
33261		ABLATE HEART DYSRHYTHM FOCUS	7/1/2014	RBRVS	$1,761.08	$1,761.08	090		Y	Y		Y	Y		
33262		REMV&REPLC CVD GEN SING LEAD	7/1/2014	RBRVS	$401.74	$401.74	090		Y	Y					
33263		REMV&REPLC CVD GEN DUAL LEAD	7/1/2014	RBRVS	$417.88	$417.88	090		Y	Y					
33264		REMV&REPLC CVD GEN MULT LEAD	7/1/2014	RBRVS	$435.45	$435.45	090		Y	Y					
33265		ABLATE ATRIA LMTD ENDO	7/1/2014	RBRVS	$1,454.88	$1,454.88	090		Y	Y		Y	Y		
33266		ABLATE ATRIA X10SV ENDO	7/1/2014	RBRVS	$1,976.93	$1,976.93	090		Y	Y		Y	Y		
33270		INS/REP SUBQ DEFIBRILLATOR	1/1/2015	RBRVS	$677.79	$677.79	090		Y	Y					
33271		INSJ SUBQ IMPLTBL DFB ELCTRD	1/1/2015	RBRVS	$507.89	$507.89	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
33272		RMVL OF SUBQ DEFIBRILLATOR	1/1/2015	RBRVS	$464.10	$464.10	090		Y	Y					
33273		REPOS PREV IMPLTBL SUBQ DFB	1/1/2015	RBRVS	$409.09	$409.09	090		Y	Y					
3328F		PRFRMNC DOC W/IN 2 WKS SURG	9/1/2011	RBRVS	$0.00	$0.00									
33282		IMPLANT PAT-ACTIVE HT RECORD	7/1/2014	RBRVS	$247.86	$247.86	090		Y	Y					
33284		REMOVE PAT-ACTIVE HT RECORD	7/1/2014	RBRVS	$218.46	$218.46	090		Y	Y					
3330F		IMAGING STUDY ORDERED	4/1/2008	RBRVS	$0.00	$0.00									
33300		REPAIR OF HEART WOUND	7/1/2014	RBRVS	$2,613.30	$2,613.30	090		Y	Y		Y	Y		
33305		REPAIR OF HEART WOUND	7/1/2014	RBRVS	$4,389.23	$4,389.23	090		Y	Y		Y	Y		
3331F		IMAGING TEST NOT ORDERED	4/1/2008	RBRVS	$0.00	$0.00									
33310		EXPLORATORY HEART SURGERY	7/1/2014	RBRVS	$1,236.02	$1,236.02	090		Y	Y		Y	Y		
33315		EXPLORATORY HEART SURGERY	7/1/2014	RBRVS	$2,052.16	$2,052.16	090		Y	Y		Y	Y		
33320		REPAIR MAJOR BLOOD VESSEL(S)	7/1/2014	RBRVS	$1,133.82	$1,133.82	090		Y	Y		Y	Y		
33321		REPAIR MAJOR VESSEL	7/1/2014	RBRVS	$1,274.07	$1,274.07	090			Y		Y	Y		
33322		REPAIR MAJOR BLOOD VESSEL(S)	7/1/2014	RBRVS	$1,482.67	$1,482.67	090		Y	Y		Y	Y		
33330		INSERT MAJOR VESSEL GRAFT	7/1/2014	RBRVS	$1,537.61	$1,537.61	090		Y	Y		Y	Y		
33335		INSERT MAJOR VESSEL GRAFT	7/1/2014	RBRVS	$2,012.46	$2,012.46	090		Y	Y		Y	Y		
33361		REPLACE AORTIC VALVE PERQ	7/1/2014	RBRVS	$1,436.70	$1,436.70	000		Y	Y			Y	Y	
33362		REPLACE AORTIC VALVE OPEN	7/1/2014	RBRVS	$1,571.35	$1,571.35	000		Y	Y			Y	Y	
33363		REPLACE AORTIC VALVE OPEN	7/1/2014	RBRVS	$1,626.36	$1,626.36	000		Y	Y			Y	Y	
33364		REPLACE AORTIC VALVE OPEN	7/1/2014	RBRVS	$1,711.17	$1,711.17	000		Y	Y			Y	Y	
33365		REPLACE AORTIC VALVE OPEN	7/1/2014	RBRVS	$1,890.22	$1,890.22	000		Y	Y			Y	Y	
33366		TRCATH REPLACE AORTIC VALVE	7/1/2014	RBRVS	$2,291.10	$2,291.10	000		Y	Y			Y	Y	
33367		REPLACE AORTIC VALVE W/BYP	7/1/2014	RBRVS	$660.51	$660.51	ZZZ		Y					Y	
33368		REPLACE AORTIC VALVE W/BYP	7/1/2014	RBRVS	$800.57	$800.57	ZZZ		Y					Y	
33369		REPLACE AORTIC VALVE W/BYP	7/1/2014	RBRVS	$1,056.36	$1,056.36	ZZZ		Y					Y	
3340F		MAMMO ASSESS INC XRAY DOCD	4/1/2008	RBRVS	$0.00	$0.00									
33400		REPAIR OF AORTIC VALVE	7/1/2014	RBRVS	$2,445.33	$2,445.33	090		Y	Y		Y	Y		
33401		VALVULOPLASTY OPEN	7/1/2014	RBRVS	$1,512.22	$1,512.22	090		Y	Y		Y	Y		
33403		VALVULOPLASTY W/CP BYPASS	7/1/2014	RBRVS	$1,589.32	$1,589.32	090		Y	Y		Y	Y		
33404		PREPARE HEART-AORTA CONDUIT	7/1/2014	RBRVS	$1,869.31	$1,869.31	090		Y	Y		Y	Y		
33405		REPLACEMENT OF AORTIC VALVE	7/1/2014	RBRVS	$2,433.32	$2,433.32	090		Y	Y		Y	Y		
33406		REPLACEMENT OF AORTIC VALVE	7/1/2014	RBRVS	$3,084.86	$3,084.86	090		Y	Y		Y	Y		
3341F		MAMMO ASSESS NEGATIVE DOCD	4/1/2008	RBRVS	$0.00	$0.00									
33410		REPLACEMENT OF AORTIC VALVE	7/1/2014	RBRVS	$2,722.10	$2,722.10	090		Y	Y		Y	Y		
33411		REPLACEMENT OF AORTIC VALVE	7/1/2014	RBRVS	$3,600.56	$3,600.56	090		Y	Y		Y			
33412		REPLACEMENT OF AORTIC VALVE	7/1/2014	RBRVS	$3,416.74	$3,416.74	090		Y	Y		Y	Y		
33413		REPLACEMENT OF AORTIC VALVE	7/1/2014	RBRVS	$3,455.22	$3,455.22	090		Y	Y		Y	Y		
33414		REPAIR OF AORTIC VALVE	7/1/2014	RBRVS	$2,306.62	$2,306.62	090		Y	Y		Y	Y		
33415		REVISION SUBVALVULAR TISSUE	7/1/2014	RBRVS	$2,168.27	$2,168.27	090		Y	Y		Y	Y		
33416		REVISE VENTRICLE MUSCLE	7/1/2014	RBRVS	$2,177.10	$2,177.10	090		Y	Y		Y	Y		
33417		REPAIR OF AORTIC VALVE	7/1/2014	RBRVS	$1,775.79	$1,775.79	090		Y	Y		Y	Y		
33418		REPAIR TCAT MITRAL VALVE	1/1/2015	RBRVS	$1,809.93	$1,893.12	090		Y	Y					
33419		REPAIR TCAT MITRAL VALVE	1/1/2015	RBRVS	$601.09	$601.09	ZZZ		Y						
3342F		MAMMO ASSESS BENGN DOCD	4/1/2008	RBRVS	$0.00	$0.00									
33420		REVISION OF MITRAL VALVE	7/1/2014	RBRVS	$1,542.30	$1,542.30	090		Y	Y			Y		
33422		REVISION OF MITRAL VALVE	7/1/2014	RBRVS	$1,805.62	$1,805.62	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
33425		REPAIR OF MITRAL VALVE	7/1/2014	RBRVS	$2,929.51	$2,929.51	090		Y	Y		Y	Y		
33426		REPAIR OF MITRAL VALVE	7/1/2014	RBRVS	$2,554.06	$2,554.06	090		Y	Y		Y	Y		
33427		REPAIR OF MITRAL VALVE	7/1/2014	RBRVS	$2,622.48	$2,622.48	090		Y	Y		Y	Y		
3343F		MAMMO PROBABLY BENGN DOCD	4/1/2008	RBRVS	$0.00	$0.00									
33430		REPLACEMENT OF MITRAL VALVE	7/1/2014	RBRVS	$3,000.19	$3,000.19	090		Y	Y		Y	Y		
3344F		MAMMO ASSESS SUSP DOCD	4/1/2008	RBRVS	$0.00	$0.00									
3345F		MAMMO ASSESS HGHLYMALIG DOC	4/1/2008	RBRVS	$0.00	$0.00									
33460		REVISION OF TRICUSPID VALVE	7/1/2014	RBRVS	$2,616.06	$2,616.06	090		Y	Y		Y	Y		
33463		VALVULOPLASTY TRICUSPID	7/1/2014	RBRVS	$3,314.40	$3,314.40	090		Y	Y		Y	Y		
33464		VALVULOPLASTY TRICUSPID	7/1/2014	RBRVS	$2,623.70	$2,623.70	090		Y	Y		Y	Y		
33465		REPLACE TRICUSPID VALVE	7/1/2014	RBRVS	$2,957.34	$2,957.34	090		Y	Y		Y	Y		
33468		REVISION OF TRICUSPID VALVE	7/1/2014	RBRVS	$2,631.19	$2,631.19	090		Y	Y		Y	Y		
33470		REVISION OF PULMONARY VALVE	7/1/2014	RBRVS	$1,370.10	$1,370.10	090		Y	Y		Y			
33471		VALVOTOMY PULMONARY VALVE	7/1/2014	RBRVS	$1,479.55	$1,479.55	090		Y	Y		Y	Y		
33474		REVISION OF PULMONARY VALVE	7/1/2014	RBRVS	$2,321.47	$2,321.47	090		Y	Y		Y	Y		
33475		REPLACEMENT PULMONARY VALVE	7/1/2014	RBRVS	$2,515.33	$2,515.33	090		Y	Y		Y	Y		
33476		REVISION OF HEART CHAMBER	7/1/2014	RBRVS	$1,636.58	$1,636.58	090		Y	Y		Y	Y		
33478		REVISION OF HEART CHAMBER	7/1/2014	RBRVS	$1,682.44	$1,682.44	090		Y	Y		Y	Y		
33496		REPAIR PROSTH VALVE CLOT	7/1/2014	RBRVS	$1,779.80	$1,779.80	090		Y	Y		Y	Y		
3350F		MAMMO BX PROVEN MALIG DOCD	4/1/2008	RBRVS	$0.00	$0.00									
33500		REPAIR HEART VESSEL FISTULA	7/1/2014	RBRVS	$1,694.46	$1,694.46	090		Y	Y		Y	Y		
33501		REPAIR HEART VESSEL FISTULA	7/1/2014	RBRVS	$1,209.99	$1,209.99	090		Y	Y		Y	Y		
33502		CORONARY ARTERY CORRECTION	7/1/2014	RBRVS	$1,364.87	$1,364.87	090		Y	Y		Y	Y		
33503		CORONARY ARTERY GRAFT	7/1/2014	RBRVS	$1,396.28	$1,396.28	090		Y	Y			Y		
33504		CORONARY ARTERY GRAFT	7/1/2014	RBRVS	$1,575.44	$1,575.44	090		Y	Y		Y	Y		
33505		REPAIR ARTERY W/TUNNEL	7/1/2014	RBRVS	$2,226.01	$2,226.01	090		Y	Y		Y	Y		
33506		REPAIR ARTERY TRANSLOCATION	7/1/2014	RBRVS	$2,191.73	$2,191.73	090		Y	Y		Y	Y		
33507		REPAIR ART INTRAMURAL	7/1/2014	RBRVS	$1,828.86	$1,828.86	090		Y	Y		Y	Y		
33508		ENDOSCOPIC VEIN HARVEST	7/1/2014	RBRVS	$17.28	$17.28	ZZZ		Y			Y	Y		
3351F		NEG SCRN DEP SYMP BY DEPTOOL	7/1/2009	RBRVS	$0.00	$0.00									
33510		CABG VEIN SINGLE	7/1/2014	RBRVS	$2,073.32	$2,073.32	090		Y	Y		Y			
33511		CABG VEIN TWO	7/1/2014	RBRVS	$2,276.75	$2,276.75	090		Y	Y		Y			
33512		CABG VEIN THREE	7/1/2014	RBRVS	$2,589.20	$2,589.20	090		Y	Y		Y			
33513		CABG VEIN FOUR	7/1/2014	RBRVS	$2,664.43	$2,664.43	090		Y	Y		Y			
33514		CABG VEIN FIVE	7/1/2014	RBRVS	$2,810.78	$2,810.78	090		Y	Y		Y			
33516		CABG VEIN SIX OR MORE	7/1/2014	RBRVS	$2,926.61	$2,926.61	090		Y	Y		Y			
33517		CABG ARTERY-VEIN SINGLE	7/1/2014	RBRVS	$201.35	$201.35	ZZZ		Y			Y			
33518		CABG ARTERY-VEIN TWO	7/1/2014	RBRVS	$443.30	$443.30	ZZZ		Y			Y			
33519		CABG ARTERY-VEIN THREE	7/1/2014	RBRVS	$585.88	$585.88	ZZZ		Y			Y			
3352F		NO SIG DEP SYMP BY DEP TOOL	7/1/2009	RBRVS	$0.00	$0.00									
33521		CABG ARTERY-VEIN FOUR	7/1/2014	RBRVS	$704.00	$704.00	ZZZ		Y			Y			
33522		CABG ARTERY-VEIN FIVE	7/1/2014	RBRVS	$790.03	$790.03	ZZZ		Y			Y			
33523		CABG ART-VEIN SIX OR MORE	7/1/2014	RBRVS	$895.82	$895.82	ZZZ		Y			Y			
3353F		MILD-MOD DEP SYMP BY DEPTOOL	7/1/2009	RBRVS	$0.00	$0.00									
33530		CORONARY ARTERY BYPASS/REOP	7/1/2014	RBRVS	$565.19	$565.19	ZZZ		Y			Y			
33533		CABG ARTERIAL SINGLE	7/1/2014	RBRVS	$2,003.93	$2,003.93	090		Y	Y		Y			

Montana Medicaid - Fee Schedule
Psychiatrist 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
33534		CABG ARTERIAL TWO	7/1/2014	RBRVS	$2,356.04	$2,356.04	090		Y	Y		Y			
33535		CABG ARTERIAL THREE	7/1/2014	RBRVS	$2,626.96	$2,626.96	090		Y	Y		Y			
33536		CABG ARTERIAL FOUR OR MORE	7/1/2014	RBRVS	$2,821.68	$2,821.68	090		Y	Y		Y			
3354F		CLIN SIG DEP SYM BY DEP TOOL	7/1/2009	RBRVS	$0.00	$0.00									
33542		REMOVAL OF HEART LESION	7/1/2014	RBRVS	$2,817.02	$2,817.02	090		Y	Y		Y	Y		
33545		REPAIR OF HEART DAMAGE	7/1/2014	RBRVS	$3,314.47	$3,314.47	090		Y	Y		Y	Y		
33548		RESTORE/REMODEL VENTRICLE	7/1/2014	RBRVS	$3,188.64	$3,188.64	090		Y	Y		Y	Y		
33572		OPEN CORONARY ENDARTERECTOMY	7/1/2014	RBRVS	$248.51	$248.51	ZZZ		Y			Y			
33600		CLOSURE OF VALVE	7/1/2014	RBRVS	$1,819.07	$1,819.07	090		Y	Y		Y	Y		
33602		CLOSURE OF VALVE	7/1/2014	RBRVS	$1,750.58	$1,750.58	090		Y	Y		Y	Y		
33606		ANASTOMOSIS/ARTERY-AORTA	7/1/2014	RBRVS	$1,866.55	$1,866.55	090		Y	Y		Y	Y		
33608		REPAIR ANOMALY W/CONDUIT	7/1/2014	RBRVS	$1,906.17	$1,906.17	090		Y	Y		Y	Y		
33610		REPAIR BY ENLARGEMENT	7/1/2014	RBRVS	$1,880.14	$1,880.14	090		Y	Y		Y	Y		
33611		REPAIR DOUBLE VENTRICLE	7/1/2014	RBRVS	$2,094.01	$2,094.01	090		Y	Y		Y	Y		
33612		REPAIR DOUBLE VENTRICLE	7/1/2014	RBRVS	$2,113.91	$2,113.91	090		Y	Y		Y	Y		
33615		REPAIR MODIFIED FONTAN	7/1/2014	RBRVS	$2,149.34	$2,149.34	090		Y	Y		Y	Y		
33617		REPAIR SINGLE VENTRICLE	7/1/2014	RBRVS	$2,294.14	$2,294.14	090		Y	Y		Y	Y		
33619		REPAIR SINGLE VENTRICLE	7/1/2014	RBRVS	$3,036.70	$3,036.70	090		Y	Y		Y	Y		
33620		APPLY R&L PULM ART BANDS	7/1/2014	RBRVS	$1,570.78	$1,570.78	090		Y	Y		Y	Y		
33621		TRANSTHOR CATH FOR STENT	7/1/2014	RBRVS	$936.45	$936.45	090		Y	Y		Y	Y		
33622		REDO COMPL CARDIAC ANOMALY	7/1/2014	RBRVS	$3,685.83	$3,685.83	090		Y	Y		Y	Y		
33641		REPAIR HEART SEPTUM DEFECT	7/1/2014	RBRVS	$1,752.26	$1,752.26	090		Y	Y		Y	Y		
33645		REVISION OF HEART VEINS	7/1/2014	RBRVS	$1,855.54	$1,855.54	090		Y	Y		Y	Y		
33647		REPAIR HEART SEPTUM DEFECTS	7/1/2014	RBRVS	$1,959.46	$1,959.46	090		Y	Y		Y	Y		
33660		REPAIR OF HEART DEFECTS	7/1/2014	RBRVS	$1,884.30	$1,884.30	090		Y	Y		Y	Y		
33665		REPAIR OF HEART DEFECTS	7/1/2014	RBRVS	$2,064.78	$2,064.78	090		Y	Y		Y	Y		
33670		REPAIR OF HEART CHAMBERS	7/1/2014	RBRVS	$2,129.98	$2,129.98	090		Y	Y		Y	Y		
33675		CLOSE MULT VSD	7/1/2014	RBRVS	$2,115.99	$2,115.99	090		Y	Y		Y	Y		
33676		CLOSE MULT VSD W/RESECTION	7/1/2014	RBRVS	$2,294.57	$2,294.57	090		Y	Y		Y	Y		
33677		CL MULT VSD W/REM PUL BAND	7/1/2014	RBRVS	$2,384.26	$2,384.26	090		Y	Y		Y	Y		
33681		REPAIR HEART SEPTUM DEFECT	7/1/2014	RBRVS	$1,961.94	$1,961.94	090		Y	Y		Y	Y		
33684		REPAIR HEART SEPTUM DEFECT	7/1/2014	RBRVS	$2,026.31	$2,026.31	090		Y	Y		Y	Y		
33688		REPAIR HEART SEPTUM DEFECT	7/1/2014	RBRVS	$2,023.69	$2,023.69	090		Y	Y		Y	Y		
33690		REINFORCE PULMONARY ARTERY	7/1/2014	RBRVS	$1,268.05	$1,268.05	090		Y	Y		Y	Y		
33692		REPAIR OF HEART DEFECTS	7/1/2014	RBRVS	$2,222.14	$2,222.14	090		Y	Y		Y	Y		
33694		REPAIR OF HEART DEFECTS	7/1/2014	RBRVS	$2,104.41	$2,104.41	090		Y	Y		Y	Y		
33697		REPAIR OF HEART DEFECTS	7/1/2014	RBRVS	$2,202.59	$2,202.59	090		Y	Y		Y	Y		
3370F		AJCC BRST CNCR STAGE 0 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33702		REPAIR OF HEART DEFECTS	7/1/2014	RBRVS	$1,654.72	$1,654.72	090		Y	Y		Y	Y		
33710		REPAIR OF HEART DEFECTS	7/1/2014	RBRVS	$2,256.88	$2,256.88	090		Y	Y		Y			
3372F		AJCC BRST CNCR STAGE 1 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33720		REPAIR OF HEART DEFECT	7/1/2014	RBRVS	$1,647.30	$1,647.30	090		Y	Y		Y	Y		
33722		REPAIR OF HEART DEFECT	7/1/2014	RBRVS	$1,750.69	$1,750.69	090		Y	Y		Y	Y		
33724		REPAIR VENOUS ANOMALY	7/1/2014	RBRVS	$1,640.52	$1,640.52	090		Y	Y		Y	Y		
33726		REPAIR PUL VENOUS STENOSIS	7/1/2014	RBRVS	$2,225.26	$2,225.26	090		Y	Y		Y	Y		
33730		REPAIR HEART-VEIN DEFECT(S)	7/1/2014	RBRVS	$2,149.34	$2,149.34	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
33732		REPAIR HEART-VEIN DEFECT	7/1/2014	RBRVS	$1,859.05	$1,859.05	090		Y	Y		Y	Y		
33735		REVISION OF HEART CHAMBER	7/1/2014	RBRVS	$1,385.59	$1,385.59	090		Y	Y		Y			
33736		REVISION OF HEART CHAMBER	7/1/2014	RBRVS	$1,502.79	$1,502.79	090		Y	Y		Y	Y		
33737		REVISION OF HEART CHAMBER	7/1/2014	RBRVS	$1,435.91	$1,435.91	090		Y	Y		Y	Y		
3374F		AJCC BRST CNCR STAGE 1 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33750		MAJOR VESSEL SHUNT	7/1/2014	RBRVS	$1,447.27	$1,447.27	090		Y	Y		Y	Y		
33755		MAJOR VESSEL SHUNT	7/1/2014	RBRVS	$1,439.38	$1,439.38	090		Y	Y		Y	Y		
3376F		AJCC BRSTCNCR STAGE 2 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33762		MAJOR VESSEL SHUNT	7/1/2014	RBRVS	$1,440.64	$1,440.64	090		Y	Y		Y	Y		
33764		MAJOR VESSEL SHUNT & GRAFT	7/1/2014	RBRVS	$1,382.12	$1,382.12	090		Y	Y		Y	Y		
33766		MAJOR VESSEL SHUNT	7/1/2014	RBRVS	$1,465.24	$1,465.24	090		Y	Y		Y	Y		
33767		MAJOR VESSEL SHUNT	7/1/2014	RBRVS	$1,531.15	$1,531.15	090		Y	Y		Y	Y		
33768		CAVOPULMONARY SHUNTING	7/1/2014	RBRVS	$476.36	$476.36	ZZZ		Y			Y	Y		
33770		REPAIR GREAT VESSELS DEFECT	7/1/2014	RBRVS	$2,376.26	$2,376.26	090		Y	Y		Y	Y		
33771		REPAIR GREAT VESSELS DEFECT	7/1/2014	RBRVS	$2,482.55	$2,482.55	090		Y	Y		Y	Y		
33774		REPAIR GREAT VESSELS DEFECT	7/1/2014	RBRVS	$1,935.76	$1,935.76	090		Y	Y		Y	Y		
33775		REPAIR GREAT VESSELS DEFECT	7/1/2014	RBRVS	$2,084.83	$2,084.83	090		Y	Y		Y			
33776		REPAIR GREAT VESSELS DEFECT	7/1/2014	RBRVS	$2,099.46	$2,099.46	090		Y	Y		Y	Y		
33777		REPAIR GREAT VESSELS DEFECT	7/1/2014	RBRVS	$2,135.75	$2,135.75	090		Y	Y		Y			
33778		REPAIR GREAT VESSELS DEFECT	7/1/2014	RBRVS	$2,660.92	$2,660.92	090		Y	Y		Y	Y		
33779		REPAIR GREAT VESSELS DEFECT	7/1/2014	RBRVS	$2,367.62	$2,367.62	090		Y	Y		Y	Y		
3378F		AJCC BRSTCNCR STAGE 3 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33780		REPAIR GREAT VESSELS DEFECT	7/1/2014	RBRVS	$2,550.26	$2,550.26	090		Y	Y		Y	Y		
33781		REPAIR GREAT VESSELS DEFECT	7/1/2014	RBRVS	$2,637.65	$2,637.65	090		Y	Y		Y			
33782		NIKAIDOH PROC	7/1/2014	RBRVS	$3,521.85	$3,521.85	090		Y	Y		Y	Y		
33783		NIKAIDOH PROC W/OSTIA IMPLT	7/1/2014	RBRVS	$3,924.66	$3,924.66	090		Y	Y		Y	Y		
33786		REPAIR ARTERIAL TRUNK	7/1/2014	RBRVS	$2,460.10	$2,460.10	090		Y	Y		Y	Y		
33788		REVISION OF PULMONARY ARTERY	7/1/2014	RBRVS	$1,650.78	$1,650.78	090		Y	Y		Y	Y		
3380F		AJCC BRSTCNCR STAGE 4 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33800		AORTIC SUSPENSION	7/1/2014	RBRVS	$980.77	$980.77	090		Y	Y		Y	Y		
33802		REPAIR VESSEL DEFECT	7/1/2014	RBRVS	$1,164.23	$1,164.23	090		Y	Y		Y	Y		
33803		REPAIR VESSEL DEFECT	7/1/2014	RBRVS	$1,290.67	$1,290.67	090		Y	Y		Y	Y		
33813		REPAIR SEPTAL DEFECT	7/1/2014	RBRVS	$1,319.29	$1,319.29	090		Y	Y		Y	Y		
33814		REPAIR SEPTAL DEFECT	7/1/2014	RBRVS	$1,629.41	$1,629.41	090		Y	Y		Y	Y		
3382F		AJCC CLN CNCR STAGE 0 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33820		REVISE MAJOR VESSEL	7/1/2014	RBRVS	$1,042.09	$1,042.09	090		Y	Y		Y			
33822		REVISE MAJOR VESSEL	7/1/2014	RBRVS	$1,099.93	$1,099.93	090		Y	Y		Y	Y		
33824		REVISE MAJOR VESSEL	7/1/2014	RBRVS	$1,247.82	$1,247.82	090		Y	Y		Y	Y		
3384F		AJCC CLN CNCR STAGE 1 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33840		REMOVE AORTA CONSTRICTION	7/1/2014	RBRVS	$1,382.51	$1,382.51	090		Y	Y		Y	Y		
33845		REMOVE AORTA CONSTRICTION	7/1/2014	RBRVS	$1,425.22	$1,425.22	090		Y	Y		Y	Y		
33851		REMOVE AORTA CONSTRICTION	7/1/2014	RBRVS	$1,419.88	$1,419.88	090		Y	Y		Y	Y		
33852		REPAIR SEPTAL DEFECT	7/1/2014	RBRVS	$1,504.04	$1,504.04	090		Y	Y		Y			
33853		REPAIR SEPTAL DEFECT	7/1/2014	RBRVS	$1,972.80	$1,972.80	090		Y	Y		Y	Y		
3386F		AJCC CLN CNCR STAGE 2 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33860		ASCENDING AORTIC GRAFT	7/1/2014	RBRVS	$3,445.39	$3,445.39	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
33863		ASCENDING AORTIC GRAFT	7/1/2014	RBRVS	$3,379.12	$3,379.12	090		Y	Y		Y	Y		
33864		ASCENDING AORTIC GRAFT	7/1/2014	RBRVS	$3,446.11	$3,446.11	090		Y	Y		Y	Y		
33870		TRANSVERSE AORTIC ARCH GRAFT	7/1/2014	RBRVS	$2,699.76	$2,699.76	090		Y	Y		Y	Y		
33875		THORACIC AORTIC GRAFT	7/1/2014	RBRVS	$2,951.35	$2,951.35	090		Y	Y		Y	Y		
33877		THORACOABDOMINAL GRAFT	7/1/2014	RBRVS	$3,915.59	$3,915.59	090		Y	Y		Y	Y		
3388F		AJCC CLN CNCR STAGE 3 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33880		ENDOVASC TAA REPR INCL SUBCL	7/1/2014	RBRVS	$1,941.75	$1,941.75	090		Y	Y		Y	Y		
33881		ENDOVASC TAA REPR W/O SUBCL	7/1/2014	RBRVS	$1,670.04	$1,670.04	090		Y	Y		Y	Y		
33883		INSERT ENDOVASC PROSTH TAA	7/1/2014	RBRVS	$1,209.24	$1,209.24	090		Y	Y		Y	Y		
33884		ENDOVASC PROSTH TAA ADD-ON	7/1/2014	RBRVS	$444.31	$444.31	ZZZ		Y			Y	Y		
33886		ENDOVASC PROSTH DELAYED	7/1/2014	RBRVS	$1,052.78	$1,052.78	090		Y	Y		Y	Y		
33889		ARTERY TRANSPOSE/ENDOVAS TAA	7/1/2014	RBRVS	$865.16	$865.16	000		Y	Y	Y	Y	Y		
33891		CAR-CAR BP GRFT/ENDOVAS TAA	7/1/2014	RBRVS	$1,059.27	$1,059.27	000		Y	Y	Y	Y	Y		
3390F		AJCC CLN CNCR STAGE 4 DOCD	1/1/2009	RBRVS	$0.00	$0.00									
33910		REMOVE LUNG ARTERY EMBOLI	7/1/2014	RBRVS	$2,845.46	$2,845.46	090		Y	Y		Y	Y		
33915		REMOVE LUNG ARTERY EMBOLI	7/1/2014	RBRVS	$1,360.82	$1,360.82	090		Y	Y		Y	Y		
33916		SURGERY OF GREAT VESSEL	7/1/2014	RBRVS	$4,519.65	$4,519.65	090		Y	Y		Y	Y		
33917		REPAIR PULMONARY ARTERY	7/1/2014	RBRVS	$1,542.12	$1,542.12	090		Y	Y		Y	Y		
33920		REPAIR PULMONARY ATRESIA	7/1/2014	RBRVS	$1,949.35	$1,949.35	090		Y	Y		Y	Y		
33922		TRANSECT PULMONARY ARTERY	7/1/2014	RBRVS	$1,493.82	$1,493.82	090		Y	Y		Y	Y		
33924		REMOVE PULMONARY SHUNT	7/1/2014	RBRVS	$303.77	$303.77	ZZZ		Y			Y	Y		
33925		RPR PUL ART UNIFOCAL W/O CPB	7/1/2014	RBRVS	$1,822.94	$1,822.94	090		Y	Y		Y	Y		
33926		REPR PUL ART UNIFOCAL W/CPB	7/1/2014	RBRVS	$2,595.26	$2,595.26	090		Y	Y		Y	Y		
33930		REMOVAL OF DONOR HEART/LUNG	7/1/2014	RBRVS	$0.00	$0.00			Y						
33933		PREPARE DONOR HEART/LUNG	7/1/2014	RBRVS	$0.00	$0.00			Y	Y		Y	Y		
33935		TRANSPLANTATION HEART/LUNG	7/1/2014	RBRVS	$5,368.96	$5,368.96	090	Y	Y	Y		Y	Y	Y	
3394F		QUANT HER2 IHC EVAL BRST CX	7/1/2011	RBRVS	$0.00	$0.00									
33940		REMOVAL OF DONOR HEART	7/1/2014	RBRVS	$0.00	$0.00			Y						
33944		PREPARE DONOR HEART	7/1/2014	RBRVS	$0.00	$0.00			Y	Y		Y	Y		
33945		TRANSPLANTATION OF HEART	7/1/2014	RBRVS	$5,196.76	$5,196.76	090	Y	Y	Y		Y	Y	Y	
33946		ECMO/ECLS INITIATION VENOUS	1/1/2015	RBRVS	$335.76	$335.76			Y						
33947		ECMO/ECLS INITIATION ARTERY	1/1/2015	RBRVS	$365.16	$365.16			Y						
33948		ECMO/ECLS DAILY MGMT-VENOUS	1/1/2015	RBRVS	$254.96	$254.96			Y						
33949		ECMO/ECLS DAILY MGMT ARTERY	1/1/2015	RBRVS	$248.87	$248.87			Y						
3395F		QUANT NONHER2 IHC BRST CX	7/1/2011	RBRVS	$0.00	$0.00									
33951		ECMO/ECLS INSJ PRPH CANNULA	1/1/2015	RBRVS	$406.98	$404.46	000		Y	Y					
33952		ECMO/ECLS INSJ PRPH CANNULA	1/1/2015	RBRVS	$396.58	$393.35	000		Y	Y					
33953		ECMO/ECLS INSJ PRPH CANNULA	1/1/2015	RBRVS	$452.88	$450.37	000		Y	Y					
33954		ECMO/ECLS INSJ PRPH CANNULA	1/1/2015	RBRVS	$441.40	$437.81	000		Y	Y					
33955		ECMO/ECLS INSJ CTR CANNULA	1/1/2015	RBRVS	$950.18	$946.96	000		Y	Y			Y	Y	
33956		ECMO/ECLS INSJ CTR CANNULA	1/1/2015	RBRVS	$899.62	$896.03	000		Y	Y			Y	Y	
33957		ECMO/ECLS REPOS PERPH CNULA	1/1/2015	RBRVS	$330.88	$327.65	000		Y	Y					
33958		ECMO/ECLS REPOS PERPH CNULA	1/1/2015	RBRVS	$324.07	$321.56	000		Y	Y					
33959		ECMO/ECLS REPOS PERPH CNULA	1/1/2015	RBRVS	$378.57	$375.35	000		Y	Y					
33962		ECMO/ECLS REPOS PERPH CNULA	1/1/2015	RBRVS	$362.44	$358.85	000		Y	Y					
33963		ECMO/ECLS REPOS PERPH CNULA	1/1/2015	RBRVS	$603.06	$599.83	000		Y	Y			Y	Y	

Montana Medicaid - Fee Schedule
Psychiatrist 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
33964		ECMO/ECLS REPOS PERPH CNULA	1/1/2015	RBRVS	$610.23	$607.72	000		Y	Y			Y	Y	
33965		ECMO/ECLS RMVL PERPH CANNULA	1/1/2015	RBRVS	$327.65	$330.88	000		Y	Y					
33966		ECMO/ECLS RMVL PRPH CANNULA	1/1/2015	RBRVS	$360.29	$363.87	000		Y	Y					
33967		INSERT I-AORT PERCUT DEVICE	7/1/2014	RBRVS	$275.05	$275.05	000		Y	Y					
33968		REMOVE AORTIC ASSIST DEVICE	7/1/2014	RBRVS	$35.90	$35.90	000		Y						
33969		ECMO/ECLS RMVL PERPH CANNULA	1/1/2015	RBRVS	$371.65	$368.78	000		Y	Y					
33970		AORTIC CIRCULATION ASSIST	7/1/2014	RBRVS	$379.33	$379.33	000		Y	Y		Y	Y		
33971		AORTIC CIRCULATION ASSIST	7/1/2014	RBRVS	$755.64	$755.64	090		Y	Y					
33973		INSERT BALLOON DEVICE	7/1/2014	RBRVS	$549.95	$549.95	000		Y	Y		Y	Y		
33974		REMOVE INTRA-AORTIC BALLOON	7/1/2014	RBRVS	$951.22	$951.22	090		Y	Y					
33975		IMPLANT VENTRICULAR DEVICE	7/1/2014	RBRVS	$1,422.89	$1,422.89			Y	Y		Y			
33976		IMPLANT VENTRICULAR DEVICE	7/1/2014	RBRVS	$1,735.30	$1,735.30			Y	Y		Y			
33977		REMOVE VENTRICULAR DEVICE	7/1/2014	RBRVS	$1,209.27	$1,209.27			Y	Y		Y			
33978		REMOVE VENTRICULAR DEVICE	7/1/2014	RBRVS	$1,444.73	$1,444.73			Y	Y		Y			
33979		INSERT INTRACORPOREAL DEVICE	7/1/2014	RBRVS	$2,097.70	$2,097.70			Y	Y		Y			
33980		REMOVE INTRACORPOREAL DEVICE	7/1/2014	RBRVS	$1,916.18	$1,916.18			Y	Y		Y			
33981		REPLACE VAD PUMP EXT	7/1/2014	RBRVS	$902.38	$902.38			Y	Y		Y			
33982		REPLACE VAD INTRA W/O BP	7/1/2014	RBRVS	$2,105.74	$2,105.74			Y	Y		Y			
33983		REPLACE VAD INTRA W/BP	7/1/2014	RBRVS	$2,481.26	$2,481.26			Y	Y		Y			
33984		ECMO/ECLS RMVL PRPH CANNULA	1/1/2015	RBRVS	$364.12	$360.54	000		Y	Y					
33985		ECMO/ECLS RMVL CTR CANNULA	1/1/2015	RBRVS	$686.04	$682.81	000		Y	Y			Y	Y	
33986		ECMO/ECLS RMVL CTR CANNULA	1/1/2015	RBRVS	$655.20	$651.61	000		Y	Y			Y	Y	
33987		ARTERY EXPOS/GRAFT ARTERY	1/1/2015	RBRVS	$277.31	$277.31	ZZZ		Y				Y	Y	
33988		INSERTION OF LEFT HEART VENT	1/1/2015	RBRVS	$784.01	$780.06	000		Y	Y			Y	Y	
33989		REMOVAL OF LEFT HEART VENT	1/1/2015	RBRVS	$527.39	$523.81	000		Y	Y			Y	Y	
33990		INSERT VAD ARTERY ACCESS	7/1/2014	RBRVS	$464.64	$464.64			Y	Y		Y			
33991		INSERT VAD ART&VEIN ACCESS	7/1/2014	RBRVS	$677.29	$677.29			Y	Y		Y			
33992		REMOVE VAD DIFFERENT SESSION	7/1/2014	RBRVS	$219.82	$219.82			Y	Y		Y			
33993		REPOSITION VAD DIFF SESSION	7/1/2014	RBRVS	$193.07	$193.07			Y	Y		Y			
33999		CARDIAC SURGERY PROCEDURE	7/1/2014	FEE SCHED	$2,149.55	$0.00			Y						
34001		REMOVAL OF ARTERY CLOT	7/1/2014	RBRVS	$1,037.86	$1,037.86	090		Y	Y	Y	Y	Y		
34051		REMOVAL OF ARTERY CLOT	7/1/2014	RBRVS	$1,065.04	$1,065.04	090		Y	Y	Y	Y	Y		
34101		REMOVAL OF ARTERY CLOT	7/1/2014	RBRVS	$650.07	$650.07	090		Y	Y	Y	Y	Y		
34111		REMOVAL OF ARM ARTERY CLOT	7/1/2014	RBRVS	$649.57	$649.57	090		Y	Y	Y	Y	Y		
34151		REMOVAL OF ARTERY CLOT	7/1/2014	RBRVS	$1,519.46	$1,519.46	090		Y	Y	Y	Y	Y		
34201		REMOVAL OF ARTERY CLOT	7/1/2014	RBRVS	$1,119.76	$1,119.76	090		Y	Y	Y	Y	Y		
34203		REMOVAL OF LEG ARTERY CLOT	7/1/2014	RBRVS	$1,038.79	$1,038.79	090		Y	Y	Y	Y	Y		
34401		REMOVAL OF VEIN CLOT	7/1/2014	RBRVS	$1,565.76	$1,565.76	090		Y	Y	Y	Y	Y		
34421		REMOVAL OF VEIN CLOT	7/1/2014	RBRVS	$786.37	$786.37	090		Y	Y	Y	Y	Y		
34451		REMOVAL OF VEIN CLOT	7/1/2014	RBRVS	$1,573.86	$1,573.86	090		Y	Y	Y	Y	Y		
34471		REMOVAL OF VEIN CLOT	7/1/2014	RBRVS	$1,160.43	$1,160.43	090		Y	Y	Y		Y		
34490		REMOVAL OF VEIN CLOT	7/1/2014	RBRVS	$653.76	$653.76	090		Y	Y	Y				
3450F		DYSPNEA SCRND NO-MILD DYSP	7/1/2009	RBRVS	$0.00	$0.00									
34501		REPAIR VALVE FEMORAL VEIN	7/1/2014	RBRVS	$1,065.47	$1,065.47	090		Y	Y	Y	Y	Y		
34502		RECONSTRUCT VENA CAVA	7/1/2014	RBRVS	$1,630.16	$1,630.16	090		Y	Y		Y			
3451F		DYSPNEA SCRND MOD-SEVEREDYSP	7/1/2009	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
34510		TRANSPOSITION OF VEIN VALVE	7/1/2014	RBRVS	$1,249.29	$1,249.29	090		Y	Y	Y	Y	Y		
3452F		DYSPNEA NOT SCREENED	7/1/2009	RBRVS	$0.00	$0.00									
34520		CROSS-OVER VEIN GRAFT	7/1/2014	RBRVS	$1,082.18	$1,082.18	090		Y	Y	Y	Y	Y		
34530		LEG VEIN FUSION	7/1/2014	RBRVS	$1,159.78	$1,159.78	090		Y	Y	Y	Y	Y		
3455F		TB SCRNG DONE-INTERPD 6MON	1/1/2009	RBRVS	$0.00	$0.00									
3470F		RA DISEASE ACTIVITY LOW	1/1/2009	RBRVS	$0.00	$0.00									
3471F		RA DISEASE ACTIVITY MOD	1/1/2009	RBRVS	$0.00	$0.00									
3472F		RA DISEASE ACTIVITY HIGH	1/1/2009	RBRVS	$0.00	$0.00									
3475F		DISEASE PROGN RA POOR DOCD	1/1/2009	RBRVS	$0.00	$0.00									
3476F		DISEASE PROGN RA GOOD DOCD	1/1/2009	RBRVS	$0.00	$0.00									
34800		ENDOVAS AAA REPR W/SM TUBE	7/1/2014	RBRVS	$1,216.41	$1,216.41	090		Y	Y		Y	Y		
34802		ENDOVAS AAA REPR W/2-P PART	7/1/2014	RBRVS	$1,344.18	$1,344.18	090		Y	Y		Y	Y		
34803		ENDOVAS AAA REPR W/3-P PART	7/1/2014	RBRVS	$1,391.48	$1,391.48	090		Y	Y		Y	Y		
34804		ENDOVAS AAA REPR W/1-P PART	7/1/2014	RBRVS	$1,343.03	$1,343.03	090		Y	Y		Y	Y		
34805		ENDOVAS AAA REPR W/LONG TUBE	7/1/2014	RBRVS	$1,291.14	$1,291.14	090		Y	Y		Y	Y		
34806		ANEURYSM PRESS SENSOR ADD-ON	7/1/2014	RBRVS	$107.62	$107.62	ZZZ		Y			Y	Y		
34808		ENDOVAS ILIAC A DEVICE ADDON	7/1/2014	RBRVS	$222.40	$222.40	ZZZ		Y			Y	Y		
34812		XPOSE FOR ENDOPROSTH FEMORL	7/1/2014	RBRVS	$365.92	$365.92	000		Y	Y	Y	Y	Y		
34813		FEMORAL ENDOVAS GRAFT ADD-ON	7/1/2014	RBRVS	$257.58	$257.58	ZZZ		Y			Y	Y		
34820		XPOSE FOR ENDOPROSTH ILIAC	7/1/2014	RBRVS	$531.19	$531.19	000		Y	Y	Y	Y	Y		
34825		ENDOVASC EXTEND PROSTH INIT	7/1/2014	RBRVS	$751.77	$751.77	090		Y	Y		Y	Y		
34826		ENDOVASC EXTEN PROSTH ADDL	7/1/2014	RBRVS	$221.58	$221.58	ZZZ		Y			Y	Y		
34830		OPEN AORTIC TUBE PROSTH REPR	7/1/2014	RBRVS	$1,931.71	$1,931.71	090		Y	Y		Y	Y		
34831		OPEN AORTOILIAC PROSTH REPR	7/1/2014	RBRVS	$2,077.87	$2,077.87	090		Y	Y		Y	Y		
34832		OPEN AORTOFEMOR PROSTH REPR	7/1/2014	RBRVS	$2,077.87	$2,077.87	090		Y	Y		Y	Y		
34833		XPOSE FOR ENDOPROSTH ILIAC	7/1/2014	RBRVS	$662.73	$662.73	000		Y	Y	Y	Y	Y		
34834		XPOSE ENDOPROSTH BRACHIAL	7/1/2014	RBRVS	$297.14	$297.14	000		Y	Y	Y	Y	Y		
34841		ENDOVASC VISC AORTA 1 GRAFT	7/1/2014	FEE SCHED	$1,318.54	$0.00			Y						
34842		ENDOVASC VISC AORTA 2 GRAFT	7/1/2014	FEE SCHED	$1,317.68	$0.00			Y						
34843		ENDOVASC VISC AORTA 3 GRAFT	7/1/2014	FEE SCHED	$1,316.13	$0.00			Y						
34844		ENDOVASC VISC AORTA 4 GRAFT	7/1/2014	FEE SCHED	$1,318.54	$0.00			Y						
34845		VISC & INFRAREN ABD 1 PROSTH	7/1/2014	FEE SCHED	$1,318.54	$0.00			Y						
34846		VISC & INFRAREN ABD 2 PROSTH	7/1/2014	FEE SCHED	$1,318.54	$0.00			Y						
34847		VISC & INFRAREN ABD 3 PROSTH	7/1/2014	FEE SCHED	$1,318.54	$0.00			Y						
34848		VISC & INFRAREN ABD 4+ PROST	7/1/2014	FEE SCHED	$1,318.54	$0.00			Y						
34900		ENDOVASC ILIAC REPR W/GRAFT	7/1/2014	RBRVS	$961.91	$961.91	090		Y	Y	Y	Y	Y		
3491F		HIV UNSURE BABY OF HIV+MOMS	7/1/2009	RBRVS	$0.00	$0.00									
3494F		CD4+CELL COUNT <200CELLS/MM3	1/1/2009	RBRVS	$0.00	$0.00									
3495F		CD4+CELL CNT 200-499 CELLS	1/1/2009	RBRVS	$0.00	$0.00									
3496F		CD4+ CELL COUNT + 500 CELLS	1/1/2009	RBRVS	$0.00	$0.00									
3497F		CD4+ CELL PERCENTAGE <15%	7/1/2009	RBRVS	$0.00	$0.00									
3498F		CD4+ CELL =15% (HIV)	7/1/2009	RBRVS	$0.00	$0.00									
35001		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,217.12	$1,217.12	090		Y	Y	Y	Y	Y		
35002		REPAIR ARTERY RUPTURE NECK	7/1/2014	RBRVS	$1,222.07	$1,222.07	090		Y	Y	Y	Y	Y		
35005		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,236.49	$1,236.49	090		Y	Y	Y	Y	Y		
35011		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,081.07	$1,081.07	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
35013		REPAIR ARTERY RUPTURE ARM	7/1/2014	RBRVS	$1,355.26	$1,355.26	090		Y	Y	Y	Y	Y		
35021		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,341.52	$1,341.52	090		Y	Y	Y	Y	Y		
35022		REPAIR ARTERY RUPTURE CHEST	7/1/2014	RBRVS	$1,545.21	$1,545.21	090		Y	Y	Y	Y	Y		
35045		REPAIR DEFECT OF ARM ARTERY	7/1/2014	RBRVS	$1,075.51	$1,075.51	090		Y	Y	Y	Y	Y		
35081		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,902.23	$1,902.23	090		Y	Y		Y	Y		
35082		REPAIR ARTERY RUPTURE AORTA	7/1/2014	RBRVS	$2,379.85	$2,379.85	090		Y	Y		Y	Y		
35091		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,954.08	$1,954.08	090		Y	Y	Y	Y	Y		
35092		REPAIR ARTERY RUPTURE AORTA	7/1/2014	RBRVS	$2,842.30	$2,842.30	090		Y	Y	Y	Y	Y		
3510F		DOC TB SCRNG-RSLTS INTERPD	7/1/2009	RBRVS	$0.00	$0.00									
35102		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$2,061.70	$2,061.70	090		Y	Y	Y	Y	Y		
35103		REPAIR ARTERY RUPTURE AORTA	7/1/2014	RBRVS	$2,446.58	$2,446.58	090		Y	Y	Y	Y	Y		
35111		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,614.20	$1,614.20	090		Y	Y	Y	Y	Y		
35112		REPAIR ARTERY RUPTURE SPLEEN	7/1/2014	RBRVS	$1,980.05	$1,980.05	090		Y	Y	Y	Y	Y		
35121		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,776.61	$1,776.61	090		Y	Y	Y	Y			
35122		REPAIR ARTERY RUPTURE BELLY	7/1/2014	RBRVS	$2,285.18	$2,285.18	090		Y	Y	Y	Y	Y		
3513F		HEP B SCRNG DOCD AS DONE	7/1/2009	RBRVS	$0.00	$0.00									
35131		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,506.91	$1,506.91	090		Y	Y	Y	Y	Y		
35132		REPAIR ARTERY RUPTURE GROIN	7/1/2014	RBRVS	$1,779.55	$1,779.55	090		Y	Y	Y	Y	Y		
3514F		HEP C SCRNG DOCD AS DONE	7/1/2009	RBRVS	$0.00	$0.00									
35141		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,201.74	$1,201.74	090		Y	Y	Y	Y	Y		
35142		REPAIR ARTERY RUPTURE THIGH	7/1/2014	RBRVS	$1,440.21	$1,440.21	090		Y	Y	Y	Y	Y		
3515F		PT HAS DOCD IMMUN TO HEP C	7/1/2009	RBRVS	$0.00	$0.00									
35151		REPAIR DEFECT OF ARTERY	7/1/2014	RBRVS	$1,352.03	$1,352.03	090		Y	Y	Y	Y	Y		
35152		REPAIR RUPTD POPLITEAL ART	7/1/2014	RBRVS	$1,531.08	$1,531.08	090		Y	Y	Y	Y	Y		
35180		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$979.12	$979.12	090		Y	Y		Y	Y		
35182		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,865.65	$1,865.65	090		Y	Y		Y	Y		
35184		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,111.73	$1,111.73	090		Y	Y		Y	Y		
35188		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,269.34	$1,269.34	090		Y	Y		Y	Y		
35189		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,669.39	$1,669.39	090		Y	Y		Y	Y		
35190		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$815.92	$815.92	090		Y	Y		Y	Y		
3520F		CDIFFICILE TESTING PERFORME	1/1/2012	RBRVS	$0.00	$0.00									
35201		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,018.57	$1,018.57	090		Y	Y	Y	Y	Y		
35206		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$833.49	$833.49	090		Y	Y	Y	Y	Y		
35207		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$783.36	$783.36	090		Y	Y	Y		Y		
35211		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,484.68	$1,484.68	090		Y	Y	Y	Y	Y		
35216		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$2,202.99	$2,202.99	090		Y	Y	Y	Y	Y		
35221		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,549.91	$1,549.91	090		Y	Y	Y	Y	Y		
35226		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$902.81	$902.81	090		Y	Y	Y	Y	Y		
35231		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,296.95	$1,296.95	090		Y	Y	Y	Y	Y		
35236		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,058.23	$1,058.23	090		Y	Y	Y	Y	Y		
35241		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,539.22	$1,539.22	090		Y	Y	Y	Y	Y		
35246		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,675.67	$1,675.67	090		Y	Y	Y	Y	Y		
35251		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,810.36	$1,810.36	090		Y	Y	Y	Y	Y		
35256		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,106.57	$1,106.57	090		Y	Y	Y	Y	Y		
35261		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,146.91	$1,146.91	090		Y	Y	Y	Y	Y		
35266		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$939.93	$939.93	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
35271		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,484.21	$1,484.21	090		Y	Y	Y	Y	Y		
35276		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,553.60	$1,553.60	090		Y	Y	Y	Y	Y		
35281		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,754.31	$1,754.31	090		Y	Y	Y	Y	Y		
35286		REPAIR BLOOD VESSEL LESION	7/1/2014	RBRVS	$1,016.81	$1,016.81	090		Y	Y	Y	Y	Y		
35301		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,229.53	$1,229.53	090		Y	Y	Y	Y	Y		
35302		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,227.02	$1,227.02	090		Y	Y	Y	Y	Y		
35303		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,354.65	$1,354.65	090		Y	Y	Y	Y	Y		
35304		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,401.44	$1,401.44	090		Y	Y	Y	Y	Y		
35305		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,345.68	$1,345.68	090		Y	Y	Y	Y	Y		
35306		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$503.65	$503.65	ZZZ		Y			Y	Y		
35311		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,563.78	$1,563.78	090		Y	Y	Y	Y	Y		
35321		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$959.83	$959.83	090		Y	Y	Y	Y	Y		
35331		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,578.06	$1,578.06	090		Y	Y	Y	Y	Y		
35341		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,498.12	$1,498.12	090		Y	Y	Y	Y	Y		
35351		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,395.35	$1,395.35	090		Y	Y	Y	Y	Y		
35355		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,130.27	$1,130.27	090		Y	Y	Y	Y	Y		
35361		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,668.39	$1,668.39	090		Y	Y	Y	Y	Y		
35363		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,888.93	$1,888.93	090		Y	Y	Y	Y	Y		
35371		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$892.05	$892.05	090		Y	Y	Y	Y	Y		
35372		RECHANNELING OF ARTERY	7/1/2014	RBRVS	$1,066.91	$1,066.91	090		Y	Y	Y	Y	Y		
35390		REOPERATION CAROTID ADD-ON	7/1/2014	RBRVS	$173.06	$173.06	ZZZ		Y			Y	Y		
35400		ANGIOSCOPY	7/1/2014	RBRVS	$161.62	$161.62	ZZZ		Y				Y		
35450		REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$554.93	$554.93	000		Y	Y	Y	Y	Y		
35452		REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$371.12	$371.12	000		Y	Y	Y	Y	Y		
35458		REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$531.37	$531.37	000		Y	Y	Y	Y	Y		
35460		REPAIR VENOUS BLOCKAGE	7/1/2014	RBRVS	$336.30	$336.30	000		Y	Y	Y		Y		
35471		REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$2,579.91	$559.92	000		Y	Y	Y				
35472		REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$1,879.71	$382.91	000		Y	Y	Y		Y		
35475		REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$1,617.90	$361.72	000		Y	Y	Y				
35476		REPAIR VENOUS BLOCKAGE	7/1/2014	RBRVS	$1,474.60	$286.92	000		Y	Y	Y				
3550F		LOW RSK THROMBOEMBOLISM	7/1/2009	RBRVS	$0.00	$0.00									
35500		HARVEST VEIN FOR BYPASS	7/1/2014	RBRVS	$348.06	$348.06	ZZZ		Y			Y	Y		
35501		ART BYP GRFT IPSILAT CAROTID	7/1/2014	RBRVS	$1,627.97	$1,627.97	090		Y	Y	Y	Y	Y		
35506		ART BYP GRFT SUBCLAV-CAROTID	7/1/2014	RBRVS	$1,397.82	$1,397.82	090		Y	Y	Y	Y	Y		
35508		ART BYP GRFT CAROTID-VERTBRL	7/1/2014	RBRVS	$1,469.54	$1,469.54	090		Y	Y	Y	Y	Y		
35509		ART BYP GRFT CONTRAL CAROTID	7/1/2014	RBRVS	$1,550.69	$1,550.69	090		Y	Y	Y	Y	Y		
3551F		INTRMED RSK THROMBOEMBOLISM	7/1/2009	RBRVS	$0.00	$0.00									
35510		ART BYP GRFT CAROTID-BRCHIAL	7/1/2014	RBRVS	$1,348.41	$1,348.41	090		Y	Y	Y	Y	Y		
35511		ART BYP GRFT SUBCLAV-SUBCLAV	7/1/2014	RBRVS	$1,381.79	$1,381.79	090		Y	Y	Y	Y	Y		
35512		ART BYP GRFT SUBCLAV-BRCHIAL	7/1/2014	RBRVS	$1,322.73	$1,322.73	090		Y	Y	Y	Y	Y		
35515		ART BYP GRFT SUBCLAV-VERTBRL	7/1/2014	RBRVS	$1,456.17	$1,456.17	090		Y	Y	Y	Y	Y		
35516		ART BYP GRFT SUBCLAV-AXILARY	7/1/2014	RBRVS	$1,337.79	$1,337.79	090		Y	Y	Y	Y	Y		
35518		ART BYP GRFT AXILLARY-AXILRY	7/1/2014	RBRVS	$1,252.59	$1,252.59	090		Y	Y	Y	Y	Y		
3552F		HGH RISK FOR THROMBOEMBOLISM	7/1/2009	RBRVS	$0.00	$0.00									
35521		ART BYP GRFT AXILL-FEMORAL	7/1/2014	RBRVS	$1,344.18	$1,344.18	090		Y	Y	Y	Y	Y		
35522		ART BYP GRFT AXILL-BRACHIAL	7/1/2014	RBRVS	$1,321.98	$1,321.98	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
35523		ART BYP GRFT BRCHL-ULNR-RDL	7/1/2014	RBRVS	$1,394.77	$1,394.77	090		Y	Y	Y	Y	Y		
35525		ART BYP GRFT BRACHIAL-BRCHL	7/1/2014	RBRVS	$1,236.17	$1,236.17	090		Y	Y	Y	Y	Y		
35526		ART BYP GRFT AOR/CAROT/INNOM	7/1/2014	RBRVS	$1,871.75	$1,871.75	090		Y	Y	Y	Y	Y		
35531		ART BYP GRFT AORCEL/AORMESEN	7/1/2014	RBRVS	$2,199.87	$2,199.87	090		Y	Y	Y	Y	Y		
35533		ART BYP GRFT AXILL/FEM/FEM	7/1/2014	RBRVS	$1,650.99	$1,650.99	090		Y	Y	Y	Y	Y		
35535		ART BYP GRFT HEPATORENAL	7/1/2014	RBRVS	$1,833.41	$1,833.41	090		Y	Y	Y	Y	Y		
35536		ART BYP GRFT SPLENORENAL	7/1/2014	RBRVS	$1,853.10	$1,853.10	090		Y	Y	Y	Y	Y		
35537		ART BYP GRFT AORTOILIAC	7/1/2014	RBRVS	$2,286.76	$2,286.76	090		Y	Y		Y	Y		
35538		ART BYP GRFT AORTOBI-ILIAC	7/1/2014	RBRVS	$2,560.44	$2,560.44	090		Y	Y		Y	Y		
35539		ART BYP GRFT AORTOFEMORAL	7/1/2014	RBRVS	$2,405.24	$2,405.24	090		Y	Y	Y	Y	Y		
35540		ART BYP GRFT AORTBIFEMORAL	7/1/2014	RBRVS	$2,666.55	$2,666.55	090		Y	Y	Y		Y		
3555F		PT INR MEASUREMENT PERFORMED	7/1/2009	RBRVS	$0.00	$0.00									
35556		ART BYP GRFT FEM-POPLITEAL	7/1/2014	RBRVS	$1,529.39	$1,529.39	090		Y	Y	Y	Y	Y		
35558		ART BYP GRFT FEM-FEMORAL	7/1/2014	RBRVS	$1,346.29	$1,346.29	090		Y	Y	Y	Y	Y		
35560		ART BYP GRFT AORTORENAL	7/1/2014	RBRVS	$1,868.49	$1,868.49	090		Y	Y	Y	Y	Y		
35563		ART BYP GRFT ILIOILIAC	7/1/2014	RBRVS	$1,449.35	$1,449.35	090		Y	Y	Y	Y	Y		
35565		ART BYP GRFT ILIOFEMORAL	7/1/2014	RBRVS	$1,434.26	$1,434.26	090		Y	Y	Y	Y	Y		
35566		ART BYP FEM-ANT-POST TIB/PRL	7/1/2014	RBRVS	$1,826.46	$1,826.46	090		Y	Y	Y	Y	Y		
35570		ART BYP TIBIAL-TIB/PERONEAL	7/1/2014	RBRVS	$1,468.00	$1,468.00	090		Y	Y	Y	Y	Y		
35571		ART BYP POP-TIBL-PRL-OTHER	7/1/2014	RBRVS	$1,451.94	$1,451.94	090		Y	Y	Y	Y	Y		
35572		HARVEST FEMOROPOPLITEAL VEIN	7/1/2014	RBRVS	$375.13	$375.13	ZZZ		Y			Y			
35583		VEIN BYP GRFT FEM-POPLITEAL	7/1/2014	RBRVS	$1,577.95	$1,577.95	090		Y	Y	Y	Y	Y		
35585		VEIN BYP FEM-TIBIAL PERONEAL	7/1/2014	RBRVS	$1,830.22	$1,830.22	090		Y	Y	Y	Y	Y		
35587		VEIN BYP POP-TIBL PERONEAL	7/1/2014	RBRVS	$1,493.71	$1,493.71	090		Y	Y	Y	Y	Y		
35600		HARVEST ARTERY FOR CABG	7/1/2014	RBRVS	$277.20	$277.20	ZZZ		Y			Y	Y		
35601		ART BYP COMMON IPSI CAROTID	7/1/2014	RBRVS	$1,530.86	$1,530.86	090		Y	Y	Y	Y	Y		
35606		ART BYP CAROTID-SUBCLAVIAN	7/1/2014	RBRVS	$1,281.56	$1,281.56	090		Y	Y	Y	Y	Y		
35612		ART BYP SUBCLAV-SUBCLAVIAN	7/1/2014	RBRVS	$1,144.08	$1,144.08	090		Y	Y	Y	Y	Y		
35616		ART BYP SUBCLAV-AXILLARY	7/1/2014	RBRVS	$1,187.11	$1,187.11	090		Y	Y	Y	Y	Y		
35621		ART BYP AXILLARY-FEMORAL	7/1/2014	RBRVS	$1,199.12	$1,199.12	090		Y	Y	Y	Y	Y		
35623		ART BYP AXILLARY-POP-TIBIAL	7/1/2014	RBRVS	$1,438.31	$1,438.31	090		Y	Y	Y	Y	Y		
35626		ART BYP AORSUBCL/CAROT/INNOM	7/1/2014	RBRVS	$1,712.03	$1,712.03	090		Y	Y	Y	Y	Y		
35631		ART BYP AOR-CELIAC-MSN-RENAL	7/1/2014	RBRVS	$2,021.00	$2,021.00	090		Y	Y	Y	Y	Y		
35632		ART BYP ILIO-CELIAC	7/1/2014	RBRVS	$1,741.22	$1,741.22	090		Y	Y	Y	Y	Y		
35633		ART BYP ILIO-MESENTERIC	7/1/2014	RBRVS	$1,943.93	$1,943.93	090		Y	Y	Y	Y	Y		
35634		ART BYP ILIORENAL	7/1/2014	RBRVS	$1,703.49	$1,703.49	090		Y	Y	Y	Y	Y		
35636		ART BYP SPENORENAL	7/1/2014	RBRVS	$1,747.82	$1,747.82	090		Y	Y	Y	Y	Y		
35637		ART BYP AORTOILIAC	7/1/2014	RBRVS	$1,887.60	$1,887.60	090		Y	Y		Y	Y		
35638		ART BYP AORTOBI-ILIAC	7/1/2014	RBRVS	$1,925.18	$1,925.18	090		Y	Y		Y	Y		
35642		ART BYP CAROTID-VERTEBRAL	7/1/2014	RBRVS	$1,079.67	$1,079.67	090		Y	Y	Y	Y	Y		
35645		ART BYP SUBCLAV-VERTEBRL	7/1/2014	RBRVS	$1,130.95	$1,130.95	090		Y	Y	Y	Y	Y		
35646		ART BYP AORTOBIFEMORAL	7/1/2014	RBRVS	$1,872.90	$1,872.90	090		Y	Y		Y	Y		
35647		ART BYP AORTOFEMORAL	7/1/2014	RBRVS	$1,699.01	$1,699.01	090		Y	Y	Y	Y	Y		
35650		ART BYP AXILLARY-AXILLARY	7/1/2014	RBRVS	$1,170.69	$1,170.69	090		Y	Y	Y	Y	Y		
35654		ART BYP AXILL-FEM-FEMORAL	7/1/2014	RBRVS	$1,496.33	$1,496.33	090		Y	Y		Y	Y		
35656		ART BYP FEMORAL-POPLITEAL	7/1/2014	RBRVS	$1,182.41	$1,182.41	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
35661		ART BYP FEMORAL-FEMORAL	7/1/2014	RBRVS	$1,183.06	$1,183.06	090		Y	Y	Y	Y	Y		
35663		ART BYP ILIOILIAC	7/1/2014	RBRVS	$1,369.60	$1,369.60	090		Y	Y	Y	Y	Y		
35665		ART BYP ILIOFEMORAL	7/1/2014	RBRVS	$1,282.68	$1,282.68	090		Y	Y	Y	Y	Y		
35666		ART BYP FEM-ANT-POST TIB/PRL	7/1/2014	RBRVS	$1,385.20	$1,385.20	090		Y	Y	Y	Y	Y		
35671		ART BYP POP-TIBL-PRL-OTHER	7/1/2014	RBRVS	$1,222.97	$1,222.97	090		Y	Y	Y	Y	Y		
35681		COMPOSITE BYP GRFT PROS&VEIN	7/1/2014	RBRVS	$87.07	$87.07	ZZZ		Y			Y	Y		
35682		COMPOSITE BYP GRFT 2 VEINS	7/1/2014	RBRVS	$386.64	$386.64	ZZZ		Y				Y		
35683		COMPOSITE BYP GRFT 3/> SEGMT	7/1/2014	RBRVS	$448.79	$448.79	ZZZ		Y				Y		
35685		BYPASS GRAFT PATENCY/PATCH	7/1/2014	RBRVS	$217.92	$217.92	ZZZ		Y			Y	Y		
35686		BYPASS GRAFT/AV FIST PATENCY	7/1/2014	RBRVS	$175.32	$175.32	ZZZ		Y			Y	Y		
35691		ART TRNSPOSJ VERTBRL CAROTID	7/1/2014	RBRVS	$1,034.92	$1,034.92	090		Y	Y	Y	Y	Y		
35693		ART TRNSPOSJ SUBCLAVIAN	7/1/2014	RBRVS	$913.03	$913.03	090		Y	Y	Y	Y	Y		
35694		ART TRNSPOSJ SUBCLAV CAROTID	7/1/2014	RBRVS	$1,080.50	$1,080.50	090		Y	Y	Y	Y	Y		
35695		ART TRNSPOSJ CAROTID SUBCLAV	7/1/2014	RBRVS	$1,122.10	$1,122.10	090		Y	Y	Y	Y	Y		
35697		REIMPLANT ARTERY EACH	7/1/2014	RBRVS	$161.33	$161.33	ZZZ		Y			Y	Y		
3570F		RPRT BONE SCINT X-REFW/X-RAY	1/1/2009	RBRVS	$0.00	$0.00									
35700		REOPERATION BYPASS GRAFT	7/1/2014	RBRVS	$166.82	$166.82	ZZZ		Y			Y	Y		
35701		EXPLORATION CAROTID ARTERY	7/1/2014	RBRVS	$607.25	$607.25	090		Y	Y	Y	Y	Y		
3572F		PT CONSID POSS RISK FX	7/1/2009	RBRVS	$0.00	$0.00									
35721		EXPLORATION FEMORAL ARTERY	7/1/2014	RBRVS	$488.20	$488.20	090		Y	Y	Y	Y	Y		
3573F		PT NOT CONSID POSS RISK FX	7/1/2009	RBRVS	$0.00	$0.00									
35741		EXPLORATION POPLITEAL ARTERY	7/1/2014	RBRVS	$553.14	$553.14	090		Y	Y	Y	Y	Y		
35761		EXPLORATION OF ARTERY/VEIN	7/1/2014	RBRVS	$416.44	$416.44	090		Y	Y	Y	Y	Y		
35800		EXPLORE NECK VESSELS	7/1/2014	RBRVS	$766.29	$766.29	090		Y	Y		Y	Y		
35820		EXPLORE CHEST VESSELS	7/1/2014	RBRVS	$2,157.45	$2,157.45	090		Y	Y		Y	Y		
35840		EXPLORE ABDOMINAL VESSELS	7/1/2014	RBRVS	$1,259.15	$1,259.15	090		Y	Y		Y	Y		
35860		EXPLORE LIMB VESSELS	7/1/2014	RBRVS	$911.53	$911.53	090		Y	Y		Y	Y		
35870		REPAIR VESSEL GRAFT DEFECT	7/1/2014	RBRVS	$1,363.29	$1,363.29	090		Y	Y		Y	Y		
35875		REMOVAL OF CLOT IN GRAFT	7/1/2014	RBRVS	$643.83	$643.83	090		Y	Y			Y		
35876		REMOVAL OF CLOT IN GRAFT	7/1/2014	RBRVS	$1,028.25	$1,028.25	090		Y	Y		Y	Y		
35879		REVISE GRAFT W/VEIN	7/1/2014	RBRVS	$1,008.45	$1,008.45	090		Y	Y	Y	Y	Y		
35881		REVISE GRAFT W/VEIN	7/1/2014	RBRVS	$1,113.02	$1,113.02	090		Y	Y	Y	Y	Y		
35883		REVISE GRAFT W/NONAUTO GRAFT	7/1/2014	RBRVS	$1,318.32	$1,318.32	090		Y	Y	Y	Y	Y		
35884		REVISE GRAFT W/VEIN	7/1/2014	RBRVS	$1,359.49	$1,359.49	090		Y	Y	Y	Y	Y		
35901		EXCISION GRAFT NECK	7/1/2014	RBRVS	$511.44	$511.44	090		Y	Y		Y	Y		
35903		EXCISION GRAFT EXTREMITY	7/1/2014	RBRVS	$610.34	$610.34	090		Y	Y		Y	Y		
35905		EXCISION GRAFT THORAX	7/1/2014	RBRVS	$1,841.27	$1,841.27	090		Y	Y		Y	Y		
35907		EXCISION GRAFT ABDOMEN	7/1/2014	RBRVS	$2,079.70	$2,079.70	090		Y	Y		Y	Y		
36000		PLACE NEEDLE IN VEIN	7/1/2012	RBRVS	$0.00	$0.00			Y						
36002		PSEUDOANEURYSM INJECTION TRT	7/1/2014	RBRVS	$168.11	$113.60	000		Y	Y	Y				
36005		INJECTION EXT VENOGRAPHY	7/1/2014	RBRVS	$327.80	$50.96	000		Y	Y	Y				
36010		PLACE CATHETER IN VEIN	7/1/2014	RBRVS	$513.30	$128.16			Y	Y	Y				
36011		PLACE CATHETER IN VEIN	7/1/2014	RBRVS	$852.36	$166.00			Y	Y	Y				
36012		PLACE CATHETER IN VEIN	7/1/2014	RBRVS	$882.98	$187.30			Y	Y	Y				
36013		PLACE CATHETER IN ARTERY	7/1/2014	RBRVS	$802.22	$138.46			Y	Y					
36014		PLACE CATHETER IN ARTERY	7/1/2014	RBRVS	$828.11	$157.17			Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
36015		PLACE CATHETER IN ARTERY	7/1/2014	RBRVS	$887.10	$182.10			Y	Y	Y				
36100		ESTABLISH ACCESS TO ARTERY	7/1/2014	RBRVS	$519.83	$169.83			Y	Y	Y				
36120		ESTABLISH ACCESS TO ARTERY	7/1/2014	RBRVS	$437.24	$106.25			Y	Y					
36140		ESTABLISH ACCESS TO ARTERY	7/1/2014	RBRVS	$448.29	$109.41			Y	Y					
36147		ACCESS AV DIAL GRFT FOR EVAL	7/1/2014	RBRVS	$856.66	$197.55			Y	Y		Y			
36148		ACCESS AV DIAL GRFT FOR PROC	7/1/2014	RBRVS	$266.37	$51.57	ZZZ		Y			Y			
36160		ESTABLISH ACCESS TO AORTA	7/1/2014	RBRVS	$522.44	$135.87			Y	Y					
36200		PLACE CATHETER IN AORTA	7/1/2014	RBRVS	$638.81	$162.59	000		Y	Y	Y				
36215		PLACE CATHETER IN ARTERY	7/1/2014	RBRVS	$1,126.33	$257.08			Y	Y					
36216		PLACE CATHETER IN ARTERY	7/1/2014	RBRVS	$1,270.41	$293.59			Y	Y					
36217		PLACE CATHETER IN ARTERY	7/1/2014	RBRVS	$2,180.54	$351.68			Y	Y					
36218		PLACE CATHETER IN ARTERY	7/1/2014	RBRVS	$204.94	$55.76	ZZZ		Y						
36221		PLACE CATH THORACIC AORTA	7/1/2014	RBRVS	$1,138.20	$228.07	000		Y	Y					
36222		PLACE CATH CAROTID/INOM ART	7/1/2014	RBRVS	$1,439.60	$309.29	000		Y	Y	Y				
36223		PLACE CATH CAROTID/INOM ART	7/1/2014	RBRVS	$1,567.69	$333.75	000		Y	Y	Y				
36224		PLACE CATH CAROTD ART	7/1/2014	RBRVS	$1,722.82	$364.80	000		Y	Y	Y				
36225		PLACE CATH SUBCLAVIAN ART	7/1/2014	RBRVS	$1,552.20	$332.24	000		Y	Y	Y				
36226		PLACE CATH VERTEBRAL ART	7/1/2014	RBRVS	$1,757.25	$365.88	000		Y	Y	Y				
36227		PLACE CATH XTRNL CAROTID	7/1/2014	RBRVS	$254.71	$115.94	ZZZ		Y		Y				
36228		PLACE CATH INTRACRANIAL ART	7/1/2014	RBRVS	$1,194.71	$235.46	ZZZ		Y		Y				
36245		INS CATH ABD/L-EXT ART 1ST	7/1/2014	RBRVS	$1,391.15	$271.96			Y	Y	Y				
36246		INS CATH ABD/L-EXT ART 2ND	7/1/2014	RBRVS	$913.17	$285.98	000		Y	Y	Y				
36247		INS CATH ABD/L-EXT ART 3RD	7/1/2014	RBRVS	$1,615.71	$341.96	000		Y	Y	Y				
36248		INS CATH ABD/L-EXT ART ADDL	7/1/2014	RBRVS	$157.60	$54.33	ZZZ		Y						
36251		INS CATH REN ART 1ST UNILAT	7/1/2014	RBRVS	$1,442.93	$297.92	000		Y	Y					
36252		INS CATH REN ART 1ST BILAT	7/1/2014	RBRVS	$1,570.13	$389.98	000		Y	Y					
36253		INS CATH REN ART 2ND+ UNILAT	7/1/2014	RBRVS	$2,317.38	$417.88	000		Y	Y					
36254		INS CATH REN ART 2ND+ BILAT	7/1/2014	RBRVS	$2,222.21	$453.23	000		Y	Y					
36260		INSERTION OF INFUSION PUMP	7/1/2014	RBRVS	$651.04	$651.04	090		Y	Y					
36261		REVISION OF INFUSION PUMP	7/1/2014	RBRVS	$379.40	$379.40	090		Y	Y		Y			
36262		REMOVAL OF INFUSION PUMP	7/1/2014	RBRVS	$316.89	$316.89	090		Y	Y					
36400		BL DRAW < 3 YRS FEM/JUGULAR	7/1/2014	RBRVS	$31.13	$21.44			Y	Y					
36405		BL DRAW < 3 YRS SCALP VEIN	7/1/2014	RBRVS	$27.54	$17.86			Y	Y					
36406		BL DRAW < 3 YRS OTHER VEIN	7/1/2014	RBRVS	$19.54	$9.86			Y	Y					
36410		NON-ROUTINE BL DRAW > 3 YRS	7/1/2014	RBRVS	$17.39	$10.22			Y	Y					
36415		ROUTINE VENIPUNCTURE	6/1/1998	FEE SCHED	$3.00	$0.00									
36416		CAPILLARY BLOOD DRAW	7/2/2004	RBRVS	$0.00	$0.00									
36420		VEIN ACCESS CUTDOWN < 1 YR	7/1/2014	RBRVS	$50.85	$50.85			Y	Y					
36425		VEIN ACCESS CUTDOWN > 1 YR	7/1/2014	RBRVS	$42.24	$42.24			Y	Y					
36430		BLOOD TRANSFUSION SERVICE	7/1/2014	RBRVS	$34.14	$34.14			Y						
36440		BL PUSH TRANSFUSE 2 YR/<	7/1/2014	RBRVS	$60.89	$60.89			Y	Y					
36450		BL EXCHANGE/TRANSFUSE NB	7/1/2014	RBRVS	$111.81	$111.81			Y	Y					
36455		BL EXCHANGE/TRANSFUSE NON-NB	7/1/2014	RBRVS	$117.30	$117.30			Y	Y					
36460		TRANSFUSION SERVICE FETAL	7/1/2014	RBRVS	$385.53	$385.53			Y	Y		Y			
36470		INJECTION THERAPY OF VEIN	7/1/2014	RBRVS	$155.81	$89.11	010		Y	Y	Y				
36471		INJECTION THERAPY OF VEINS	7/1/2014	RBRVS	$180.12	$106.97	010		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
36475		ENDOVENOUS RF 1ST VEIN	7/1/2014	RBRVS	$1,708.87	$379.18	000		Y	Y	Y				
36476		ENDOVENOUS RF VEIN ADD-ON	7/1/2014	RBRVS	$391.38	$186.26	ZZZ		Y		Y				
36478		ENDOVENOUS LASER 1ST VEIN	7/1/2014	RBRVS	$1,363.33	$375.02	000		Y	Y	Y				
36479		ENDOVENOUS LASER VEIN ADDON	7/1/2014	RBRVS	$399.91	$184.75	ZZZ		Y		Y				
36481		INSERTION OF CATHETER VEIN	7/1/2014	RBRVS	$2,080.20	$375.06	000		Y	Y					
3650F		EEG ORDERED RVWD REQSTD	9/1/2011	RBRVS	$0.00	$0.00									
36500		INSERTION OF CATHETER VEIN	7/1/2014	RBRVS	$190.56	$190.56	000		Y	Y					
36510		INSERTION OF CATHETER VEIN	7/1/2014	RBRVS	$102.49	$65.55	000		Y	Y					
36511		APHERESIS WBC	7/1/2014	RBRVS	$99.80	$99.80	000		Y	Y					
36512		APHERESIS RBC	7/1/2014	RBRVS	$97.72	$97.72	000		Y	Y					
36513		APHERESIS PLATELETS	7/1/2014	RBRVS	$104.50	$104.50	000		Y	Y					
36514		APHERESIS PLASMA	7/1/2014	RBRVS	$527.61	$99.08	000		Y	Y					
36515		APHERESIS ADSORP/REINFUSE	7/1/2014	RBRVS	$2,090.92	$91.73	000		Y	Y					
36516		APHERESIS SELECTIVE	7/1/2014	RBRVS	$2,046.67	$75.09	000		Y	Y					
36555		INSERT NON-TUNNEL CV CATH	7/1/2014	RBRVS	$261.60	$123.18	000		Y						
36556		INSERT NON-TUNNEL CV CATH	7/1/2014	RBRVS	$239.54	$127.66	000		Y						
36557		INSERT TUNNELED CV CATH	7/1/2014	RBRVS	$1,032.84	$343.25	010		Y	Y	Y				
36558		INSERT TUNNELED CV CATH	7/1/2014	RBRVS	$801.61	$293.84	010		Y	Y	Y				
36560		INSERT TUNNELED CV CATH	7/1/2014	RBRVS	$1,367.41	$379.11	010		Y	Y	Y				
36561		INSERT TUNNELED CV CATH	7/1/2014	RBRVS	$1,205.72	$375.56	010		Y	Y	Y				
36563		INSERT TUNNELED CV CATH	7/1/2014	RBRVS	$1,348.19	$398.98	010		Y	Y					
36565		INSERT TUNNELED CV CATH	7/1/2014	RBRVS	$1,009.57	$370.90	010		Y	Y	Y				
36566		INSERT TUNNELED CV CATH	7/1/2014	RBRVS	$5,440.32	$405.94	010		Y	Y	Y				
36568		INSERT PICC CATH	7/1/2014	RBRVS	$304.02	$102.85	000		Y						
36569		INSERT PICC CATH	7/1/2014	RBRVS	$253.82	$96.39	000		Y						
36570		INSERT PICVAD CATH	7/1/2014	RBRVS	$1,206.62	$323.39	010		Y	Y	Y				
36571		INSERT PICVAD CATH	7/1/2014	RBRVS	$1,331.19	$340.74	010		Y	Y	Y				
36575		REPAIR TUNNELED CV CATH	7/1/2014	RBRVS	$169.87	$37.55	000		Y	Y					
36576		REPAIR TUNNELED CV CATH	7/1/2014	RBRVS	$399.80	$206.88	010		Y	Y					
36578		REPLACE TUNNELED CV CATH	7/1/2014	RBRVS	$536.25	$227.50	010		Y	Y					
36580		REPLACE CVAD CATH	7/1/2014	RBRVS	$218.93	$70.82	000		Y						
36581		REPLACE TUNNELED CV CATH	7/1/2014	RBRVS	$783.86	$207.23	010		Y	Y					
36582		REPLACE TUNNELED CV CATH	7/1/2014	RBRVS	$1,135.29	$323.06	010		Y	Y					
36583		REPLACE TUNNELED CV CATH	7/1/2014	RBRVS	$1,385.27	$352.86	010		Y	Y					
36584		REPLACE PICC CATH	7/1/2014	RBRVS	$207.92	$69.86	000		Y						
36585		REPLACE PICVAD CATH	7/1/2014	RBRVS	$1,178.93	$296.06	010		Y	Y					
36589		REMOVAL TUNNELED CV CATH	7/1/2014	RBRVS	$171.70	$145.88	010		Y	Y					
36590		REMOVAL TUNNELED CV CATH	7/1/2014	RBRVS	$304.42	$216.56	010		Y	Y					
36591		DRAW BLOOD OFF VENOUS DEVICE	9/1/2011	RBRVS	$0.00	$0.00			Y						
36592		COLLECT BLOOD FROM PICC	9/1/2011	RBRVS	$0.00	$0.00			Y						
36593		DECLOT VASCULAR DEVICE	7/1/2014	RBRVS	$30.91	$30.91			Y						
36595		MECH REMOV TUNNELED CV CATH	7/1/2014	RBRVS	$594.24	$194.40	000		Y	Y					
36596		MECH REMOV TUNNELED CV CATH	7/1/2014	RBRVS	$137.24	$47.59	000		Y	Y					
36597		REPOSITION VENOUS CATHETER	7/1/2014	RBRVS	$129.38	$64.12	000		Y	Y					
36598		INJ W/FLUOR EVAL CV DEVICE	9/1/2011	RBRVS	$0.00	$0.00	000		Y	Y	Y				
36600		WITHDRAWAL OF ARTERIAL BLOOD	7/1/2014	RBRVS	$31.74	$16.32			Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
36620		INSERTION CATHETER ARTERY	7/1/2014	RBRVS	$53.32	$53.32	000		Y						
36625		INSERTION CATHETER ARTERY	7/1/2014	RBRVS	$112.46	$112.46	000		Y						
36640		INSERTION CATHETER ARTERY	7/1/2014	RBRVS	$136.84	$136.84	000		Y	Y					
36660		INSERTION CATHETER ARTERY	7/1/2014	RBRVS	$72.58	$72.58	000		Y	Y					
36680		INSERT NEEDLE BONE CAVITY	7/1/2014	RBRVS	$63.29	$63.29	000		Y	Y					
36800		INSERTION OF CANNULA	7/1/2014	RBRVS	$132.54	$132.54	000		Y	Y					
36810		INSERTION OF CANNULA	7/1/2014	RBRVS	$230.44	$230.44	000		Y	Y					
36815		INSERTION OF CANNULA	7/1/2014	RBRVS	$155.96	$155.96	000		Y	Y					
36818		AV FUSE UPPR ARM CEPHALIC	7/1/2014	RBRVS	$719.24	$719.24	090		Y	Y		Y	Y		
36819		AV FUSE UPPR ARM BASILIC	7/1/2014	RBRVS	$790.35	$790.35	090		Y	Y		Y	Y		
36820		AV FUSION/FOREARM VEIN	7/1/2014	RBRVS	$863.94	$863.94	090		Y	Y	Y	Y	Y		
36821		AV FUSION DIRECT ANY SITE	7/1/2014	RBRVS	$743.27	$743.27	090		Y	Y		Y	Y		
36823		INSERTION OF CANNULA(S)	7/1/2014	RBRVS	$1,417.90	$1,417.90	090		Y	Y					
36825		ARTERY-VEIN AUTOGRAFT	7/1/2014	RBRVS	$854.19	$854.19	090		Y	Y		Y	Y		
36830		ARTERY-VEIN NONAUTOGRAFT	7/1/2014	RBRVS	$705.62	$705.62	090		Y	Y		Y	Y		
36831		OPEN THROMBECT AV FISTULA	7/1/2014	RBRVS	$487.12	$487.12	090		Y	Y		Y	Y		
36832		AV FISTULA REVISION OPEN	7/1/2014	RBRVS	$621.81	$621.81	090		Y	Y		Y	Y		
36833		AV FISTULA REVISION	7/1/2014	RBRVS	$705.15	$705.15	090		Y	Y		Y	Y		
36835		ARTERY TO VEIN SHUNT	7/1/2014	RBRVS	$532.92	$532.92	090		Y	Y					
36838		DIST REVAS LIGATION HEMO	7/1/2014	RBRVS	$1,241.08	$1,241.08	090		Y	Y	Y	Y	Y		
36860		EXTERNAL CANNULA DECLOTTING	7/1/2014	RBRVS	$216.99	$119.45	000		Y	Y					
36861		CANNULA DECLOTTING	7/1/2014	RBRVS	$138.99	$138.99	000		Y	Y					
36870		PERCUT THROMBECT AV FISTULA	7/1/2014	RBRVS	$1,872.14	$317.25	090		Y	Y	Y		Y		
3700F		PSYCH DISORDERS ASSESSED	1/1/2011	RBRVS	$0.00	$0.00									
37140		REVISION OF CIRCULATION	7/1/2014	RBRVS	$2,412.52	$2,412.52	090		Y	Y			Y		
37145		REVISION OF CIRCULATION	7/1/2014	RBRVS	$2,244.26	$2,244.26	090		Y	Y		Y			
37160		REVISION OF CIRCULATION	7/1/2014	RBRVS	$2,298.70	$2,298.70	090		Y	Y		Y	Y		
37180		REVISION OF CIRCULATION	7/1/2014	RBRVS	$2,211.16	$2,211.16	090		Y	Y		Y	Y		
37181		SPLICE SPLEEN/KIDNEY VEINS	7/1/2014	RBRVS	$2,412.12	$2,412.12	090		Y	Y		Y	Y		
37182		INSERT HEPATIC SHUNT (TIPS)	7/1/2014	RBRVS	$885.24	$885.24	000		Y	Y					
37183		REMOVE HEPATIC SHUNT (TIPS)	7/1/2014	RBRVS	$5,966.24	$416.19	000		Y	Y					
37184		PRIM ART MECH THROMBECTOMY	7/1/2014	RBRVS	$2,306.08	$482.25	000		Y	Y	Y		Y		
37185		PRIM ART M-THROMBECT ADD-ON	7/1/2014	RBRVS	$740.72	$177.72	ZZZ		Y				Y		
37186		SEC ART M-THROMBECT ADD-ON	7/1/2014	RBRVS	$1,419.34	$268.95	ZZZ		Y				Y		
37187		VENOUS MECH THROMBECTOMY	7/1/2014	RBRVS	$2,111.01	$429.17	000		Y	Y	Y		Y		
37188		VENOUS M-THROMBECTOMY ADD-ON	7/1/2014	RBRVS	$1,816.63	$307.28	000		Y	Y	Y		Y		
37191		INS ENDOVAS VENA CAVA FILTR	7/1/2014	RBRVS	$2,689.82	$253.85	000		Y	Y					
37192		REDO ENDOVAS VENA CAVA FILTR	7/1/2014	RBRVS	$1,562.42	$382.98	000		Y	Y					
37193		REM ENDOVAS VENA CAVA FILTER	7/1/2014	RBRVS	$1,645.97	$391.23	000		Y	Y					
37197		REMOVE INTRVAS FOREIGN BODY	7/1/2014	RBRVS	$1,545.96	$320.27	000		Y	Y					
3720F		COGNIT IMPAIRMENT ASSESSED	1/1/2011	RBRVS	$0.00	$0.00									
37200		TRANSCATHETER BIOPSY	7/1/2014	RBRVS	$233.66	$233.66	000		Y	Y					
37202		TRANSCATHETER THERAPY INFUSE	7/1/2014	RBRVS	$321.16	$321.16	000		Y	Y					
37211		THROMBOLYTIC ART THERAPY	7/1/2014	RBRVS	$427.42	$427.42	000		Y	Y	Y				
37212		THROMBOLYTIC VENOUS THERAPY	7/1/2014	RBRVS	$377.43	$377.43	000		Y	Y	Y				
37213		THROMBLYTIC ART/VEN THERAPY	7/1/2014	RBRVS	$263.10	$263.10	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
37214		CESSJ THERAPY CATH REMOVAL	7/1/2014	RBRVS	$155.13	$155.13	000		Y	Y					
37215		TRANSCATH STENT CCA W/EPS	7/1/2014	RBRVS	$1,152.25	$1,152.25	090		Y	Y	Y				
37216		TRANSCATH STENT CCA W/O EPS	7/1/2014	RBRVS	$1,058.23	$1,058.23	090		Y						
37217		STENT PLACEMT RETRO CAROTID	7/1/2014	RBRVS	$1,332.81	$1,332.81	090		Y	Y	Y				
37218		STENT PLACEMT ANTE CAROTID	1/1/2015	RBRVS	$860.71	$921.67	090		Y	Y	Y				
37220		ILIAC REVASC	7/1/2014	RBRVS	$3,248.34	$445.17	000		Y	Y	Y				
37221		ILIAC REVASC W/STENT	7/1/2014	RBRVS	$4,765.76	$541.81	000		Y	Y	Y				
37222		ILIAC REVASC ADD-ON	7/1/2014	RBRVS	$916.58	$200.46	ZZZ		Y		Y				
37223		ILIAC REVASC W/STENT ADD-ON	7/1/2014	RBRVS	$2,645.82	$229.22	ZZZ		Y		Y				
37224		FEM/POPL REVAS W/TLA	7/1/2014	RBRVS	$3,933.30	$492.18	000		Y	Y	Y				
37225		FEM/POPL REVAS W/ATHER	7/1/2014	RBRVS	$11,215.50	$664.41	000		Y	Y	Y				
37226		FEM/POPL REVASC W/STENT	7/1/2014	RBRVS	$9,204.65	$540.88	000		Y	Y	Y				
37227		FEM/POPL REVASC STNT & ATHER	7/1/2014	RBRVS	$15,097.49	$800.47	000		Y	Y	Y				
37228		TIB/PER REVASC W/TLA	7/1/2014	RBRVS	$5,587.56	$600.51	000		Y	Y	Y				
37229		TIB/PER REVASC W/ATHER	7/1/2014	RBRVS	$11,049.18	$777.09	000		Y	Y	Y				
37230		TIB/PER REVASC W/STENT	7/1/2014	RBRVS	$8,457.33	$751.73	000		Y	Y	Y				
37231		TIB/PER REVASC STENT & ATHER	7/1/2014	RBRVS	$13,493.36	$823.31	000		Y	Y	Y				
37232		TIB/PER REVASC ADD-ON	7/1/2014	RBRVS	$1,243.59	$217.63	ZZZ		Y		Y				
37233		TIBPER REVASC W/ATHER ADD-ON	7/1/2014	RBRVS	$1,495.58	$355.95	ZZZ		Y		Y				
37234		REVSC OPN/PRQ TIB/PERO STENT	7/1/2014	RBRVS	$3,945.39	$301.30	ZZZ		Y		Y				
37235		TIB/PER REVASC STNT & ATHER	7/1/2014	RBRVS	$4,030.09	$436.92	ZZZ		Y		Y				
37236		OPEN/PERQ PLACE STENT 1ST	7/1/2014	RBRVS	$3,220.16	$551.32	000		Y	Y	Y				
37237		OPEN/PERQ PLACE STENT EA ADD	7/1/2014	RBRVS	$1,399.36	$257.92	ZZZ				Y				
37238		OPEN/PERQ PLACE STENT SAME	7/1/2014	RBRVS	$4,700.53	$386.20	000		Y	Y	Y				
37239		OPEN/PERQ PLACE STENT EA ADD	7/1/2014	RBRVS	$2,336.37	$180.00	ZZZ				Y				
37241		VASC EMBOLIZE/OCCLUDE VENOUS	7/1/2014	RBRVS	$5,202.45	$527.06	000		Y	Y					
37242		VASC EMBOLIZE/OCCLUDE ARTERY	7/1/2014	RBRVS	$8,758.99	$588.59	000		Y	Y					
37243		VASC EMBOLIZE/OCCLUDE ORGAN	7/1/2014	RBRVS	$11,056.65	$701.76	000		Y	Y					
37244		VASC EMBOLIZE/OCCLUDE BLEED	7/1/2014	RBRVS	$7,745.92	$818.56	000		Y	Y					
3725F		SCREEN DEPRESSION PERFORMED	1/1/2012	RBRVS	$0.00	$0.00									
37250		IV US FIRST VESSEL ADD-ON	7/1/2014	RBRVS	$114.79	$114.79	ZZZ		Y				Y		
37251		IV US EACH ADD VESSEL ADD-ON	7/1/2014	RBRVS	$85.85	$85.85	ZZZ		Y				Y		
3750F		PTNOTRCVNGSTEROID>/=10MG/DAY	1/1/2012	RBRVS	$0.00	$0.00									
37500		ENDOSCOPY LIGATE PERF VEINS	7/1/2014	RBRVS	$808.86	$808.86	090		Y	Y	Y		Y		
37501		VASCULAR ENDOSCOPY PROCEDURE	7/1/2014	FEE SCHED	$681.29	$0.00			Y						
3751F		ELECTRODIAG POLYNEURO 6MON	1/1/2013	RBRVS	$0.00	$0.00									
3752F		NO ELECTRODIAG POLYNEURO6MON	1/1/2013	RBRVS	$0.00	$0.00									
3753F		PT HAS SYMP+SIGNS NEUROPATHY	1/1/2013	RBRVS	$0.00	$0.00									
3754F		SCREENING TESTS DM DONE	1/1/2013	RBRVS	$0.00	$0.00									
3755F		COG+BEHAV IMPRMNT SCRNG DONE	1/1/2013	RBRVS	$0.00	$0.00									
3756F		PT W/PSEUDOBULB AFFECT/ALS	1/1/2013	RBRVS	$0.00	$0.00									
37565		LIGATION OF NECK VEIN	7/1/2014	RBRVS	$776.58	$776.58	090		Y	Y	Y		Y		
3757F		PT W/NO PSEUDOBULBAFFECT/ALS	1/1/2013	RBRVS	$0.00	$0.00									
3758F		PT REF PULM FX TEST/PEAKFLOW	1/1/2013	RBRVS	$0.00	$0.00									
3759F		PT SCRN DYSPHAG/WT LOSS/NUTR	1/1/2013	RBRVS	$0.00	$0.00									
3760F		PT W/DYSPHAG/WT LOSS/NUTR	1/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
37600		LIGATION OF NECK ARTERY	7/1/2014	RBRVS	$758.19	$758.19	090		Y	Y		Y	Y		
37605		LIGATION OF NECK ARTERY	7/1/2014	RBRVS	$859.03	$859.03	090		Y	Y		Y	Y		
37606		LIGATION OF NECK ARTERY	7/1/2014	RBRVS	$604.13	$604.13	090		Y	Y		Y			
37607		LIGATION OF A-V FISTULA	7/1/2014	RBRVS	$403.28	$403.28	090		Y	Y			Y		
37609		TEMPORAL ARTERY PROCEDURE	7/1/2014	RBRVS	$322.06	$219.14	010		Y	Y	Y				
3761F		PT W/O DYSPHAG/WT LOSS/NUTR	1/1/2013	RBRVS	$0.00	$0.00									
37615		LIGATION OF NECK ARTERY	7/1/2014	RBRVS	$559.45	$559.45	090		Y	Y		Y	Y		
37616		LIGATION OF CHEST ARTERY	7/1/2014	RBRVS	$1,156.84	$1,156.84	090		Y	Y		Y	Y		
37617		LIGATION OF ABDOMEN ARTERY	7/1/2014	RBRVS	$1,415.47	$1,415.47	090		Y	Y		Y	Y		
37618		LIGATION OF EXTREMITY ARTERY	7/1/2014	RBRVS	$411.60	$411.60	090		Y	Y		Y	Y		
37619		LIGATION OF INF VENA CAVA	7/1/2014	RBRVS	$1,752.73	$1,752.73	090		Y	Y		Y			
3762F		PATIENT IS DYSARTHRIC	1/1/2013	RBRVS	$0.00	$0.00									
3763F		PATIENT IS NOT DYSARTHRIC	1/1/2013	RBRVS	$0.00	$0.00									
37650		REVISION OF MAJOR VEIN	7/1/2014	RBRVS	$544.25	$544.25	090		Y	Y	Y		Y		
37660		REVISION OF MAJOR VEIN	7/1/2014	RBRVS	$1,210.96	$1,210.96	090		Y	Y	Y	Y	Y		
37700		REVISE LEG VEIN	7/1/2014	RBRVS	$267.59	$267.59	090		Y	Y	Y				
37718		LIGATE/STRIP SHORT LEG VEIN	7/1/2014	RBRVS	$465.39	$465.39	090		Y	Y	Y		Y		
37722		LIGATE/STRIP LONG LEG VEIN	7/1/2014	RBRVS	$515.49	$515.49	090		Y	Y	Y		Y		
37735		REMOVAL OF LEG VEINS/LESION	7/1/2014	RBRVS	$727.24	$727.24	090		Y	Y	Y		Y		
3775F		ADENOMA DETECTED SCREENING	1/1/2015	RBRVS	$0.00	$0.00									
3776F		ADENOMA NOT DETECT SCREENING	1/1/2015	RBRVS	$0.00	$0.00									
37760		LIGATION LEG VEINS OPEN	7/1/2014	RBRVS	$657.71	$657.71	090		Y	Y	Y		Y		
37761		LIGATE LEG VEINS OPEN	7/1/2014	RBRVS	$588.43	$588.43	090		Y	Y	Y	Y	Y		
37765		STAB PHLEB VEINS XTR 10-20	7/1/2014	RBRVS	$685.57	$480.81	090		Y	Y	Y		Y		
37766		PHLEB VEINS EXTREM 20+	7/1/2014	RBRVS	$822.52	$591.94	090		Y	Y	Y		Y		
37780		REVISION OF LEG VEIN	7/1/2014	RBRVS	$272.72	$272.72	090		Y	Y	Y		Y		
37785		LIGATE/DIVIDE/EXCISE VEIN	7/1/2014	RBRVS	$370.97	$278.45	090		Y	Y	Y				
37788		REVASCULARIZATION PENIS	7/1/2014	RBRVS	$1,406.61	$1,406.61	090		Y	Y		Y	Y		
37790		PENILE VENOUS OCCLUSION	7/1/2014	RBRVS	$499.85	$499.85	090		Y	Y					
37799		VASCULAR SURGERY PROCEDURE	7/1/2014	FEE SCHED	$522.26	$0.00			Y						
38100		REMOVAL OF SPLEEN TOTAL	7/1/2014	RBRVS	$1,201.45	$1,201.45	090		Y	Y		Y	Y		
38101		REMOVAL OF SPLEEN PARTIAL	7/1/2014	RBRVS	$1,210.88	$1,210.88	090		Y	Y		Y	Y		
38102		REMOVAL OF SPLEEN TOTAL	7/1/2014	RBRVS	$274.22	$274.22	ZZZ		Y			Y	Y		
38115		REPAIR OF RUPTURED SPLEEN	7/1/2014	RBRVS	$1,321.69	$1,321.69	090		Y	Y		Y	Y		
38120		LAPAROSCOPY SPLENECTOMY	7/1/2014	RBRVS	$1,095.49	$1,095.49	090		Y	Y		Y	Y		
38129		LAPAROSCOPE PROC SPLEEN	7/1/2014	FEE SCHED	$1,087.84	$0.00			Y						
38200		INJECTION FOR SPLEEN X-RAY	7/1/2014	RBRVS	$140.18	$140.18	000		Y	Y					
38204		BL DONOR SEARCH MANAGEMENT	9/1/2011	RBRVS	$0.00	$0.00			Y						
38205		HARVEST ALLOGENEIC STEM CELL	7/1/2014	RBRVS	$83.66	$83.66	000	Y	Y	Y					
38206		HARVEST AUTO STEM CELLS	7/1/2014	RBRVS	$85.28	$85.28	000	Y	Y	Y					
38220		BONE MARROW ASPIRATION	7/1/2014	RBRVS	$162.73	$63.04			Y	Y	Y				
38221		BONE MARROW BIOPSY	7/1/2014	RBRVS	$168.29	$77.57			Y	Y	Y				
38230		BONE MARROW HARVEST ALLOGEN	7/1/2014	RBRVS	$220.72	$220.72	000	Y	Y	Y					
38232		BONE MARROW HARVEST AUTOLOG	7/1/2014	RBRVS	$218.93	$218.93	000		Y	Y					
38240		BN MARROW/STM TRANSPLT ALLO	7/1/2014	RBRVS	$232.55	$232.55		Y	Y	Y					
38241		BN MARROW/STM TRANSPLT AUTO	7/1/2014	RBRVS	$173.56	$173.56		Y	Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
38242		LYMPHOCYTE INFUSE TRANSPLANT	7/1/2014	RBRVS	$121.14	$121.14	000	Y	Y	Y					
38243		TRANSPLJ HEMATOPOIETIC BOOST	7/1/2014	RBRVS	$122.21	$122.21	000		Y	Y					
38300		DRAINAGE LYMPH NODE LESION	7/1/2014	RBRVS	$280.93	$189.48	010		Y	Y					
38305		DRAINAGE LYMPH NODE LESION	7/1/2014	RBRVS	$494.51	$494.51	090		Y	Y					
38308		INCISION OF LYMPH CHANNELS	7/1/2014	RBRVS	$466.22	$466.22	090		Y	Y		Y	Y		
38380		THORACIC DUCT PROCEDURE	7/1/2014	RBRVS	$596.06	$596.06	090		Y	Y		Y	Y		
38381		THORACIC DUCT PROCEDURE	7/1/2014	RBRVS	$846.83	$846.83	090		Y	Y		Y	Y		
38382		THORACIC DUCT PROCEDURE	7/1/2014	RBRVS	$629.92	$629.92	090		Y	Y		Y	Y		
38500		BIOPSY/REMOVAL LYMPH NODES	7/1/2014	RBRVS	$340.45	$263.36	010		Y	Y	Y				
38505		NEEDLE BIOPSY LYMPH NODES	7/1/2014	RBRVS	$129.38	$74.52	000		Y	Y	Y				
38510		BIOPSY/REMOVAL LYMPH NODES	7/1/2014	RBRVS	$538.65	$439.32	010		Y	Y	Y				
38520		BIOPSY/REMOVAL LYMPH NODES	7/1/2014	RBRVS	$485.69	$485.69	090		Y	Y	Y				
38525		BIOPSY/REMOVAL LYMPH NODES	7/1/2014	RBRVS	$451.66	$451.66	090		Y	Y	Y				
38530		BIOPSY/REMOVAL LYMPH NODES	7/1/2014	RBRVS	$575.09	$575.09	090		Y	Y	Y	Y	Y		
38542		EXPLORE DEEP NODE(S) NECK	7/1/2014	RBRVS	$543.28	$543.28	090		Y	Y	Y	Y	Y		
38550		REMOVAL NECK/ARMPIT LESION	7/1/2014	RBRVS	$524.95	$524.95	090		Y	Y					
38555		REMOVAL NECK/ARMPIT LESION	7/1/2014	RBRVS	$1,043.45	$1,043.45	090		Y	Y		Y	Y		
38562		REMOVAL PELVIC LYMPH NODES	7/1/2014	RBRVS	$726.85	$726.85	090		Y	Y		Y	Y		
38564		REMOVAL ABDOMEN LYMPH NODES	7/1/2014	RBRVS	$729.21	$729.21	090		Y	Y		Y	Y		
38570		LAPAROSCOPY LYMPH NODE BIOP	7/1/2014	RBRVS	$553.53	$553.53	010		Y	Y		Y	Y		
38571		LAPAROSCOPY LYMPHADENECTOMY	7/1/2014	RBRVS	$815.24	$815.24	010		Y	Y		Y	Y		
38572		LAPAROSCOPY LYMPHADENECTOMY	7/1/2014	RBRVS	$996.19	$996.19	010		Y	Y		Y	Y		
38589		LAPAROSCOPE PROC LYMPHATIC	7/1/2014	FEE SCHED	$722.04	$0.00			Y						
38700		REMOVAL OF LYMPH NODES NECK	7/1/2014	RBRVS	$844.11	$844.11	090		Y	Y	Y	Y	Y		
38720		REMOVAL OF LYMPH NODES NECK	7/1/2014	RBRVS	$1,412.70	$1,412.70	090		Y	Y	Y	Y	Y		
38724		REMOVAL OF LYMPH NODES NECK	7/1/2014	RBRVS	$1,525.05	$1,525.05	090		Y	Y	Y	Y	Y		
38740		REMOVE ARMPIT LYMPH NODES	7/1/2014	RBRVS	$719.57	$719.57	090		Y	Y	Y	Y	Y		
38745		REMOVE ARMPIT LYMPH NODES	7/1/2014	RBRVS	$909.95	$909.95	090		Y	Y	Y	Y	Y		
38746		REMOVE THORACIC LYMPH NODES	7/1/2014	RBRVS	$229.93	$229.93	ZZZ		Y			Y	Y		
38747		REMOVE ABDOMINAL LYMPH NODES	7/1/2014	RBRVS	$278.74	$278.74	ZZZ		Y			Y	Y		
38760		REMOVE GROIN LYMPH NODES	7/1/2014	RBRVS	$876.81	$876.81	090		Y	Y	Y	Y	Y		
38765		REMOVE GROIN LYMPH NODES	7/1/2014	RBRVS	$1,342.53	$1,342.53	090		Y	Y	Y	Y	Y		
38770		REMOVE PELVIS LYMPH NODES	7/1/2014	RBRVS	$829.05	$829.05	090		Y	Y	Y	Y	Y		
38780		REMOVE ABDOMEN LYMPH NODES	7/1/2014	RBRVS	$1,064.83	$1,064.83	090		Y	Y		Y	Y		
38790		INJECT FOR LYMPHATIC X-RAY	7/1/2014	RBRVS	$87.79	$87.79	000		Y	Y	Y				
38792		RA TRACER ID OF SENTINL NODE	7/1/2014	RBRVS	$42.06	$42.06	000		Y	Y	Y				
38794		ACCESS THORACIC LYMPH DUCT	7/1/2014	RBRVS	$309.69	$309.69	090		Y	Y					
38900		IO MAP OF SENT LYMPH NODE	7/1/2014	RBRVS	$143.94	$143.94	ZZZ		Y		Y	Y	Y		
38999		BLOOD/LYMPH SYSTEM PROCEDURE	7/1/2014	FEE SCHED	$473.53	$0.00			Y						
39000		EXPLORATION OF CHEST	7/1/2014	RBRVS	$524.06	$524.06	090		Y	Y		Y	Y		
39010		EXPLORATION OF CHEST	7/1/2014	RBRVS	$836.72	$836.72	090		Y	Y		Y	Y		
39200		REMOVAL CHEST LESION	7/1/2014	RBRVS	$928.38	$928.38	090		Y	Y		Y	Y		
39220		REMOVAL CHEST LESION	7/1/2014	RBRVS	$1,212.46	$1,212.46	090		Y	Y		Y	Y		
39400		VISUALIZATION OF CHEST	7/1/2014	RBRVS	$535.64	$535.64	010		Y	Y					
39499		CHEST PROCEDURE	7/1/2014	FEE SCHED	$674.11	$0.00			Y						
39501		REPAIR DIAPHRAGM LACERATION	7/1/2014	RBRVS	$889.51	$889.51	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
39503		REPAIR OF DIAPHRAGM HERNIA	7/1/2014	RBRVS	$6,407.68	$6,407.68	090		Y	Y		Y	Y		
39540		REPAIR OF DIAPHRAGM HERNIA	7/1/2014	RBRVS	$905.54	$905.54	090		Y	Y		Y	Y		
39541		REPAIR OF DIAPHRAGM HERNIA	7/1/2014	RBRVS	$986.37	$986.37	090		Y	Y		Y	Y		
39545		REVISION OF DIAPHRAGM	7/1/2014	RBRVS	$944.91	$944.91	090		Y	Y		Y	Y		
39560		RESECT DIAPHRAGM SIMPLE	7/1/2014	RBRVS	$835.93	$835.93	090		Y	Y		Y	Y		
39561		RESECT DIAPHRAGM COMPLEX	7/1/2014	RBRVS	$1,303.91	$1,303.91	090		Y	Y		Y	Y		
39599		DIAPHRAGM SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,542.20	$0.00			Y						
4000F		TOBACCO USE TXMNT COUNSELING	10/1/2007	RBRVS	$0.00	$0.00									
4001F		TOBACCO USE TXMNT PHARMACOL	10/1/2007	RBRVS	$0.00	$0.00									
4003F		PT ED WRITE/ORAL PTS W/ HF	1/1/2006	RBRVS	$0.00	$0.00									
4004F		PT TOBACCO USE DONE RCVD TLK	9/1/2011	RBRVS	$0.00	$0.00									
4005F		PHARM THX FOR OP RXD	7/1/2007	RBRVS	$0.00	$0.00									
4008F		BETA-BLOCKER THERAPY RXD/TKN	1/1/2012	RBRVS	$0.00	$0.00									
4010F		ACE/ARB THERAPY RXD/TAKEN	1/1/2012	RBRVS	$0.00	$0.00									
4011F		ORAL ANTIPLATELET THERAPY RX	10/1/2007	RBRVS	$0.00	$0.00									
4012F		WARFARIN THERAPY RX	1/1/2006	RBRVS	$0.00	$0.00									
4013F		STATIN THERAPY/CURRENTLY TKN	1/1/2012	RBRVS	$0.00	$0.00									
4014F		WRITTEN DISCHARGE INSTR PRVD	1/1/2006	RBRVS	$0.00	$0.00									
4015F		PERSIST ASTHMA MEDICINE CTRL	1/1/2006	RBRVS	$0.00	$0.00									
4016F		ANTI-INFLM/ANLGSC AGENT RX	1/1/2006	RBRVS	$0.00	$0.00									
4017F		GI PROPHYLAXIS FOR NSAID RX	1/1/2006	RBRVS	$0.00	$0.00									
4018F		THERAPY EXERCISE JOINT RX	1/1/2006	RBRVS	$0.00	$0.00									
4019F		DOC RECPT COUNSL VIT D/CALC+	7/1/2007	RBRVS	$0.00	$0.00									
4025F		INHALED BRONCHODILATOR RX	7/1/2006	RBRVS	$0.00	$0.00									
4030F		OXYGEN THERAPY RX	7/1/2006	RBRVS	$0.00	$0.00									
4033F		PULMONARY REHAB REC	7/1/2006	RBRVS	$0.00	$0.00									
4035F		INFLUENZA IMM REC	7/1/2006	RBRVS	$0.00	$0.00									
4037F		INFLUENZA IMM ORDER/ADMIN	7/1/2006	RBRVS	$0.00	$0.00									
4040F		PNEUMOC VAC/ADMIN/RCVD	7/1/2006	RBRVS	$0.00	$0.00									
4042F		DOC ANTIBIO NOT GIVEN	7/1/2007	RBRVS	$0.00	$0.00									
4043F		DOC ORDER GIVEN STOP ANTIBIO	7/1/2007	RBRVS	$0.00	$0.00									
4044F		DOC ORDER GIVEN VTE PROPHYLX	7/1/2007	RBRVS	$0.00	$0.00									
4045F		EMPIRIC ANTIBIOTIC RX	7/1/2006	RBRVS	$0.00	$0.00									
4046F		DOC ANTIBIO GIVEN B/4 SURG	7/1/2007	RBRVS	$0.00	$0.00									
4047F		DOC ANTIBIO GIVEN B/4 SURG	7/1/2007	RBRVS	$0.00	$0.00									
4048F		DOC ANTIBIO GIVEN B/4 SURG	7/1/2007	RBRVS	$0.00	$0.00									
4049F		DOC ORDER GIVEN STOP ANTIBIO	7/1/2007	RBRVS	$0.00	$0.00									
40490		BIOPSY OF LIP	7/1/2014	RBRVS	$130.82	$76.67	000		Y	Y					
4050F		HT CARE PLAN DOC	7/1/2006	RBRVS	$0.00	$0.00									
40500		PARTIAL EXCISION OF LIP	7/1/2014	RBRVS	$522.70	$379.97	090		Y	Y					
4051F		REFERRED FOR AN AV FISTULA	10/1/2006	RBRVS	$0.00	$0.00									
40510		PARTIAL EXCISION OF LIP	7/1/2014	RBRVS	$503.55	$374.09	090		Y	Y					
4052F		HEMODIALYSIS VIA AV FISTULA	10/1/2006	RBRVS	$0.00	$0.00									
40520		PARTIAL EXCISION OF LIP	7/1/2014	RBRVS	$508.46	$376.49	090		Y	Y					
40525		RECONSTRUCT LIP WITH FLAP	7/1/2014	RBRVS	$581.29	$581.29	090		Y	Y					
40527		RECONSTRUCT LIP WITH FLAP	7/1/2014	RBRVS	$648.35	$648.35	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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	10/1/2006	RBRVS	$0.00	$0.00									
40530		PARTIAL REMOVAL OF LIP	7/1/2014	RBRVS	$558.88	$421.89	090		Y	Y					
4054F		HEMODIALYSIS VIA CATHETER	10/1/2006	RBRVS	$0.00	$0.00									
4055F		PT RCVNG PERITON DIALYSIS	10/1/2006	RBRVS	$0.00	$0.00									
4056F		APPROP ORAL REHYD RECOMMD	10/1/2006	RBRVS	$0.00	$0.00									
4058F		PED GASTRO ED GIVEN, CAREGVR	10/1/2006	RBRVS	$0.00	$0.00									
4060F		PSYCH SVCS PROVIDED	10/1/2006	RBRVS	$0.00	$0.00									
4062F		PT REFERRAL PSYCH DOCD	10/1/2006	RBRVS	$0.00	$0.00									
4063F		ANTIDEPRES RXTHXPY NOT RXD	9/1/2011	RBRVS	$0.00	$0.00									
4064F		ANTIDEPRESSANT PRESCRIBED	10/1/2006	RBRVS	$0.00	$0.00									
4065F		ANTIPSYCHOTIC RX PRESCRIBED	10/1/2006	RBRVS	$0.00	$0.00									
40650		REPAIR LIP	7/1/2014	RBRVS	$454.78	$313.49	090		Y	Y					
40652		REPAIR LIP	7/1/2014	RBRVS	$503.47	$366.85	090		Y	Y					
40654		REPAIR LIP	7/1/2014	RBRVS	$588.00	$444.20	090		Y	Y					
4066F		ECT PROVIDED	10/1/2006	RBRVS	$0.00	$0.00									
4067F		PT REFERRAL FOR ECT DOCD	10/1/2006	RBRVS	$0.00	$0.00									
4069F		VTE PROPHYLAXIS RCVD	1/1/2012	RBRVS	$0.00	$0.00									
40700		REPAIR CLEFT LIP/NASAL	7/1/2014	RBRVS	$947.67	$947.67	090		Y	Y					
40701		REPAIR CLEFT LIP/NASAL	7/1/2014	RBRVS	$1,057.05	$1,057.05	090		Y	Y		Y			
40702		REPAIR CLEFT LIP/NASAL	7/1/2014	RBRVS	$926.34	$926.34	090		Y	Y		Y			
40720		REPAIR CLEFT LIP/NASAL	7/1/2014	RBRVS	$1,090.47	$1,090.47	090		Y	Y	Y				
4073F		ORAL ANTIPLAT THX RX DISCHRG	7/1/2007	RBRVS	$0.00	$0.00									
4075F		ANTICOAG THX RX AT DISCHRG	1/1/2008	RBRVS	$0.00	$0.00									
40761		REPAIR CLEFT LIP/NASAL	7/1/2014	RBRVS	$1,151.21	$1,151.21	090		Y	Y					
4077F		DOC T-PA ADMIN CONSIDERED	7/1/2007	RBRVS	$0.00	$0.00									
4079F		DOC REHAB SVCS CONSIDERED	1/1/2008	RBRVS	$0.00	$0.00									
40799		LIP SURGERY PROCEDURE	7/1/2014	FEE SCHED	$110.00	$0.00			Y						
40800		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$221.54	$138.35	010		Y	Y					
40801		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$329.12	$233.02	010		Y	Y					
40804		REMOVAL FOREIGN BODY MOUTH	7/1/2014	RBRVS	$228.25	$140.03	010		Y	Y					
40805		REMOVAL FOREIGN BODY MOUTH	7/1/2014	RBRVS	$403.21	$247.22	010		Y	Y					
40806		INCISION OF LIP FOLD	7/1/2014	RBRVS	$136.88	$36.83	000		Y	Y					
40808		BIOPSY OF MOUTH LESION	7/1/2014	RBRVS	$193.93	$112.89	010		Y	Y					
40810		EXCISION OF MOUTH LESION	7/1/2014	RBRVS	$215.81	$134.40	010		Y	Y					
40812		EXCISE/REPAIR MOUTH LESION	7/1/2014	RBRVS	$300.87	$207.63	010		Y	Y					
40814		EXCISE/REPAIR MOUTH LESION	7/1/2014	RBRVS	$402.92	$322.24	090		Y	Y					
40816		EXCISION OF MOUTH LESION	7/1/2014	RBRVS	$422.54	$335.40	090		Y	Y					
40818		EXCISE ORAL MUCOSA FOR GRAFT	7/1/2014	RBRVS	$373.59	$286.81	090		Y	Y					
40819		EXCISE LIP OR CHEEK FOLD	7/1/2014	RBRVS	$325.00	$248.62	090		Y	Y					
40820		TREATMENT OF MOUTH LESION	7/1/2014	RBRVS	$275.33	$180.30	010		Y	Y					
40830		REPAIR MOUTH LACERATION	7/1/2014	RBRVS	$278.63	$175.71	010		Y	Y					
40831		REPAIR MOUTH LACERATION	7/1/2014	RBRVS	$354.51	$237.97	010		Y	Y					
4084F		ASPIRIN RECVD W/IN 24 HRS	7/1/2007	RBRVS	$0.00	$0.00									
40840		RECONSTRUCTION OF MOUTH	7/1/2014	RBRVS	$840.41	$654.66	090		Y	Y		Y			
40842		RECONSTRUCTION OF MOUTH	7/1/2014	RBRVS	$816.03	$632.07	090		Y	Y					
40843		RECONSTRUCTION OF MOUTH	7/1/2014	RBRVS	$1,162.87	$931.21	090		Y	Y		Y			

Montana Medicaid - Fee Schedule
Psychiatrist 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
40844		RECONSTRUCTION OF MOUTH	7/1/2014	RBRVS	$1,395.06	$1,148.34	090		Y	Y		Y			
40845		RECONSTRUCTION OF MOUTH	7/1/2014	RBRVS	$1,521.93	$1,280.96	090		Y	Y					
4086F		ASPIRIN/CLOPIDOGREL RXD	1/1/2012	RBRVS	$0.00	$0.00									
40899		MOUTH SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,033.22	$0.00			Y						
4090F		PT RCVNG EPO THXPY	7/1/2007	RBRVS	$0.00	$0.00									
4095F		PT NOT RCVNG EPO THXPY	7/1/2007	RBRVS	$0.00	$0.00									
4100F		BIPHOS THXPY VEIN ORD/RECVD	7/1/2007	RBRVS	$0.00	$0.00									
41000		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$169.90	$117.91	010		Y	Y					
41005		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$238.29	$131.79	010		Y	Y					
41006		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$373.88	$264.86	090		Y	Y					
41007		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$367.71	$257.26	090		Y	Y					
41008		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$393.71	$283.62	090		Y	Y					
41009		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$418.70	$306.82	090		Y	Y					
41010		INCISION OF TONGUE FOLD	7/1/2014	RBRVS	$212.33	$114.07	010		Y	Y					
41015		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$467.36	$364.09	090		Y	Y					
41016		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$458.43	$368.07	090		Y	Y					
41017		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$462.74	$369.86	090		Y	Y					
41018		DRAINAGE OF MOUTH LESION	7/1/2014	RBRVS	$524.49	$430.89	090		Y	Y					
41019		PLACE NEEDLES H&N FOR RT	7/1/2014	RBRVS	$483.89	$483.89	000		Y	Y			Y	Y	
4110F		INT MAM ART USED FOR CABG	7/1/2007	RBRVS	$0.00	$0.00									
41100		BIOPSY OF TONGUE	7/1/2014	RBRVS	$175.75	$114.07	010		Y	Y					
41105		BIOPSY OF TONGUE	7/1/2014	RBRVS	$178.26	$117.66	010		Y	Y					
41108		BIOPSY OF FLOOR OF MOUTH	7/1/2014	RBRVS	$154.23	$95.06	010		Y	Y					
41110		EXCISION OF TONGUE LESION	7/1/2014	RBRVS	$223.23	$139.32	010		Y	Y					
41112		EXCISION OF TONGUE LESION	7/1/2014	RBRVS	$349.56	$266.37	090		Y	Y					
41113		EXCISION OF TONGUE LESION	7/1/2014	RBRVS	$381.41	$294.27	090		Y	Y					
41114		EXCISION OF TONGUE LESION	7/1/2014	RBRVS	$667.89	$667.89	090		Y	Y					
41115		EXCISION OF TONGUE FOLD	7/1/2014	RBRVS	$258.41	$160.51	010		Y	Y					
41116		EXCISION OF MOUTH LESION	7/1/2014	RBRVS	$347.99	$232.87	090		Y	Y					
41120		PARTIAL REMOVAL OF TONGUE	7/1/2014	RBRVS	$1,092.08	$1,092.08	090		Y	Y		Y	Y		
41130		PARTIAL REMOVAL OF TONGUE	7/1/2014	RBRVS	$1,355.08	$1,355.08	090		Y	Y		Y	Y		
41135		TONGUE AND NECK SURGERY	7/1/2014	RBRVS	$2,254.05	$2,254.05	090		Y	Y		Y	Y		
41140		REMOVAL OF TONGUE	7/1/2014	RBRVS	$2,271.16	$2,271.16	090		Y	Y		Y	Y		
41145		TONGUE REMOVAL NECK SURGERY	7/1/2014	RBRVS	$2,873.07	$2,873.07	090		Y	Y		Y	Y		
4115F		BETA BLCKR ADMIN W/IN 24 HRS	7/1/2007	RBRVS	$0.00	$0.00									
41150		TONGUE MOUTH JAW SURGERY	7/1/2014	RBRVS	$2,283.74	$2,283.74	090		Y	Y		Y	Y		
41153		TONGUE MOUTH NECK SURGERY	7/1/2014	RBRVS	$2,483.52	$2,483.52	090		Y	Y		Y	Y		
41155		TONGUE JAW & NECK SURGERY	7/1/2014	RBRVS	$3,133.95	$3,133.95	090		Y	Y		Y	Y		
4120F		ANTIBIOT RXD/GIVEN	7/1/2007	RBRVS	$0.00	$0.00									
4124F		ANTIBIOT NOT RXD/GIVEN	7/1/2007	RBRVS	$0.00	$0.00									
41250		REPAIR TONGUE LACERATION	7/1/2014	RBRVS	$278.38	$163.27	010		Y	Y					
41251		REPAIR TONGUE LACERATION	7/1/2014	RBRVS	$300.08	$189.27	010		Y	Y					
41252		REPAIR TONGUE LACERATION	7/1/2014	RBRVS	$330.13	$222.91	010		Y	Y					
4130F		TOPICAL PREP RX AOE	1/1/2008	RBRVS	$0.00	$0.00									
4131F		SYST ANTIMICROBIAL THX RX	1/1/2008	RBRVS	$0.00	$0.00									
4132F		NO SYST ANTIMICROBIAL THX RX	1/1/2008	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
4133F		ANTIHIST/DECONG RX/RECOM	1/1/2008	RBRVS	$0.00	$0.00									
4134F		NO ANTIHIST/DECONG RX/RECOM	1/1/2008	RBRVS	$0.00	$0.00									
4135F		SYSTEMIC CORTICOSTEROIDS RX	1/1/2008	RBRVS	$0.00	$0.00									
4136F		SYST CORTICOSTEROIDS NOT RX	1/1/2008	RBRVS	$0.00	$0.00									
4140F		INHALED CORTICOSTEROIDS RXD	1/1/2012	RBRVS	$0.00	$0.00									
4142F		CORTICOSTER SPARNG TXMNT RXD	1/1/2012	RBRVS	$0.00	$0.00									
4144F		ALT LONG-TERM CNTRL MED RXD	1/1/2012	RBRVS	$0.00	$0.00									
4148F		HEP A VACCINE ADMIN/RECVD	1/1/2009	RBRVS	$0.00	$0.00									
41500		FIXATION OF TONGUE	7/1/2014	RBRVS	$389.73	$389.73	090		Y	Y					
4151F		PT NOT RECVNG ANTIV HEP C	1/1/2008	RBRVS	$0.00	$0.00									
41510		TONGUE TO LIP SURGERY	7/1/2014	RBRVS	$458.97	$458.97	090		Y	Y					
41512		TONGUE SUSPENSION	7/1/2014	RBRVS	$647.92	$647.92	090		Y	Y					
41520		RECONSTRUCTION TONGUE FOLD	7/1/2014	RBRVS	$368.07	$270.17	090		Y	Y					
41530		TONGUE BASE VOL REDUCTION	7/1/2014	RBRVS	$3,332.11	$421.71	010		Y	Y					
4155F		HEP A VAC SERIES PREV RECVD	1/1/2008	RBRVS	$0.00	$0.00									
4157F		HEP B VAC SERIES PREV RECVD	1/1/2008	RBRVS	$0.00	$0.00									
41599		TONGUE AND MOUTH SURGERY	7/1/2014	FEE SCHED	$2,668.87	$0.00			Y						
4163F		PT COUNS FOR TXMNT OPT PROST	1/1/2008	RBRVS	$0.00	$0.00									
4164F		ADJV HRMNL THXPY RXD	1/1/2008	RBRVS	$0.00	$0.00									
4165F		3D-CRT/IMRT RECEIVED	1/1/2008	RBRVS	$0.00	$0.00									
4167F		HD BED TILTED 1ST DAY VENT	1/1/2008	RBRVS	$0.00	$0.00									
4168F		PT CARE ICU&VENT W/IN 24HRS	1/1/2008	RBRVS	$0.00	$0.00									
4169F		NO PT CARE ICU/VENT IN 24HRS	1/1/2008	RBRVS	$0.00	$0.00									
4171F		PT RCVNG ESA THXPY	1/1/2008	RBRVS	$0.00	$0.00									
4172F		PT NOT RCVNG ESA THXPY	1/1/2008	RBRVS	$0.00	$0.00									
4174F		COUNS POTENT GLAUC IMPCT	1/1/2008	RBRVS	$0.00	$0.00									
4175F		VIS 20/40/> W/IN 90 DAYS	1/1/2008	RBRVS	$0.00	$0.00									
4176F		TALK RE UV LIGHT PT/CRGVR	1/1/2008	RBRVS	$0.00	$0.00									
4177F		TALK PT/CRGVR RE AREDS PREV	1/1/2008	RBRVS	$0.00	$0.00									
4178F		ANTID GLBLN RCVD W/IN 26WKS	1/1/2008	RBRVS	$0.00	$0.00									
4179F		TAMOXIFEN/AI PRESCRIBED	1/1/2008	RBRVS	$0.00	$0.00									
4180F		ADJV THXPYRXD/RCVD COLON CA	1/1/2008	RBRVS	$0.00	$0.00									
41800		DRAINAGE OF GUM LESION	7/1/2014	RBRVS	$280.25	$154.74	010		Y	Y					
41805		REMOVAL FOREIGN BODY GUM	7/1/2014	RBRVS	$270.67	$183.53	010		Y	Y					
41806		REMOVAL FOREIGN BODY JAWBONE	7/1/2014	RBRVS	$377.46	$281.36	010		Y	Y					
4181F		CONFORMAL RADN THXPY RCVD	1/1/2008	RBRVS	$0.00	$0.00									
4182F		NO CONFORMAL RADN THXPY	1/1/2008	RBRVS	$0.00	$0.00									
41820		EXCISION GUM EACH QUADRANT	7/1/2014	FEE SCHED	$310.20	$0.00			Y						
41821		EXCISION OF GUM FLAP	7/1/2014	FEE SCHED	$167.20	$0.00			Y						
41822		EXCISION OF GUM LESION	7/1/2014	RBRVS	$304.45	$193.64	010		Y	Y					
41823		EXCISION OF GUM LESION	7/1/2014	RBRVS	$448.11	$341.24	090		Y	Y					
41825		EXCISION OF GUM LESION	7/1/2014	RBRVS	$221.29	$129.13	010		Y	Y					
41826		EXCISION OF GUM LESION	7/1/2014	RBRVS	$328.12	$223.41	010		Y	Y					
41827		EXCISION OF GUM LESION	7/1/2014	RBRVS	$459.65	$322.31	090		Y	Y					
41828		EXCISION OF GUM LESION	7/1/2014	RBRVS	$320.27	$224.88	010		Y	Y					
41830		REMOVAL OF GUM TISSUE	7/1/2014	RBRVS	$410.92	$299.40	010		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
4185F		CONTINUOUS PPI OR H2RA RCVD	1/1/2008	RBRVS	$0.00	$0.00									
41850		TREATMENT OF GUM LESION	7/1/2014	FEE SCHED	$367.14	$0.00			Y						
4186F		NO CONT PPI OR H2RA RCVD	1/1/2008	RBRVS	$0.00	$0.00									
4187F		ANTI RHEUM DRUGTHXPYRXD/GVN	1/1/2008	RBRVS	$0.00	$0.00									
41870		GUM GRAFT	7/1/2014	FEE SCHED	$413.60	$0.00			Y						
41872		REPAIR GUM	7/1/2014	RBRVS	$382.77	$273.40	090		Y	Y					
41874		REPAIR TOOTH SOCKET	7/1/2014	RBRVS	$390.91	$267.91	090		Y	Y					
4188F		APPROP ACE/ARB TSTNG DONE	1/1/2008	RBRVS	$0.00	$0.00									
4189F		APPROP DIGOXIN TSTNG DONE	1/1/2008	RBRVS	$0.00	$0.00									
41899		DENTAL SURGERY PROCEDURE	7/1/2014	FEE SCHED	$788.44	$0.00			Y						
4190F		APPROP DIURETIC TSTNG DONE	1/1/2008	RBRVS	$0.00	$0.00									
4191F		APPROP ANTICONVULS TSTNG	1/1/2008	RBRVS	$0.00	$0.00									
4192F		PT NOT RCVNG GLUCOCO THXPY	1/1/2009	RBRVS	$0.00	$0.00									
4193F		PT RCVNG<10MG DAILY PREDNISO	1/1/2009	RBRVS	$0.00	$0.00									
4194F		PT RCVNG10MG DAILY PREDNISO	1/1/2009	RBRVS	$0.00	$0.00									
4195F		PT RCVNG ANTI-RHEUM THXPY RA	1/1/2009	RBRVS	$0.00	$0.00									
4196F		PTNOT RCVNG ANTI-RHM THXPYRA	1/1/2009	RBRVS	$0.00	$0.00									
4200F		EXTERNAL BEAM TO PROST+/-NOD	1/1/2008	RBRVS	$0.00	$0.00									
42000		DRAINAGE MOUTH ROOF LESION	7/1/2014	RBRVS	$164.42	$108.48	010		Y	Y					
4201F		EXTRNL BM THXPY+/-NODAL IRAD	1/1/2008	RBRVS	$0.00	$0.00									
4210F		ACE/ARB THXPY FOR MOS/>	1/1/2008	RBRVS	$0.00	$0.00									
42100		BIOPSY ROOF OF MOUTH	7/1/2014	RBRVS	$157.00	$115.40	010		Y	Y					
42104		EXCISION LESION MOUTH ROOF	7/1/2014	RBRVS	$226.49	$146.88	010		Y	Y					
42106		EXCISION LESION MOUTH ROOF	7/1/2014	RBRVS	$286.02	$188.12	010		Y	Y					
42107		EXCISION LESION MOUTH ROOF	7/1/2014	RBRVS	$482.03	$364.41	090		Y	Y					
42120		REMOVE PALATE/LESION	7/1/2014	RBRVS	$1,038.08	$1,038.08	090		Y	Y		Y	Y		
42140		EXCISION OF UVULA	7/1/2014	RBRVS	$264.86	$163.38	090		Y	Y					
42145		REPAIR PALATE PHARYNX/UVULA	7/1/2014	RBRVS	$739.36	$739.36	090		Y	Y					
42160		TREATMENT MOUTH ROOF LESION	7/1/2014	RBRVS	$243.06	$154.84	010		Y	Y					
42180		REPAIR PALATE	7/1/2014	RBRVS	$256.15	$193.75	010		Y	Y					
42182		REPAIR PALATE	7/1/2014	RBRVS	$335.94	$269.24	010		Y	Y					
4220F		DIGOXIN THXPY FOR 6 MOS/>	1/1/2008	RBRVS	$0.00	$0.00									
42200		RECONSTRUCT CLEFT PALATE	7/1/2014	RBRVS	$893.42	$893.42	090		Y	Y		Y			
42205		RECONSTRUCT CLEFT PALATE	7/1/2014	RBRVS	$933.40	$933.40	090		Y	Y		Y			
4221F		DIURETIC THXPY FOR 6 MOS/>	1/1/2008	RBRVS	$0.00	$0.00									
42210		RECONSTRUCT CLEFT PALATE	7/1/2014	RBRVS	$1,079.71	$1,079.71	090		Y	Y		Y			
42215		RECONSTRUCT CLEFT PALATE	7/1/2014	RBRVS	$702.17	$702.17	090		Y	Y		Y			
42220		RECONSTRUCT CLEFT PALATE	7/1/2014	RBRVS	$541.09	$541.09	090		Y	Y		Y			
42225		RECONSTRUCT CLEFT PALATE	7/1/2014	RBRVS	$915.79	$915.79	090		Y	Y		Y			
42226		LENGTHENING OF PALATE	7/1/2014	RBRVS	$931.93	$931.93	090		Y	Y		Y			
42227		LENGTHENING OF PALATE	7/1/2014	RBRVS	$874.63	$874.63	090		Y	Y		Y			
42235		REPAIR PALATE	7/1/2014	RBRVS	$765.72	$765.72	090		Y	Y		Y			
42260		REPAIR NOSE TO LIP FISTULA	7/1/2014	RBRVS	$850.10	$693.39	090		Y	Y		Y			
42280		PREPARATION PALATE MOLD	7/1/2014	RBRVS	$176.93	$120.27	010		Y	Y					
42281		INSERTION PALATE PROSTHESIS	7/1/2014	RBRVS	$215.20	$159.25	010		Y	Y					
42299		PALATE/UVULA SURGERY	7/1/2014	FEE SCHED	$771.21	$0.00			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
4230F		ANTICONV THXPY FOR 6 MOS/>	1/1/2008	RBRVS	$0.00	$0.00									
42300		DRAINAGE OF SALIVARY GLAND	7/1/2014	RBRVS	$219.57	$160.76	010		Y	Y					
42305		DRAINAGE OF SALIVARY GLAND	7/1/2014	RBRVS	$452.37	$452.37	090		Y	Y					
42310		DRAINAGE OF SALIVARY GLAND	7/1/2014	RBRVS	$169.44	$131.07	010		Y	Y					
42320		DRAINAGE OF SALIVARY GLAND	7/1/2014	RBRVS	$262.14	$185.04	010		Y	Y					
42330		REMOVAL OF SALIVARY STONE	7/1/2014	RBRVS	$243.42	$173.85	010		Y	Y					
42335		REMOVAL OF SALIVARY STONE	7/1/2014	RBRVS	$392.16	$270.96	090		Y	Y					
42340		REMOVAL OF SALIVARY STONE	7/1/2014	RBRVS	$486.48	$353.44	090		Y	Y	Y				
4240F		INSTR EXERCISE BK PN >12 WKS	4/1/2008	RBRVS	$0.00	$0.00									
42400		BIOPSY OF SALIVARY GLAND	7/1/2014	RBRVS	$110.20	$57.84	000		Y	Y					
42405		BIOPSY OF SALIVARY GLAND	7/1/2014	RBRVS	$311.84	$237.25	010		Y	Y					
42408		EXCISION OF SALIVARY CYST	7/1/2014	RBRVS	$473.85	$342.97	090		Y	Y					
42409		DRAINAGE OF SALIVARY CYST	7/1/2014	RBRVS	$348.85	$233.38	090		Y	Y		Y			
42410		EXCISE PAROTID GLAND/LESION	7/1/2014	RBRVS	$654.73	$654.73	090		Y	Y	Y	Y	Y		
42415		EXCISE PAROTID GLAND/LESION	7/1/2014	RBRVS	$1,109.90	$1,109.90	090		Y	Y	Y	Y	Y		
4242F		SPRVSD XRCZ BACK PN >12 WKS	4/1/2008	RBRVS	$0.00	$0.00									
42420		EXCISE PAROTID GLAND/LESION	7/1/2014	RBRVS	$1,246.35	$1,246.35	090		Y	Y	Y	Y	Y		
42425		EXCISE PAROTID GLAND/LESION	7/1/2014	RBRVS	$879.29	$879.29	090		Y	Y	Y	Y	Y		
42426		EXCISE PAROTID GLAND/LESION	7/1/2014	RBRVS	$1,420.49	$1,420.49	090		Y	Y	Y	Y	Y		
42440		EXCISE SUBMAXILLARY GLAND	7/1/2014	RBRVS	$432.79	$432.79	090		Y	Y	Y	Y	Y		
4245F		PT INSTR NORMAL LIFESTYLE	4/1/2008	RBRVS	$0.00	$0.00									
42450		EXCISE SUBLINGUAL GLAND	7/1/2014	RBRVS	$474.46	$378.00	090		Y	Y					
4248F		PT INSTR NO BD REST 4 DAYS/>	4/1/2008	RBRVS	$0.00	$0.00									
4250F		WARMNG SURG NORMOTHERMIA	4/1/2008	RBRVS	$0.00	$0.00									
42500		REPAIR SALIVARY DUCT	7/1/2014	RBRVS	$455.57	$361.61	090		Y	Y					
42505		REPAIR SALIVARY DUCT	7/1/2014	RBRVS	$583.69	$478.26	090		Y	Y					
42507		PAROTID DUCT DIVERSION	7/1/2014	RBRVS	$538.87	$538.87	090		Y	Y		Y			
42509		PAROTID DUCT DIVERSION	7/1/2014	RBRVS	$919.92	$919.92	090		Y	Y					
42510		PAROTID DUCT DIVERSION	7/1/2014	RBRVS	$659.82	$659.82	090		Y	Y		Y	Y		
4255F		ANESTH 60 MIN/> AS DOCD	1/1/2010	RBRVS	$0.00	$0.00									
42550		INJECTION FOR SALIVARY X-RAY	7/1/2014	RBRVS	$136.91	$65.91	000		Y	Y					
4256F		ANESTH < 60 MIN AS DOCD	1/1/2010	RBRVS	$0.00	$0.00									
4260F		WOUND SRFC CULTURETECH USED	7/1/2009	RBRVS	$0.00	$0.00									
42600		CLOSURE OF SALIVARY FISTULA	7/1/2014	RBRVS	$502.08	$366.17	090		Y	Y					
4261F		TECH OTHER THAN SURFC CULTR	7/1/2009	RBRVS	$0.00	$0.00									
4265F		WET-DRY DRESSINGS RX RECMD	7/1/2009	RBRVS	$0.00	$0.00									
42650		DILATION OF SALIVARY DUCT	7/1/2014	RBRVS	$88.11	$62.29	000		Y	Y					
4266F		NO WET-DRY DRSSINGS RX RECMD	7/1/2009	RBRVS	$0.00	$0.00									
42660		DILATION OF SALIVARY DUCT	7/1/2014	RBRVS	$126.98	$87.18	000		Y	Y					
42665		LIGATION OF SALIVARY DUCT	7/1/2014	RBRVS	$328.98	$217.81	090		Y	Y					
4267F		COMPRSSION THXPY PRESCRIBED	1/1/2009	RBRVS	$0.00	$0.00									
4268F		PT ED RE COMP THXPY RCVD	7/1/2009	RBRVS	$0.00	$0.00									
4269F		APPROPOS MTHD OFFLOADING RXD	7/1/2009	RBRVS	$0.00	$0.00									
42699		SALIVARY SURGERY PROCEDURE	7/1/2014	FEE SCHED	$841.90	$0.00			Y						
42700		DRAINAGE OF TONSIL ABSCESS	7/1/2014	RBRVS	$198.88	$143.30	010		Y	Y					
42720		DRAINAGE OF THROAT ABSCESS	7/1/2014	RBRVS	$475.86	$412.39	010		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
42725		DRAINAGE OF THROAT ABSCESS	7/1/2014	RBRVS	$852.43	$852.43	090		Y	Y		Y	Y		
4274F		FLU IMMUNO ADMINFD RCVD	1/1/2009	RBRVS	$0.00	$0.00									
4279F		PCP PROPHYLAXIS RXD	9/1/2011	RBRVS	$0.00	$0.00									
42800		BIOPSY OF THROAT	7/1/2014	RBRVS	$166.43	$118.37	010		Y	Y					
42804		BIOPSY OF UPPER NOSE/THROAT	7/1/2014	RBRVS	$203.86	$118.52	010		Y	Y					
42806		BIOPSY OF UPPER NOSE/THROAT	7/1/2014	RBRVS	$229.68	$138.60	010		Y	Y					
42808		EXCISE PHARYNX LESION	7/1/2014	RBRVS	$237.68	$170.26	010		Y	Y					
42809		REMOVE PHARYNX FOREIGN BODY	7/1/2014	RBRVS	$180.48	$139.60	010		Y	Y					
42810		EXCISION OF NECK CYST	7/1/2014	RBRVS	$406.15	$303.95	090		Y	Y	Y	Y			
42815		EXCISION OF NECK CYST	7/1/2014	RBRVS	$586.67	$586.67	090		Y	Y	Y	Y	Y		
42820		REMOVE TONSILS AND ADENOIDS	7/1/2014	RBRVS	$304.59	$304.59	090		Y	Y					
42821		REMOVE TONSILS AND ADENOIDS	7/1/2014	RBRVS	$316.61	$316.61	090		Y	Y					
42825		REMOVAL OF TONSILS	7/1/2014	RBRVS	$274.65	$274.65	090		Y	Y					
42826		REMOVAL OF TONSILS	7/1/2014	RBRVS	$263.89	$263.89	090		Y	Y					
42830		REMOVAL OF ADENOIDS	7/1/2014	RBRVS	$218.17	$218.17	090		Y	Y					
42831		REMOVAL OF ADENOIDS	7/1/2014	RBRVS	$234.31	$234.31	090		Y	Y					
42835		REMOVAL OF ADENOIDS	7/1/2014	RBRVS	$187.12	$187.12	090		Y	Y					
42836		REMOVAL OF ADENOIDS	7/1/2014	RBRVS	$252.60	$252.60	090		Y	Y					
42842		EXTENSIVE SURGERY OF THROAT	7/1/2014	RBRVS	$1,039.55	$1,039.55	090		Y	Y					
42844		EXTENSIVE SURGERY OF THROAT	7/1/2014	RBRVS	$1,427.51	$1,427.51	090		Y	Y		Y	Y		
42845		EXTENSIVE SURGERY OF THROAT	7/1/2014	RBRVS	$2,320.14	$2,320.14	090		Y	Y		Y	Y		
42860		EXCISION OF TONSIL TAGS	7/1/2014	RBRVS	$197.88	$197.88	090		Y	Y					
42870		EXCISION OF LINGUAL TONSIL	7/1/2014	RBRVS	$603.24	$603.24	090		Y	Y					
42890		PARTIAL REMOVAL OF PHARYNX	7/1/2014	RBRVS	$1,479.87	$1,479.87	090		Y	Y		Y	Y		
42892		REVISION OF PHARYNGEAL WALLS	7/1/2014	RBRVS	$1,966.20	$1,966.20	090		Y	Y		Y	Y		
42894		REVISION OF PHARYNGEAL WALLS	7/1/2014	RBRVS	$2,472.83	$2,472.83	090		Y	Y		Y	Y		
4290F		PT SCRNED FOR INJ DRUG USE	7/1/2009	RBRVS	$0.00	$0.00									
42900		REPAIR THROAT WOUND	7/1/2014	RBRVS	$356.34	$356.34	010		Y	Y					
4293F		PT SCRND HGH-RISK SEX BEHAV	7/1/2009	RBRVS	$0.00	$0.00									
42950		RECONSTRUCTION OF THROAT	7/1/2014	RBRVS	$828.37	$828.37	090		Y	Y		Y	Y		
42953		REPAIR THROAT ESOPHAGUS	7/1/2014	RBRVS	$990.31	$990.31	090		Y	Y		Y			
42955		SURGICAL OPENING OF THROAT	7/1/2014	RBRVS	$785.08	$785.08	090		Y	Y		Y			
42960		CONTROL THROAT BLEEDING	7/1/2014	RBRVS	$178.94	$178.94	010		Y	Y					
42961		CONTROL THROAT BLEEDING	7/1/2014	RBRVS	$442.73	$442.73	090		Y	Y		Y			
42962		CONTROL THROAT BLEEDING	7/1/2014	RBRVS	$543.64	$543.64	090		Y	Y					
42970		CONTROL NOSE/THROAT BLEEDING	7/1/2014	RBRVS	$432.18	$432.18	090		Y	Y					
42971		CONTROL NOSE/THROAT BLEEDING	7/1/2014	RBRVS	$480.24	$480.24	090		Y	Y		Y			
42972		CONTROL NOSE/THROAT BLEEDING	7/1/2014	RBRVS	$538.08	$538.08	090		Y	Y		Y			
42999		THROAT SURGERY PROCEDURE	7/1/2014	FEE SCHED	$389.22	$0.00			Y						
4300F		PT RCVNG WARF THXPY	7/1/2009	RBRVS	$0.00	$0.00									
4301F		PT NOT RCVNG WARF THXPY	7/1/2009	RBRVS	$0.00	$0.00									
43020		INCISION OF ESOPHAGUS	7/1/2014	RBRVS	$518.79	$518.79	090		Y	Y		Y	Y		
43030		THROAT MUSCLE SURGERY	7/1/2014	RBRVS	$545.61	$545.61	090		Y	Y		Y	Y		
43045		INCISION OF ESOPHAGUS	7/1/2014	RBRVS	$1,379.14	$1,379.14	090		Y	Y		Y	Y		
4305F		PT ED RE FT CARE INSPCT RCVD	7/1/2009	RBRVS	$0.00	$0.00									
4306F		PT TLK PSYCH & RX OPD ADDIC	7/1/2009	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
43100		EXCISION OF ESOPHAGUS LESION	7/1/2014	RBRVS	$658.60	$658.60	090		Y	Y		Y	Y		
43101		EXCISION OF ESOPHAGUS LESION	7/1/2014	RBRVS	$1,067.27	$1,067.27	090		Y	Y		Y	Y		
43107		REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$2,684.05	$2,684.05	090		Y	Y		Y	Y		
43108		REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$4,898.44	$4,898.44	090		Y	Y		Y	Y		
43112		REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$2,841.55	$2,841.55	090		Y	Y		Y	Y		
43113		REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$4,787.09	$4,787.09	090		Y	Y		Y	Y		
43116		PARTIAL REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$5,495.33	$5,495.33	090		Y	Y		Y	Y		
43117		PARTIAL REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$2,607.31	$2,607.31	090		Y	Y		Y	Y		
43118		PARTIAL REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$3,812.53	$3,812.53	090		Y	Y		Y	Y		
43121		PARTIAL REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$3,040.50	$3,040.50	090		Y	Y		Y	Y		
43122		PARTIAL REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$2,695.27	$2,695.27	090		Y	Y		Y	Y		
43123		PARTIAL REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$4,961.77	$4,961.77	090		Y	Y		Y	Y		
43124		REMOVAL OF ESOPHAGUS	7/1/2014	RBRVS	$4,053.72	$4,053.72	090		Y	Y		Y	Y		
43130		REMOVAL OF ESOPHAGUS POUCH	7/1/2014	RBRVS	$830.30	$830.30	090		Y	Y		Y	Y		
43135		REMOVAL OF ESOPHAGUS POUCH	7/1/2014	RBRVS	$1,582.21	$1,582.21	090		Y	Y		Y	Y		
43180		ESOPHAGOSCOPY RIGID TRNSO	1/1/2015	RBRVS	$557.01	$611.88	090		Y	Y					
43191		ESOPHAGOSCOPY RIGID TRNSO DX	7/1/2014	RBRVS	$147.60	$147.60	000		Y	Y					
43192		ESOPHAGOSCP RIG TRNSO INJECT	7/1/2014	RBRVS	$176.03	$176.03	000		Y	Y					
43193		ESOPHAGOSCP RIG TRNSO BIOPSY	7/1/2014	RBRVS	$209.77	$209.77	000		Y	Y					
43194		ESOPHAGOSCP RIG TRNSO REM FB	7/1/2014	RBRVS	$190.48	$190.48	000		Y	Y					
43195		ESOPHAGOSCOPY RIGID BALLOON	7/1/2014	RBRVS	$210.17	$210.17	000		Y	Y					
43196		ESOPHAGOSCP GUIDE WIRE DILAT	7/1/2014	RBRVS	$230.89	$230.89	000		Y	Y					
43197		ESOPHAGOSCOPY FLEX DX BRUSH	7/1/2014	RBRVS	$211.45	$93.77	000		Y	Y					
43198		ESOPHAGOSC FLEX TRNSN BIOPSY	7/1/2014	RBRVS	$236.16	$111.65	000		Y	Y					
4320F		PT TALK PSYCHSOC&RX OH DPND	7/1/2009	RBRVS	$0.00	$0.00									
43200		ESOPHAGUS ENDOSCOPY	7/1/2014	RBRVS	$276.30	$98.44	000		Y	Y					
43201		ESOPH SCOPE W/SUBMUCOUS INJ	7/1/2014	RBRVS	$281.90	$115.51	000		Y	Y					
43202		ESOPHAGUS ENDOSCOPY BIOPSY	7/1/2014	RBRVS	$369.90	$116.01	000		Y	Y					
43204		ESOPH SCOPE W/SCLEROSIS INJ	7/1/2014	RBRVS	$152.73	$152.73	000		Y	Y					
43205		ESOPHAGUS ENDOSCOPY/LIGATION	7/1/2014	RBRVS	$157.71	$157.71	000		Y	Y					
43206		ESOPH OPTICAL ENDOMICROSCOPY	7/1/2014	RBRVS	$339.38	$150.76	090		Y	Y					
43211		ESOPHAGOSCOP MUCOSAL RESECT	7/1/2014	RBRVS	$287.32	$287.32	000		Y	Y					
43212		ESOPHAGOSCOP STENT PLACEMENT	7/1/2014	RBRVS	$227.36	$227.36	000		Y	Y					
43213		ESOPHAGOSCOPY RETRO BALLOON	7/1/2014	RBRVS	$1,408.96	$319.73	000		Y	Y					
43214		ESOPHAGOSC DILATE BALLOON 30	7/1/2014	RBRVS	$231.30	$231.30	000		Y	Y					
43215		ESOPHAGUS ENDOSCOPY	7/1/2014	RBRVS	$416.08	$156.10	000		Y	Y					
43216		ESOPHAGUS ENDOSCOPY/LESION	7/1/2014	RBRVS	$429.03	$151.47	000		Y	Y					
43217		ESOPHAGUS ENDOSCOPY	7/1/2014	RBRVS	$459.29	$181.02	000		Y	Y					
4322F		CRGVR PROV W/ ED ADDL RSRCS	1/1/2012	RBRVS	$0.00	$0.00									
43220		ESOPH ENDOSCOPY DILATION	7/1/2014	RBRVS	$1,023.44	$133.04	000		Y	Y					
43226		ESOPH ENDOSCOPY DILATION	7/1/2014	RBRVS	$390.80	$146.60	000		Y	Y					
43227		ESOPH ENDOSCOPY REPAIR	7/1/2014	RBRVS	$405.61	$185.43	000		Y	Y					
43229		ESOPHAGOSCOPY LESION ABLATE	7/1/2014	RBRVS	$831.73	$244.55	000		Y	Y					
43231		ESOPH ENDOSCOPY W/US EXAM	7/1/2014	RBRVS	$416.30	$180.70	000		Y	Y			Y		
43232		ESOPH ENDOSCOPY W/US FN BX	7/1/2014	RBRVS	$490.82	$215.41	000		Y	Y			Y		
43233		EGD BALLOON DIL ESOPH30 MM/>	7/1/2014	RBRVS	$274.47	$274.47	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
43235		UPPR GI ENDOSCOPY DIAGNOSIS	7/1/2014	RBRVS	$320.01	$138.20	000		Y	Y					
43236		UPPR GI SCOPE W/SUBMUC INJ	7/1/2014	RBRVS	$398.62	$155.13	000		Y	Y					
43237		ENDOSCOPIC US EXAM ESOPH	7/1/2014	RBRVS	$218.60	$218.60	000		Y	Y					
43238		UPPR GI ENDOSCOPY W/US FN BX	7/1/2014	RBRVS	$249.44	$249.44	000		Y	Y					
43239		UPPER GI ENDOSCOPY BIOPSY	7/1/2014	RBRVS	$407.94	$154.41	000		Y	Y					
4324F		PT QUERIED PRKNS COMPLIC	1/1/2011	RBRVS	$0.00	$0.00									
43240		ESOPH ENDOSCOPE W/DRAIN CYST	7/1/2014	RBRVS	$434.34	$434.34	000		Y	Y					
43241		UPPER GI ENDOSCOPY WITH TUBE	7/1/2014	RBRVS	$159.97	$159.97	000		Y	Y					
43242		UPPR GI ENDOSCOPY W/US FN BX	7/1/2014	RBRVS	$284.33	$284.33	000		Y	Y					
43243		UPPER GI ENDOSCOPY & INJECT	7/1/2014	RBRVS	$263.64	$263.64	000		Y	Y					
43244		UPPER GI ENDOSCOPY/LIGATION	7/1/2014	RBRVS	$272.97	$272.97	000		Y	Y					
43245		UPPR GI SCOPE DILATE STRICTR	7/1/2014	RBRVS	$630.02	$195.76	000		Y	Y					
43246		PLACE GASTROSTOMY TUBE	7/1/2014	RBRVS	$225.06	$225.06	000		Y	Y			Y		
43247		OPERATIVE UPPER GI ENDOSCOPY	7/1/2014	RBRVS	$417.34	$196.08	000		Y	Y					
43248		UPPR GI ENDOSCOPY/GUIDE WIRE	7/1/2014	RBRVS	$422.36	$186.40	000		Y	Y					
43249		ESOPH ENDOSCOPY DILATION	7/1/2014	RBRVS	$1,070.17	$171.88	000		Y	Y					
4325F		MED TXMNT OPTIONS RVWD W/PT	1/1/2011	RBRVS	$0.00	$0.00									
43250		UPPER GI ENDOSCOPY/TUMOR	7/1/2014	RBRVS	$469.01	$189.66	000		Y	Y					
43251		OPERATIVE UPPER GI ENDOSCOPY	7/1/2014	RBRVS	$516.24	$219.32	000		Y	Y					
43252		UPPR GI OPTICL ENDOMICRSCOPY	7/1/2014	RBRVS	$379.00	$188.59	090		Y	Y					
43253		EGD US TRANSMURAL INJXN/MARK	7/1/2014	RBRVS	$318.44	$318.44	000		Y	Y					
43254		EGD ENDO MUCOSAL RESECTION	7/1/2014	RBRVS	$330.82	$330.82	000		Y	Y					
43255		OPERATIVE UPPER GI ENDOSCOPY	7/1/2014	RBRVS	$444.88	$224.70	000		Y	Y					
43257		UPPR GI SCOPE W/THRML TXMNT	7/1/2014	RBRVS	$251.16	$251.16	000		Y	Y					
43259		ENDOSCOPIC ULTRASOUND EXAM	7/1/2014	RBRVS	$252.24	$252.24	000		Y	Y					
4326F		PT ASKED RE SYMP AUTO DYSFXN	1/1/2011	RBRVS	$0.00	$0.00									
43260		ENDO CHOLANGIOPANCREATOGRAPH	7/1/2014	RBRVS	$357.78	$357.78	000		Y	Y					
43261		ENDO CHOLANGIOPANCREATOGRAPH	7/1/2014	RBRVS	$375.24	$375.24	000		Y	Y					
43262		ENDO CHOLANGIOPANCREATOGRAPH	7/1/2014	RBRVS	$396.00	$396.00	000		Y	Y					
43263		ENDO CHOLANGIOPANCREATOGRAPH	7/1/2014	RBRVS	$396.43	$396.43	000		Y	Y					
43264		ENDO CHOLANGIOPANCREATOGRAPH	7/1/2014	RBRVS	$403.68	$403.68	000		Y	Y					
43265		ENDO CHOLANGIOPANCREATOGRAPH	7/1/2014	RBRVS	$479.38	$479.38	000		Y	Y					
43266		EGD ENDOSCOPIC STENT PLACE	7/1/2014	RBRVS	$273.87	$273.87	000		Y	Y					
43270		EGD LESION ABLATION	7/1/2014	RBRVS	$829.72	$287.52	000		Y	Y					
43273		ENDOSCOPIC PANCREATOSCOPY	7/1/2014	RBRVS	$130.64	$130.64	ZZZ		Y						
43274		ERCP DUCT STENT PLACEMENT	7/1/2014	RBRVS	$566.61	$566.61	000		Y	Y					
43275		ERCP REMOVE FORGN BODY DUCT	7/1/2014	RBRVS	$467.21	$467.21	000		Y	Y					
43276		ERCP STENT EXCHANGE W/DILATE	7/1/2014	RBRVS	$589.40	$589.40	000		Y	Y					
43277		ERCP EA DUCT/AMPULLA DILATE	7/1/2014	RBRVS	$470.03	$470.03	000		Y	Y					
43278		ERCP LESION ABLATE W/DILATE	7/1/2014	RBRVS	$534.40	$534.40	000		Y	Y					
43279		LAP MYOTOMY HELLER	7/1/2014	RBRVS	$1,347.37	$1,347.37	090		Y	Y		Y	Y		
4328F		PT ASKED RE SLEEP DISTURB	1/1/2011	RBRVS	$0.00	$0.00									
43280		LAPAROSCOPY FUNDOPLASTY	7/1/2014	RBRVS	$1,127.69	$1,127.69	090		Y	Y		Y	Y		
43281		LAP PARAESOPHAG HERN REPAIR	7/1/2014	RBRVS	$1,610.94	$1,610.94	090		Y	Y		Y	Y		
43282		LAP PARAESOPH HER RPR W/MESH	7/1/2014	RBRVS	$1,811.54	$1,811.54	090		Y	Y		Y	Y		
43283		LAP ESOPH LENGTHENING	7/1/2014	RBRVS	$164.38	$164.38	ZZZ		Y			Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
43289		LAPAROSCOPE PROC ESOPH	7/1/2014	FEE SCHED	$960.37	$0.00			Y						
4330F		CNSLNG EPI SPEC SFTY ISSUES	9/1/2011	RBRVS	$0.00	$0.00									
43300		REPAIR OF ESOPHAGUS	7/1/2014	RBRVS	$646.56	$646.56	090		Y	Y		Y	Y		
43305		REPAIR ESOPHAGUS AND FISTULA	7/1/2014	RBRVS	$1,146.62	$1,146.62	090		Y	Y		Y	Y		
43310		REPAIR OF ESOPHAGUS	7/1/2014	RBRVS	$1,576.01	$1,576.01	090		Y	Y		Y	Y		
43312		REPAIR ESOPHAGUS AND FISTULA	7/1/2014	RBRVS	$1,700.19	$1,700.19	090		Y	Y		Y	Y		
43313		ESOPHAGOPLASTY CONGENITAL	7/1/2014	RBRVS	$3,046.31	$3,046.31	090		Y	Y		Y	Y		
43314		TRACHEO-ESOPHAGOPLASTY CONG	7/1/2014	RBRVS	$3,052.55	$3,052.55	090		Y	Y		Y	Y		
43320		FUSE ESOPHAGUS & STOMACH	7/1/2014	RBRVS	$1,452.15	$1,452.15	090		Y	Y		Y	Y		
43325		REVISE ESOPHAGUS & STOMACH	7/1/2014	RBRVS	$1,401.48	$1,401.48	090		Y	Y		Y	Y		
43327		ESOPH FUNDOPLASTY LAP	7/1/2014	RBRVS	$855.23	$855.23	090		Y	Y		Y	Y		
43328		ESOPH FUNDOPLASTY THOR	7/1/2014	RBRVS	$1,222.29	$1,222.29	090		Y	Y		Y	Y		
43330		ESOPHAGOMYOTOMY ABDOMINAL	7/1/2014	RBRVS	$1,389.72	$1,389.72	090		Y	Y		Y	Y		
43331		ESOPHAGOMYOTOMY THORACIC	7/1/2014	RBRVS	$1,422.96	$1,422.96	090		Y	Y		Y	Y		
43332		TRANSAB ESOPH HIAT HERN RPR	7/1/2014	RBRVS	$1,212.43	$1,212.43	090		Y	Y		Y	Y		
43333		TRANSAB ESOPH HIAT HERN RPR	7/1/2014	RBRVS	$1,319.22	$1,319.22	090		Y	Y		Y	Y		
43334		TRANSTHOR DIAPHRAG HERN RPR	7/1/2014	RBRVS	$1,310.07	$1,310.07	090		Y	Y		Y	Y		
43335		TRANSTHOR DIAPHRAG HERN RPR	7/1/2014	RBRVS	$1,403.99	$1,403.99	090		Y	Y		Y	Y		
43336		THORABD DIAPHR HERN REPAIR	7/1/2014	RBRVS	$1,591.90	$1,591.90	090		Y	Y		Y	Y		
43337		THORABD DIAPHR HERN REPAIR	7/1/2014	RBRVS	$1,718.41	$1,718.41	090		Y	Y		Y	Y		
43338		ESOPH LENGTHENING	7/1/2014	RBRVS	$123.32	$123.32	ZZZ		Y			Y	Y		
43340		FUSE ESOPHAGUS & INTESTINE	7/1/2014	RBRVS	$1,433.83	$1,433.83	090		Y	Y		Y	Y		
43341		FUSE ESOPHAGUS & INTESTINE	7/1/2014	RBRVS	$1,480.52	$1,480.52	090		Y	Y		Y	Y		
43351		SURGICAL OPENING ESOPHAGUS	7/1/2014	RBRVS	$1,395.06	$1,395.06	090		Y	Y		Y	Y		
43352		SURGICAL OPENING ESOPHAGUS	7/1/2014	RBRVS	$1,130.56	$1,130.56	090		Y	Y		Y	Y		
43360		GASTROINTESTINAL REPAIR	7/1/2014	RBRVS	$2,513.89	$2,513.89	090		Y	Y		Y	Y		
43361		GASTROINTESTINAL REPAIR	7/1/2014	RBRVS	$2,672.14	$2,672.14	090		Y	Y		Y	Y		
4340F		CNSLNG CHLDBRNG+ WOMEN EPI	9/1/2011	RBRVS	$0.00	$0.00									
43400		LIGATE ESOPHAGUS VEINS	7/1/2014	RBRVS	$1,600.29	$1,600.29	090		Y	Y		Y	Y		
43401		ESOPHAGUS SURGERY FOR VEINS	7/1/2014	RBRVS	$1,629.16	$1,629.16	090		Y	Y		Y	Y		
43405		LIGATE/STAPLE ESOPHAGUS	7/1/2014	RBRVS	$1,524.16	$1,524.16	090		Y	Y		Y	Y		
43410		REPAIR ESOPHAGUS WOUND	7/1/2014	RBRVS	$1,107.57	$1,107.57	090		Y	Y		Y	Y		
43415		REPAIR ESOPHAGUS WOUND	7/1/2014	RBRVS	$2,726.33	$2,726.33	090		Y	Y		Y	Y		
43420		REPAIR ESOPHAGUS OPENING	7/1/2014	RBRVS	$1,069.70	$1,069.70	090		Y	Y			Y		
43425		REPAIR ESOPHAGUS OPENING	7/1/2014	RBRVS	$1,513.11	$1,513.11	090		Y	Y		Y	Y		
43450		DILATE ESOPHAGUS 1/MULT PASS	7/1/2014	RBRVS	$218.21	$92.34	000		Y	Y					
43453		DILATE ESOPHAGUS	7/1/2014	RBRVS	$993.54	$99.55	000		Y	Y					
43460		PRESSURE TREATMENT ESOPHAGUS	7/1/2014	RBRVS	$231.51	$231.51	000		Y	Y					
43496		FREE JEJUNUM FLAP MICROVASC	7/1/2014	FEE SCHED	$911.34	$0.00			Y						
43499		ESOPHAGUS SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,591.16	$0.00			Y						
4350F		CNSLNG PROVIDED SYMP MNGMNT	1/1/2012	RBRVS	$0.00	$0.00									
43500		SURGICAL OPENING OF STOMACH	7/1/2014	RBRVS	$820.01	$820.01	090		Y	Y		Y	Y		
43501		SURGICAL REPAIR OF STOMACH	7/1/2014	RBRVS	$1,403.35	$1,403.35	090		Y	Y		Y	Y		
43502		SURGICAL REPAIR OF STOMACH	7/1/2014	RBRVS	$1,585.84	$1,585.84	090		Y	Y		Y	Y		
43510		SURGICAL OPENING OF STOMACH	7/1/2014	RBRVS	$940.97	$940.97	090		Y	Y		Y	Y		
43520		INCISION OF PYLORIC MUSCLE	7/1/2014	RBRVS	$717.34	$717.34	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
43605		BIOPSY OF STOMACH	7/1/2014	RBRVS	$865.37	$865.37	090		Y	Y		Y	Y		
43610		EXCISION OF STOMACH LESION	7/1/2014	RBRVS	$1,021.87	$1,021.87	090		Y	Y		Y	Y		
43611		EXCISION OF STOMACH LESION	7/1/2014	RBRVS	$1,272.24	$1,272.24	090		Y	Y		Y	Y		
43620		REMOVAL OF STOMACH	7/1/2014	RBRVS	$2,048.07	$2,048.07	090		Y	Y		Y	Y		
43621		REMOVAL OF STOMACH	7/1/2014	RBRVS	$2,364.50	$2,364.50	090		Y	Y		Y	Y		
43622		REMOVAL OF STOMACH	7/1/2014	RBRVS	$2,408.72	$2,408.72	090		Y	Y		Y	Y		
43631		REMOVAL OF STOMACH PARTIAL	7/1/2014	RBRVS	$1,510.78	$1,510.78	090		Y	Y		Y	Y		
43632		REMOVAL OF STOMACH PARTIAL	7/1/2014	RBRVS	$2,116.53	$2,116.53	090		Y	Y		Y	Y		
43633		REMOVAL OF STOMACH PARTIAL	7/1/2014	RBRVS	$2,000.06	$2,000.06	090		Y	Y		Y	Y		
43634		REMOVAL OF STOMACH PARTIAL	7/1/2014	RBRVS	$2,213.75	$2,213.75	090		Y	Y		Y	Y		
43635		REMOVAL OF STOMACH PARTIAL	7/1/2014	RBRVS	$116.76	$116.76	ZZZ		Y			Y	Y		
43640		VAGOTOMY & PYLORUS REPAIR	7/1/2014	RBRVS	$1,229.28	$1,229.28	090		Y	Y		Y	Y		
43641		VAGOTOMY & PYLORUS REPAIR	7/1/2014	RBRVS	$1,249.25	$1,249.25	090		Y	Y		Y	Y		
43647		LAP IMPL ELECTRODE ANTRUM	7/1/2014	FEE SCHED	$1,129.03	$0.00			Y						
43648		LAP REVISE/REMV ELTRD ANTRUM	7/1/2014	FEE SCHED	$1,029.03	$0.00			Y						
43651		LAPAROSCOPY VAGUS NERVE	7/1/2014	RBRVS	$679.26	$679.26	090		Y	Y		Y	Y		
43652		LAPAROSCOPY VAGUS NERVE	7/1/2014	RBRVS	$793.90	$793.90	090		Y	Y		Y	Y		
43653		LAPAROSCOPY GASTROSTOMY	7/1/2014	RBRVS	$594.38	$594.38	090		Y	Y		Y	Y		
43659		LAPAROSCOPE PROC STOM	7/1/2014	FEE SCHED	$1,129.03	$0.00			Y						
43752		NASAL/OROGASTRIC W/STENT	7/1/2014	RBRVS	$42.78	$42.78	000		Y						
43753		TX GASTRO INTUB W/ASP	7/1/2014	RBRVS	$21.70	$21.70	000		Y			Y			
43754		DX GASTR INTUB W/ASP SPEC	7/1/2014	RBRVS	$92.05	$34.32	000		Y			Y			
43755		DX GASTR INTUB W/ASP SPECS	7/1/2014	RBRVS	$140.32	$59.99	000		Y			Y			
43756		DX DUOD INTUB W/ASP SPEC	7/1/2014	RBRVS	$214.73	$52.64	000		Y			Y			
43757		DX DUOD INTUB W/ASP SPECS	7/1/2014	RBRVS	$301.33	$79.72	000		Y			Y			
43760		CHANGE GASTROSTOMY TUBE	7/1/2014	RBRVS	$494.19	$49.88	000		Y	Y					
43761		REPOSITION GASTROSTOMY TUBE	7/1/2014	RBRVS	$122.21	$108.94	000		Y	Y					
43800		RECONSTRUCTION OF PYLORUS	7/1/2014	RBRVS	$969.76	$969.76	090		Y	Y		Y	Y		
43810		FUSION OF STOMACH AND BOWEL	7/1/2014	RBRVS	$1,057.73	$1,057.73	090		Y	Y		Y	Y		
43820		FUSION OF STOMACH AND BOWEL	7/1/2014	RBRVS	$1,396.78	$1,396.78	090		Y	Y		Y	Y		
43825		FUSION OF STOMACH AND BOWEL	7/1/2014	RBRVS	$1,361.35	$1,361.35	090		Y	Y		Y	Y		
43830		PLACE GASTROSTOMY TUBE	7/1/2014	RBRVS	$725.84	$725.84	090		Y	Y		Y	Y		
43831		PLACE GASTROSTOMY TUBE	7/1/2014	RBRVS	$615.90	$615.90	090		Y	Y		Y	Y		
43832		PLACE GASTROSTOMY TUBE	7/1/2014	RBRVS	$1,085.27	$1,085.27	090		Y	Y		Y	Y		
43840		REPAIR OF STOMACH LESION	7/1/2014	RBRVS	$1,415.07	$1,415.07	090		Y	Y		Y	Y		
43850		REVISE STOMACH-BOWEL FUSION	7/1/2014	RBRVS	$1,694.28	$1,694.28	090		Y	Y		Y	Y		
43855		REVISE STOMACH-BOWEL FUSION	7/1/2014	RBRVS	$1,757.64	$1,757.64	090		Y	Y		Y	Y		
43860		REVISE STOMACH-BOWEL FUSION	7/1/2014	RBRVS	$1,705.04	$1,705.04	090		Y	Y		Y	Y		
43865		REVISE STOMACH-BOWEL FUSION	7/1/2014	RBRVS	$1,778.55	$1,778.55	090		Y	Y		Y	Y		
43870		REPAIR STOMACH OPENING	7/1/2014	RBRVS	$739.47	$739.47	090		Y	Y		Y	Y		
43880		REPAIR STOMACH-BOWEL FISTULA	7/1/2014	RBRVS	$1,665.66	$1,665.66	090		Y	Y		Y	Y		
43881		IMPL/REDO ELECTRD ANTRUM	7/1/2014	FEE SCHED	$1,129.03	$0.00			Y						
43882		REVISE/REMOVE ELECTRD ANTRUM	7/1/2014	FEE SCHED	$1,029.03	$0.00			Y						
43999		STOMACH SURGERY PROCEDURE	7/1/2014	FEE SCHED	$887.64	$0.00			Y						
4400F		REHAB THXPY OPTIONS W/PT	1/1/2011	RBRVS	$0.00	$0.00									
44005		FREEING OF BOWEL ADHESION	7/1/2014	RBRVS	$1,139.13	$1,139.13	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
44010		INCISION OF SMALL BOWEL	7/1/2014	RBRVS	$908.51	$908.51	090		Y	Y		Y	Y		
44015		INSERT NEEDLE CATH BOWEL	7/1/2014	RBRVS	$149.50	$149.50	ZZZ		Y			Y	Y		
44020		EXPLORE SMALL INTESTINE	7/1/2014	RBRVS	$1,011.83	$1,011.83	090		Y	Y		Y	Y		
44021		DECOMPRESS SMALL BOWEL	7/1/2014	RBRVS	$1,022.48	$1,022.48	090		Y	Y		Y	Y		
44025		INCISION OF LARGE BOWEL	7/1/2014	RBRVS	$1,031.37	$1,031.37	090		Y	Y		Y	Y		
44050		REDUCE BOWEL OBSTRUCTION	7/1/2014	RBRVS	$974.03	$974.03	090		Y	Y		Y	Y		
44055		CORRECT MALROTATION OF BOWEL	7/1/2014	RBRVS	$1,559.73	$1,559.73	090		Y	Y		Y	Y		
44100		BIOPSY OF BOWEL	7/1/2014	RBRVS	$117.62	$117.62	000		Y	Y					
44110		EXCISE INTESTINE LESION(S)	7/1/2014	RBRVS	$887.79	$887.79	090		Y	Y		Y	Y		
44111		EXCISION OF BOWEL LESION(S)	7/1/2014	RBRVS	$1,027.86	$1,027.86	090		Y	Y		Y	Y		
44120		REMOVAL OF SMALL INTESTINE	7/1/2014	RBRVS	$1,275.29	$1,275.29	090		Y	Y		Y	Y		
44121		REMOVAL OF SMALL INTESTINE	7/1/2014	RBRVS	$252.88	$252.88	ZZZ		Y			Y	Y		
44125		REMOVAL OF SMALL INTESTINE	7/1/2014	RBRVS	$1,232.58	$1,232.58	090		Y	Y		Y	Y		
44126		ENTERECTOMY W/O TAPER CONG	7/1/2014	RBRVS	$2,567.61	$2,567.61	090		Y	Y		Y	Y		
44127		ENTERECTOMY W/TAPER CONG	7/1/2014	RBRVS	$2,969.49	$2,969.49	090		Y	Y		Y	Y		
44128		ENTERECTOMY CONG ADD-ON	7/1/2014	RBRVS	$254.14	$254.14	ZZZ		Y			Y	Y		
44130		BOWEL TO BOWEL FUSION	7/1/2014	RBRVS	$1,369.82	$1,369.82	090		Y	Y		Y	Y		
44132		ENTERECTOMY CADAVER DONOR	7/1/2014	FEE SCHED	$1,254.60	$0.00		Y	Y						
44133		ENTERECTOMY LIVE DONOR	7/1/2014	FEE SCHED	$1,254.60	$0.00		Y	Y						
44135		INTESTINE TRANSPLNT CADAVER	7/1/2014	FEE SCHED	$1,254.60	$0.00		Y	Y						
44136		INTESTINE TRANSPLANT LIVE	7/1/2014	FEE SCHED	$1,254.60	$0.00		Y	Y						
44137		REMOVE INTESTINAL ALLOGRAFT	7/1/2014	FEE SCHED	$1,254.60	$0.00		Y	Y						
44139		MOBILIZATION OF COLON	7/1/2014	RBRVS	$126.55	$126.55	ZZZ		Y			Y	Y		
44140		PARTIAL REMOVAL OF COLON	7/1/2014	RBRVS	$1,398.29	$1,398.29	090		Y	Y		Y	Y		
44141		PARTIAL REMOVAL OF COLON	7/1/2014	RBRVS	$1,904.35	$1,904.35	090		Y	Y		Y	Y		
44143		PARTIAL REMOVAL OF COLON	7/1/2014	RBRVS	$1,736.56	$1,736.56	090		Y	Y		Y	Y		
44144		PARTIAL REMOVAL OF COLON	7/1/2014	RBRVS	$1,848.76	$1,848.76	090		Y	Y		Y	Y		
44145		PARTIAL REMOVAL OF COLON	7/1/2014	RBRVS	$1,734.30	$1,734.30	090		Y	Y		Y	Y		
44146		PARTIAL REMOVAL OF COLON	7/1/2014	RBRVS	$2,213.06	$2,213.06	090		Y	Y		Y	Y		
44147		PARTIAL REMOVAL OF COLON	7/1/2014	RBRVS	$2,032.87	$2,032.87	090		Y	Y		Y	Y		
44150		REMOVAL OF COLON	7/1/2014	RBRVS	$1,953.83	$1,953.83	090		Y	Y		Y	Y		
44151		REMOVAL OF COLON/ILEOSTOMY	7/1/2014	RBRVS	$2,241.43	$2,241.43	090		Y	Y		Y	Y		
44155		REMOVAL OF COLON/ILEOSTOMY	7/1/2014	RBRVS	$2,178.14	$2,178.14	090		Y	Y		Y	Y		
44156		REMOVAL OF COLON/ILEOSTOMY	7/1/2014	RBRVS	$2,406.24	$2,406.24	090		Y	Y		Y	Y		
44157		COLECTOMY W/ILEOANAL ANAST	7/1/2014	RBRVS	$2,277.22	$2,277.22	090		Y	Y		Y	Y		
44158		COLECTOMY W/NEO-RECTUM POUCH	7/1/2014	RBRVS	$2,347.25	$2,347.25	090		Y	Y		Y	Y		
44160		REMOVAL OF COLON	7/1/2014	RBRVS	$1,295.33	$1,295.33	090		Y	Y		Y	Y		
44180		LAP ENTEROLYSIS	7/1/2014	RBRVS	$957.46	$957.46	090		Y	Y		Y	Y		
44186		LAP JEJUNOSTOMY	7/1/2014	RBRVS	$678.47	$678.47	090		Y	Y		Y	Y		
44187		LAP ILEO/JEJUNO-STOMY	7/1/2014	RBRVS	$1,158.03	$1,158.03	090		Y	Y		Y	Y		
44188		LAP COLOSTOMY	7/1/2014	RBRVS	$1,280.78	$1,280.78	090		Y	Y		Y	Y		
44202		LAP ENTERECTOMY	7/1/2014	RBRVS	$1,447.17	$1,447.17	090		Y	Y		Y	Y		
44203		LAP RESECT S/INTESTINE ADDL	7/1/2014	RBRVS	$253.42	$253.42	ZZZ		Y			Y	Y		
44204		LAPARO PARTIAL COLECTOMY	7/1/2014	RBRVS	$1,610.65	$1,610.65	090		Y	Y		Y	Y		
44205		LAP COLECTOMY PART W/ILEUM	7/1/2014	RBRVS	$1,401.41	$1,401.41	090		Y	Y		Y	Y		
44206		LAP PART COLECTOMY W/STOMA	7/1/2014	RBRVS	$1,837.72	$1,837.72	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
44207		L COLECTOMY/COLOPROCTOSTOMY	7/1/2014	RBRVS	$1,915.46	$1,915.46	090		Y	Y		Y	Y		
44208		L COLECTOMY/COLOPROCTOSTOMY	7/1/2014	RBRVS	$2,083.11	$2,083.11	090		Y	Y		Y	Y		
44210		LAPARO TOTAL PROCTOCOLECTOMY	7/1/2014	RBRVS	$1,885.05	$1,885.05	090		Y	Y		Y	Y		
44211		LAPARO TOTAL PROCTOCOLECTOMY	7/1/2014	RBRVS	$2,351.30	$2,351.30	090		Y	Y		Y	Y		
44212		LAPARO TOTAL PROCTOCOLECTOMY	7/1/2014	RBRVS	$2,168.27	$2,168.27	090		Y	Y		Y	Y		
44213		LAP MOBIL SPLENIC FL ADD-ON	7/1/2014	RBRVS	$198.16	$198.16	ZZZ		Y			Y	Y		
44227		LAP CLOSE ENTEROSTOMY	7/1/2014	RBRVS	$1,744.98	$1,744.98	090		Y	Y		Y	Y		
44238		LAPAROSCOPE PROC INTESTINE	7/1/2014	FEE SCHED	$1,717.10	$0.00			Y						
44300		OPEN BOWEL TO SKIN	7/1/2014	RBRVS	$877.46	$877.46	090		Y	Y		Y	Y		
44310		ILEOSTOMY/JEJUNOSTOMY	7/1/2014	RBRVS	$1,091.08	$1,091.08	090		Y	Y		Y	Y		
44312		REVISION OF ILEOSTOMY	7/1/2014	RBRVS	$613.60	$613.60	090		Y	Y					
44314		REVISION OF ILEOSTOMY	7/1/2014	RBRVS	$1,052.06	$1,052.06	090		Y	Y		Y	Y		
44316		DEVISE BOWEL POUCH	7/1/2014	RBRVS	$1,471.16	$1,471.16	090		Y	Y		Y	Y		
44320		COLOSTOMY	7/1/2014	RBRVS	$1,255.53	$1,255.53	090		Y	Y		Y	Y		
44322		COLOSTOMY WITH BIOPSIES	7/1/2014	RBRVS	$1,036.32	$1,036.32	090		Y	Y		Y	Y		
44340		REVISION OF COLOSTOMY	7/1/2014	RBRVS	$650.03	$650.03	090		Y	Y			Y		
44345		REVISION OF COLOSTOMY	7/1/2014	RBRVS	$1,099.58	$1,099.58	090		Y	Y		Y	Y		
44346		REVISION OF COLOSTOMY	7/1/2014	RBRVS	$1,235.81	$1,235.81	090		Y	Y		Y	Y		
44360		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$162.41	$162.41	000		Y	Y					
44361		SMALL BOWEL ENDOSCOPY/BIOPSY	7/1/2014	RBRVS	$178.37	$178.37	000		Y	Y					
44363		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$213.83	$213.83	000		Y	Y					
44364		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$227.93	$227.93	000		Y	Y					
44365		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$202.54	$202.54	000		Y	Y					
44366		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$267.55	$267.55	000		Y	Y					
44369		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$274.04	$274.04	000		Y	Y					
44370		SMALL BOWEL ENDOSCOPY/STENT	7/1/2014	RBRVS	$295.45	$295.45	000		Y	Y					
44372		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$266.76	$266.76	000		Y	Y					
44373		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$213.15	$213.15	000		Y	Y					
44376		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$315.53	$315.53	000		Y	Y					
44377		SMALL BOWEL ENDOSCOPY/BIOPSY	7/1/2014	RBRVS	$332.03	$332.03	000		Y	Y					
44378		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$426.20	$426.20	000		Y	Y					
44379		S BOWEL ENDOSCOPE W/STENT	7/1/2014	RBRVS	$452.62	$452.62	000		Y	Y					
44380		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$70.32	$70.32	000		Y	Y					
44382		SMALL BOWEL ENDOSCOPY	7/1/2014	RBRVS	$85.02	$85.02	000		Y	Y					
44385		ENDOSCOPY OF BOWEL POUCH	7/1/2014	RBRVS	$268.63	$112.28	000		Y	Y					
44386		ENDOSCOPY BOWEL POUCH/BIOP	7/1/2014	RBRVS	$359.78	$133.51	000		Y	Y					
44388		COLONOSCOPY	7/1/2014	RBRVS	$360.07	$173.60	000		Y	Y					
44389		COLONOSCOPY WITH BIOPSY	7/1/2014	RBRVS	$404.79	$192.50	000		Y	Y					
44390		COLONOSCOPY FOR FOREIGN BODY	7/1/2014	RBRVS	$472.96	$234.13	000		Y	Y					
44391		COLONOSCOPY FOR BLEEDING	7/1/2014	RBRVS	$508.57	$261.13	000		Y	Y					
44392		COLONOSCOPY & POLYPECTOMY	7/1/2014	RBRVS	$450.37	$229.83	000		Y	Y					
44394		COLONOSCOPY W/SNARE	7/1/2014	RBRVS	$508.10	$267.12	000		Y	Y					
4450F		SELF-CARE ED PROVIDED TO PT	1/1/2012	RBRVS	$0.00	$0.00									
44500		INTRO GASTROINTESTINAL TUBE	7/1/2014	RBRVS	$25.71	$25.71	000		Y						
44602		SUTURE SMALL INTESTINE	7/1/2014	RBRVS	$1,473.31	$1,473.31	090		Y	Y		Y	Y		
44603		SUTURE SMALL INTESTINE	7/1/2014	RBRVS	$1,688.61	$1,688.61	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
44604		SUTURE LARGE INTESTINE	7/1/2014	RBRVS	$1,102.59	$1,102.59	090		Y	Y		Y	Y		
44605		REPAIR OF BOWEL LESION	7/1/2014	RBRVS	$1,363.36	$1,363.36	090		Y	Y		Y	Y		
44615		INTESTINAL STRICTUROPLASTY	7/1/2014	RBRVS	$1,123.46	$1,123.46	090		Y	Y		Y	Y		
44620		REPAIR BOWEL OPENING	7/1/2014	RBRVS	$906.79	$906.79	090		Y	Y		Y	Y		
44625		REPAIR BOWEL OPENING	7/1/2014	RBRVS	$1,067.19	$1,067.19	090		Y	Y		Y	Y		
44626		REPAIR BOWEL OPENING	7/1/2014	RBRVS	$1,677.85	$1,677.85	090		Y	Y		Y	Y		
44640		REPAIR BOWEL-SKIN FISTULA	7/1/2014	RBRVS	$1,466.39	$1,466.39	090		Y	Y		Y	Y		
44650		REPAIR BOWEL FISTULA	7/1/2014	RBRVS	$1,516.12	$1,516.12	090		Y	Y		Y	Y		
44660		REPAIR BOWEL-BLADDER FISTULA	7/1/2014	RBRVS	$1,388.39	$1,388.39	090		Y	Y		Y	Y		
44661		REPAIR BOWEL-BLADDER FISTULA	7/1/2014	RBRVS	$1,622.49	$1,622.49	090		Y	Y		Y	Y		
44680		SURGICAL REVISION INTESTINE	7/1/2014	RBRVS	$1,116.18	$1,116.18	090		Y	Y		Y	Y		
4470F		ICD COUNSELING PROVIDED	1/1/2012	RBRVS	$0.00	$0.00									
44700		SUSPEND BOWEL W/PROSTHESIS	7/1/2014	RBRVS	$1,066.48	$1,066.48	090		Y	Y		Y	Y		
44701		INTRAOP COLON LAVAGE ADD-ON	7/1/2014	RBRVS	$175.07	$175.07	ZZZ		Y			Y	Y		
44705		PREPARE FECAL MICROBIOTA	7/1/2013	RBRVS	$0.00	$0.00			Y						
44715		PREPARE DONOR INTESTINE	7/1/2014	FEE SCHED	$323.32	$0.00		Y	Y						
44720		PREP DONOR INTESTINE/VENOUS	7/1/2014	RBRVS	$261.56	$261.56		Y	Y	Y		Y	Y		
44721		PREP DONOR INTESTINE/ARTERY	7/1/2014	RBRVS	$406.87	$406.87		Y	Y	Y		Y	Y		
44799		UNLISTED PROCEDURE INTESTINE	7/1/2014	FEE SCHED	$958.16	$0.00			Y						
4480F		PT RCVNG ACE/ARB B-BLOCKERTX	1/1/2012	RBRVS	$0.00	$0.00									
44800		EXCISION OF BOWEL POUCH	7/1/2014	RBRVS	$793.37	$793.37	090		Y	Y		Y	Y		
4481F		PT RCVNG ACE/ARB BLKER >3MOS	1/1/2012	RBRVS	$0.00	$0.00									
44820		EXCISION OF MESENTERY LESION	7/1/2014	RBRVS	$876.31	$876.31	090		Y	Y		Y	Y		
44850		REPAIR OF MESENTERY	7/1/2014	RBRVS	$780.96	$780.96	090		Y	Y		Y	Y		
44899		BOWEL SURGERY PROCEDURE	7/1/2014	FEE SCHED	$661.32	$0.00			Y						
44900		DRAIN APP ABSCESS OPEN	7/1/2014	RBRVS	$805.99	$805.99	090		Y	Y		Y	Y		
44950		APPENDECTOMY	7/1/2014	RBRVS	$667.75	$667.75	090		Y	Y		Y	Y		
44955		APPENDECTOMY ADD-ON	7/1/2014	RBRVS	$87.86	$87.86	ZZZ		Y			Y	Y		
44960		APPENDECTOMY	7/1/2014	RBRVS	$910.02	$910.02	090		Y	Y		Y	Y		
44970		LAPAROSCOPY APPENDECTOMY	7/1/2014	RBRVS	$622.89	$622.89	090		Y	Y		Y	Y		
44979		LAPAROSCOPE PROC APP	7/1/2014	FEE SCHED	$1,335.84	$0.00			Y						
4500F		REF TO OUTPT CARD REHAB PROG	1/1/2012	RBRVS	$0.00	$0.00									
45000		DRAINAGE OF PELVIC ABSCESS	7/1/2014	RBRVS	$442.58	$442.58	090		Y	Y					
45005		DRAINAGE OF RECTAL ABSCESS	7/1/2014	RBRVS	$272.86	$162.77	010		Y	Y					
45020		DRAINAGE OF RECTAL ABSCESS	7/1/2014	RBRVS	$592.26	$592.26	090		Y	Y					
4510F		PREV CARDREHAB QUALCARDEVENT	1/1/2012	RBRVS	$0.00	$0.00									
45100		BIOPSY OF RECTUM	7/1/2014	RBRVS	$311.41	$311.41	090		Y	Y					
45108		REMOVAL OF ANORECTAL LESION	7/1/2014	RBRVS	$381.62	$381.62	090		Y	Y			Y		
45110		REMOVAL OF RECTUM	7/1/2014	RBRVS	$1,939.34	$1,939.34	090		Y	Y		Y	Y		
45111		PARTIAL REMOVAL OF RECTUM	7/1/2014	RBRVS	$1,139.59	$1,139.59	090		Y	Y		Y	Y		
45112		REMOVAL OF RECTUM	7/1/2014	RBRVS	$1,977.64	$1,977.64	090		Y	Y		Y	Y		
45113		PARTIAL PROCTECTOMY	7/1/2014	RBRVS	$2,091.96	$2,091.96	090		Y	Y		Y	Y		
45114		PARTIAL REMOVAL OF RECTUM	7/1/2014	RBRVS	$1,891.11	$1,891.11	090		Y	Y		Y	Y		
45116		PARTIAL REMOVAL OF RECTUM	7/1/2014	RBRVS	$1,636.83	$1,636.83	090		Y	Y		Y	Y		
45119		REMOVE RECTUM W/RESERVOIR	7/1/2014	RBRVS	$2,047.46	$2,047.46	090		Y	Y		Y	Y		
45120		REMOVAL OF RECTUM	7/1/2014	RBRVS	$1,662.04	$1,662.04	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
45121		REMOVAL OF RECTUM AND COLON	7/1/2014	RBRVS	$1,807.24	$1,807.24	090		Y	Y		Y	Y		
45123		PARTIAL PROCTECTOMY	7/1/2014	RBRVS	$1,172.62	$1,172.62	090		Y	Y		Y	Y		
45126		PELVIC EXENTERATION	7/1/2014	RBRVS	$3,011.95	$3,011.95	090		Y	Y		Y	Y		
45130		EXCISION OF RECTAL PROLAPSE	7/1/2014	RBRVS	$1,145.48	$1,145.48	090		Y	Y		Y	Y		
45135		EXCISION OF RECTAL PROLAPSE	7/1/2014	RBRVS	$1,430.49	$1,430.49	090		Y	Y		Y	Y		
45136		EXCISE ILEOANAL RESERVIOR	7/1/2014	RBRVS	$1,908.68	$1,908.68	090		Y	Y		Y	Y		
45150		EXCISION OF RECTAL STRICTURE	7/1/2014	RBRVS	$410.24	$410.24	090		Y	Y					
45160		EXCISION OF RECTAL LESION	7/1/2014	RBRVS	$1,061.78	$1,061.78	090		Y	Y		Y	Y		
45171		EXC RECT TUM TRANSANAL PART	7/1/2014	RBRVS	$624.25	$624.25	090		Y	Y		Y	Y		
45172		EXC RECT TUM TRANSANAL FULL	7/1/2014	RBRVS	$848.48	$848.48	090		Y	Y		Y	Y		
45190		DESTRUCTION RECTAL TUMOR	7/1/2014	RBRVS	$724.52	$724.52	090		Y	Y			Y		
4525F		NEUROPSYCHIA INTERVEN ORDER	1/1/2012	RBRVS	$0.00	$0.00									
4526F		NEUROPSYCHIA INTERVEN RCVD	1/1/2012	RBRVS	$0.00	$0.00									
45300		PROCTOSIGMOIDOSCOPY DX	7/1/2014	RBRVS	$125.44	$56.23	000		Y	Y					
45303		PROCTOSIGMOIDOSCOPY DILATE	7/1/2014	RBRVS	$956.06	$96.50	000		Y	Y					
45305		PROCTOSIGMOIDOSCOPY W/BX	7/1/2014	RBRVS	$200.67	$83.05	000		Y	Y					
45307		PROCTOSIGMOIDOSCOPY FB	7/1/2014	RBRVS	$236.42	$109.12	000		Y	Y					
45308		PROCTOSIGMOIDOSCOPY REMOVAL	7/1/2014	RBRVS	$223.09	$91.84	000		Y	Y					
45309		PROCTOSIGMOIDOSCOPY REMOVAL	7/1/2014	RBRVS	$228.89	$96.93	000		Y	Y					
45315		PROCTOSIGMOIDOSCOPY REMOVAL	7/1/2014	RBRVS	$236.07	$117.01	000		Y	Y					
45317		PROCTOSIGMOIDOSCOPY BLEED	7/1/2014	RBRVS	$251.13	$124.54	000		Y	Y					
45320		PROCTOSIGMOIDOSCOPY ABLATE	7/1/2014	RBRVS	$247.43	$112.24	000		Y	Y					
45321		PROCTOSIGMOIDOSCOPY VOLVUL	7/1/2014	RBRVS	$113.07	$113.07	000		Y	Y					
45327		PROCTOSIGMOIDOSCOPY W/STENT	7/1/2014	RBRVS	$127.16	$127.16	000		Y	Y					
45330		DIAGNOSTIC SIGMOIDOSCOPY	7/1/2014	RBRVS	$139.17	$65.66	000		Y	Y					
45331		SIGMOIDOSCOPY AND BIOPSY	7/1/2014	RBRVS	$166.68	$78.46	000		Y	Y					
45332		SIGMOIDOSCOPY W/FB REMOVAL	7/1/2014	RBRVS	$298.21	$116.04	000		Y	Y					
45333		SIGMOIDOSCOPY & POLYPECTOMY	7/1/2014	RBRVS	$303.23	$114.97	000		Y	Y					
45334		SIGMOIDOSCOPY FOR BLEEDING	7/1/2014	RBRVS	$169.30	$169.30	000		Y	Y					
45335		SIGMOIDOSCOPY W/SUBMUC INJ	7/1/2014	RBRVS	$279.92	$95.96	000		Y	Y					
45337		SIGMOIDOSCOPY & DECOMPRESS	7/1/2014	RBRVS	$148.42	$148.42	000		Y	Y					
45338		SIGMOIDOSCOPY W/TUMR REMOVE	7/1/2014	RBRVS	$325.39	$146.81	000		Y	Y					
45340		SIG W/TNDSC BALLOON DILATION	7/1/2014	RBRVS	$496.23	$120.78	000		Y	Y					
45341		SIGMOIDOSCOPY W/ULTRASOUND	7/1/2014	RBRVS	$162.41	$162.41	000		Y	Y					
45342		SIGMOIDOSCOPY W/US GUIDE BX	7/1/2014	RBRVS	$247.22	$247.22	000		Y	Y					
45378		DIAGNOSTIC COLONOSCOPY	7/1/2014	RBRVS	$398.83	$225.27	000		Y	Y					
45379		COLONOSCOPY W/FB REMOVAL	7/1/2014	RBRVS	$512.22	$282.72	000		Y	Y					
45380		COLONOSCOPY AND BIOPSY	7/1/2014	RBRVS	$474.64	$268.81	000		Y	Y					
45381		COLONOSCOPY SUBMUCOUS NJX	7/1/2014	RBRVS	$476.18	$254.93	000		Y	Y					
45382		COLONOSCOPY W/CONTROL BLEED	7/1/2014	RBRVS	$616.51	$341.46	000		Y	Y					
45384		COLONOSCOPY W/LESION REMOVAL	7/1/2014	RBRVS	$475.36	$281.72	000		Y	Y					
45385		COLONOSCOPY W/LESION REMOVAL	7/1/2014	RBRVS	$536.00	$319.41	000		Y	Y					
45386		COLONOSCOPY W/BALLOON DILAT	7/1/2014	RBRVS	$680.77	$276.62	000		Y	Y					
45391		COLONOSCOPY W/ENDOSCOPE US	7/1/2014	RBRVS	$305.74	$305.74	000		Y	Y					
45392		COLONOSCOPY W/ENDOSCOPIC FNB	7/1/2014	RBRVS	$393.81	$393.81	000		Y	Y					
45395		LAP REMOVAL OF RECTUM	7/1/2014	RBRVS	$2,081.14	$2,081.14	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
45397		LAP REMOVE RECTUM W/POUCH	7/1/2014	RBRVS	$2,255.59	$2,255.59	090		Y	Y		Y	Y		
4540F		DISEASE MODIF PHARMACOTHXPY	1/1/2013	RBRVS	$0.00	$0.00									
45400		LAPAROSCOPIC PROCTOPEXY	7/1/2014	RBRVS	$1,208.95	$1,208.95	090		Y	Y		Y	Y		
45402		LAP PROCTOPEXY W/SIG RESECT	7/1/2014	RBRVS	$1,608.00	$1,608.00	090		Y	Y		Y	Y		
4541F		PT OFFERED TX FOR PSEUDOBULB	1/1/2013	RBRVS	$0.00	$0.00									
45499		LAPAROSCOPE PROC RECTUM	7/1/2014	FEE SCHED	$1,385.23	$0.00			Y						
4550F		NONINVAS RESP SUPPORT TALK	1/1/2013	RBRVS	$0.00	$0.00									
45500		REPAIR OF RECTUM	7/1/2014	RBRVS	$551.20	$551.20	090		Y	Y					
45505		REPAIR OF RECTUM	7/1/2014	RBRVS	$616.00	$616.00	090		Y	Y					
4551F		NUTRITIONAL SUPPORT OFFERED	1/1/2013	RBRVS	$0.00	$0.00									
4552F		PT REF FOR SPEECH LANG PATH	1/1/2013	RBRVS	$0.00	$0.00									
45520		TREATMENT OF RECTAL PROLAPSE	7/1/2014	RBRVS	$160.37	$42.39	000		Y	Y					
4553F		PT ASST RE END LIFE ISSUES	1/1/2013	RBRVS	$0.00	$0.00									
4554F		PT RECVD INHAL ANESTHETIC	1/1/2013	RBRVS	$0.00	$0.00									
45540		CORRECT RECTAL PROLAPSE	7/1/2014	RBRVS	$1,108.86	$1,108.86	090		Y	Y		Y	Y		
45541		CORRECT RECTAL PROLAPSE	7/1/2014	RBRVS	$968.18	$968.18	090		Y	Y		Y	Y		
4555F		PT RECVD NO INHAL ANESTHIC	1/1/2013	RBRVS	$0.00	$0.00									
45550		REPAIR RECTUM/REMOVE SIGMOID	7/1/2014	RBRVS	$1,537.17	$1,537.17	090		Y	Y		Y	Y		
4556F		PTW/ 3+ POST-OP NAUSEA+VOM	1/1/2013	RBRVS	$0.00	$0.00									
45560		REPAIR OF RECTOCELE	7/1/2014	RBRVS	$728.46	$728.46	090		Y	Y		Y	Y		
45562		EXPLORATION/REPAIR OF RECTUM	7/1/2014	RBRVS	$1,164.84	$1,164.84	090		Y	Y		Y	Y		
45563		EXPLORATION/REPAIR OF RECTUM	7/1/2014	RBRVS	$1,710.45	$1,710.45	090		Y	Y		Y	Y		
4557F		PT W/O 3+ POST-OPNAUSEA+VOM	1/1/2013	RBRVS	$0.00	$0.00									
4558F		PT RECVD 2 RX ANTI-EMETAGNTS	1/1/2013	RBRVS	$0.00	$0.00									
4559F		1 BODYTEMP >=35.5CW/IN 30MIN	1/1/2013	RBRVS	$0.00	$0.00									
4560F		ANESTH W/O GEN/NEURAX ANESTH	1/1/2013	RBRVS	$0.00	$0.00									
4561F		PT W/CORONARY ARTERY STENT	1/1/2013	RBRVS	$0.00	$0.00									
4562F		PT W/O CORONARY ARTERY STENT	1/1/2013	RBRVS	$0.00	$0.00									
4563F		PT RECVD ASPIRIN W/IN 24 HRS	1/1/2013	RBRVS	$0.00	$0.00									
45800		REPAIR RECT/BLADDER FISTULA	7/1/2014	RBRVS	$1,250.62	$1,250.62	090		Y	Y		Y	Y		
45805		REPAIR FISTULA W/COLOSTOMY	7/1/2014	RBRVS	$1,517.06	$1,517.06	090		Y	Y		Y	Y		
45820		REPAIR RECTOURETHRAL FISTULA	7/1/2014	RBRVS	$1,219.20	$1,219.20	090		Y	Y		Y	Y		
45825		REPAIR FISTULA W/COLOSTOMY	7/1/2014	RBRVS	$1,438.56	$1,438.56	090		Y	Y		Y	Y		
45900		REDUCTION OF RECTAL PROLAPSE	7/1/2014	RBRVS	$212.26	$212.26	010		Y	Y					
45905		DILATION OF ANAL SPHINCTER	7/1/2014	RBRVS	$175.14	$175.14	010		Y	Y					
45910		DILATION OF RECTAL NARROWING	7/1/2014	RBRVS	$203.18	$203.18	010		Y	Y					
45915		REMOVE RECTAL OBSTRUCTION	7/1/2014	RBRVS	$337.91	$234.99	010		Y	Y					
45990		SURG DX EXAM ANORECTAL	7/1/2014	RBRVS	$112.24	$112.24	000		Y	Y			Y	Y	
45999		RECTUM SURGERY PROCEDURE	7/1/2014	FEE SCHED	$748.32	$0.00			Y						
46020		PLACEMENT OF SETON	7/1/2014	RBRVS	$284.58	$243.35	010		Y	Y					
46030		REMOVAL OF RECTAL MARKER	7/1/2014	RBRVS	$142.94	$94.53	010		Y	Y					
46040		INCISION OF RECTAL ABSCESS	7/1/2014	RBRVS	$544.89	$426.91	090		Y	Y					
46045		INCISION OF RECTAL ABSCESS	7/1/2014	RBRVS	$448.07	$448.07	090		Y	Y					
46050		INCISION OF ANAL ABSCESS	7/1/2014	RBRVS	$205.76	$101.77	010		Y	Y					
46060		INCISION OF RECTAL ABSCESS	7/1/2014	RBRVS	$492.57	$492.57	090		Y	Y					
46070		INCISION OF ANAL SEPTUM	7/1/2014	RBRVS	$246.39	$246.39	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
46080		INCISION OF ANAL SPHINCTER	7/1/2014	RBRVS	$255.25	$166.68	010		Y	Y					
46083		INCISE EXTERNAL HEMORRHOID	7/1/2014	RBRVS	$179.59	$110.38	010		Y	Y					
46200		REMOVAL OF ANAL FISSURE	7/1/2014	RBRVS	$452.16	$334.54	090		Y	Y					
46220		REMOVAL OF ANAL TAG	7/1/2014	RBRVS	$211.50	$124.00	010		Y	Y					
46221		LIGATION OF HEMORRHOID(S)	7/1/2014	RBRVS	$274.83	$198.09	010		Y	Y					
46230		REMOVAL OF ANAL TAGS	7/1/2014	RBRVS	$282.07	$180.95	010		Y	Y					
46250		REMOVE EXT HEM GROUPS 2+	7/1/2014	RBRVS	$471.88	$325.21	090		Y	Y					
46255		HEMORRHOIDECTOMY	7/1/2014	RBRVS	$516.74	$366.13	090		Y	Y					
46257		REMOVE IN/EX HEM GRP & FISS	7/1/2014	RBRVS	$435.34	$435.34	090		Y	Y					
46258		REMOVE HEMORRHOIDS & FISTULA	7/1/2014	RBRVS	$481.10	$481.10	090		Y	Y					
46260		REMOVE IN/EX HEM GROUPS 2+	7/1/2014	RBRVS	$491.64	$491.64	090		Y	Y					
46261		REMOVE IN/EX HEM GRPS & FISS	7/1/2014	RBRVS	$545.04	$545.04	090		Y	Y					
46262		REMOVE HEMORRHOIDS & FISTULA	7/1/2014	RBRVS	$573.69	$573.69	090		Y	Y					
46270		REMOVE ANAL FIST SUBQ	7/1/2014	RBRVS	$519.07	$405.04	090		Y	Y					
46275		REMOVAL OF ANAL FISTULA	7/1/2014	RBRVS	$551.35	$429.42	090		Y	Y					
46280		REMOVAL OF ANAL FISTULA	7/1/2014	RBRVS	$487.27	$487.27	090		Y	Y					
46285		REMOVE ANAL FIST 2 STAGE	7/1/2014	RBRVS	$548.80	$428.31	090		Y	Y					
46288		REPAIR ANAL FISTULA	7/1/2014	RBRVS	$570.53	$570.53	090		Y	Y					
46320		REMOVAL OF HEMORRHOID CLOT	7/1/2014	RBRVS	$188.55	$116.11	010		Y	Y					
46500		INJECTION INTO HEMORRHOID(S)	7/1/2014	RBRVS	$244.06	$135.05	010		Y	Y					
46505		CHEMODENERVATION ANAL MUSC	7/1/2014	RBRVS	$296.28	$250.02	010		Y	Y	Y				
46600		DIAGNOSTIC ANOSCOPY	7/1/2014	RBRVS	$90.12	$42.42	000		Y	Y					
46604		ANOSCOPY AND DILATION	7/1/2014	RBRVS	$629.16	$69.39	000		Y	Y					
46606		ANOSCOPY AND BIOPSY	7/1/2014	RBRVS	$231.51	$80.90	000		Y	Y					
46608		ANOSCOPY REMOVE FOR BODY	7/1/2014	RBRVS	$231.23	$84.20	000		Y	Y					
46610		ANOSCOPY REMOVE LESION	7/1/2014	RBRVS	$231.23	$84.56	000		Y	Y					
46611		ANOSCOPY	7/1/2014	RBRVS	$179.87	$85.92	000		Y	Y					
46612		ANOSCOPY REMOVE LESIONS	7/1/2014	RBRVS	$279.35	$98.62	000		Y	Y					
46614		ANOSCOPY CONTROL BLEEDING	7/1/2014	RBRVS	$130.92	$66.74	000		Y	Y					
46615		ANOSCOPY	7/1/2014	RBRVS	$149.03	$98.11	000		Y	Y					
46700		REPAIR OF ANAL STRICTURE	7/1/2014	RBRVS	$681.23	$681.23	090		Y	Y					
46705		REPAIR OF ANAL STRICTURE	7/1/2014	RBRVS	$498.56	$498.56	090		Y	Y		Y	Y		
46706		REPR OF ANAL FISTULA W/GLUE	7/1/2014	RBRVS	$176.65	$176.65	010		Y	Y					
46707		REPAIR ANORECTAL FIST W/PLUG	7/1/2014	RBRVS	$478.09	$478.09	090		Y	Y					
46710		REPR PER/VAG POUCH SNGL PROC	7/1/2014	RBRVS	$1,146.77	$1,146.77	090		Y	Y		Y	Y		
46712		REPR PER/VAG POUCH DBL PROC	7/1/2014	RBRVS	$2,116.78	$2,116.78	090		Y	Y		Y	Y		
46715		REP PERF ANOPER FISTU	7/1/2014	RBRVS	$513.30	$513.30	090		Y	Y		Y			
46716		REP PERF ANOPER/VESTIB FISTU	7/1/2014	RBRVS	$1,106.85	$1,106.85	090		Y	Y		Y	Y		
46730		CONSTRUCTION OF ABSENT ANUS	7/1/2014	RBRVS	$1,820.00	$1,820.00	090		Y	Y		Y	Y		
46735		CONSTRUCTION OF ABSENT ANUS	7/1/2014	RBRVS	$2,108.07	$2,108.07	090		Y	Y		Y	Y		
46740		CONSTRUCTION OF ABSENT ANUS	7/1/2014	RBRVS	$2,226.91	$2,226.91	090		Y	Y		Y	Y		
46742		REPAIR OF IMPERFORATED ANUS	7/1/2014	RBRVS	$2,546.10	$2,546.10	090		Y	Y		Y	Y		
46744		REPAIR OF CLOACAL ANOMALY	7/1/2014	RBRVS	$3,491.26	$3,491.26	090		Y	Y		Y	Y		
46746		REPAIR OF CLOACAL ANOMALY	7/1/2014	RBRVS	$3,649.22	$3,649.22	090		Y	Y		Y	Y		
46748		REPAIR OF CLOACAL ANOMALY	7/1/2014	RBRVS	$3,963.32	$3,963.32	090		Y	Y		Y	Y		
46750		REPAIR OF ANAL SPHINCTER	7/1/2014	RBRVS	$795.73	$795.73	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
46751		REPAIR OF ANAL SPHINCTER	7/1/2014	RBRVS	$630.71	$630.71	090		Y	Y		Y	Y		
46753		RECONSTRUCTION OF ANUS	7/1/2014	RBRVS	$613.13	$613.13	090		Y	Y					
46754		REMOVAL OF SUTURE FROM ANUS	7/1/2014	RBRVS	$298.21	$234.74	010		Y	Y					
46760		REPAIR OF ANAL SPHINCTER	7/1/2014	RBRVS	$1,145.05	$1,145.05	090		Y	Y		Y	Y		
46761		REPAIR OF ANAL SPHINCTER	7/1/2014	RBRVS	$972.20	$972.20	090		Y	Y		Y	Y		
46762		IMPLANT ARTIFICIAL SPHINCTER	7/1/2014	RBRVS	$966.61	$966.61	090		Y	Y		Y	Y		
46900		DESTRUCTION ANAL LESION(S)	7/1/2014	RBRVS	$246.65	$143.37	010		Y	Y					
46910		DESTRUCTION ANAL LESION(S)	7/1/2014	RBRVS	$261.20	$140.71	010		Y	Y					
46916		CRYOSURGERY ANAL LESION(S)	7/1/2014	RBRVS	$231.76	$147.13	010		Y	Y					
46917		LASER SURGERY ANAL LESIONS	7/1/2014	RBRVS	$453.74	$139.60	010		Y	Y					
46922		EXCISION OF ANAL LESION(S)	7/1/2014	RBRVS	$272.32	$140.71	010		Y	Y					
46924		DESTRUCTION ANAL LESION(S)	7/1/2014	RBRVS	$545.47	$191.89	010		Y	Y					
46930		DESTROY INTERNAL HEMORRHOIDS	7/1/2014	RBRVS	$209.10	$152.08	090		Y	Y					
46940		TREATMENT OF ANAL FISSURE	7/1/2014	RBRVS	$235.53	$153.05	010		Y	Y					
46942		TREATMENT OF ANAL FISSURE	7/1/2014	RBRVS	$223.87	$138.53	010		Y	Y					
46945		LIGATION OF HEMORRHOIDS	7/1/2014	RBRVS	$310.15	$230.19	090		Y	Y					
46946		LIGATION OF HEMORRHOIDS	7/1/2014	RBRVS	$317.68	$231.26	090		Y	Y					
46947		HEMORRHOIDOPEXY BY STAPLING	7/1/2014	RBRVS	$397.04	$397.04	090		Y	Y					
46999		ANUS SURGERY PROCEDURE	7/1/2014	FEE SCHED	$360.95	$0.00			Y						
47000		NEEDLE BIOPSY OF LIVER	7/1/2014	RBRVS	$368.32	$108.69	000		Y	Y					
47001		NEEDLE BIOPSY LIVER ADD-ON	7/1/2014	RBRVS	$107.54	$107.54	ZZZ		Y				Y		
47010		OPEN DRAINAGE LIVER LESION	7/1/2014	RBRVS	$1,251.33	$1,251.33	090		Y	Y		Y	Y		
47015		INJECT/ASPIRATE LIVER CYST	7/1/2014	RBRVS	$1,194.50	$1,194.50	090		Y	Y		Y	Y		
47100		WEDGE BIOPSY OF LIVER	7/1/2014	RBRVS	$875.13	$875.13	090		Y	Y		Y	Y		
47120		PARTIAL REMOVAL OF LIVER	7/1/2014	RBRVS	$2,421.77	$2,421.77	090		Y	Y		Y	Y		
47122		EXTENSIVE REMOVAL OF LIVER	7/1/2014	RBRVS	$3,571.48	$3,571.48	090		Y	Y		Y	Y		
47125		PARTIAL REMOVAL OF LIVER	7/1/2014	RBRVS	$3,198.60	$3,198.60	090		Y	Y		Y	Y		
47130		PARTIAL REMOVAL OF LIVER	7/1/2014	RBRVS	$3,436.43	$3,436.43	090		Y	Y		Y	Y		
47133		REMOVAL OF DONOR LIVER	7/1/2014	FEE SCHED	$3,366.79	$0.00		Y	Y						
47135		TRANSPLANTATION OF LIVER	7/1/2014	RBRVS	$5,094.45	$5,094.45	090	Y	Y	Y		Y	Y	Y	
47136		TRANSPLANTATION OF LIVER	7/1/2014	RBRVS	$4,363.84	$4,363.84	090	Y	Y	Y		Y	Y	Y	
47140		PARTIAL REMOVAL DONOR LIVER	7/1/2014	RBRVS	$3,709.72	$3,709.72	090	Y	Y	Y		Y	Y	Y	
47141		PARTIAL REMOVAL DONOR LIVER	7/1/2014	RBRVS	$4,028.23	$4,028.23	090	Y	Y	Y		Y	Y	Y	
47142		PARTIAL REMOVAL DONOR LIVER	7/1/2014	RBRVS	$4,888.83	$4,888.83	090	Y	Y	Y		Y	Y		
47143		PREP DONOR LIVER WHOLE	7/1/2014	FEE SCHED	$1,138.50	$0.00		Y	Y						
47144		PREP DONOR LIVER 3-SEGMENT	7/1/2014	FEE SCHED	$1,138.50	$0.00		Y	Y						
47145		PREP DONOR LIVER LOBE SPLIT	7/1/2014	FEE SCHED	$1,980.00	$0.00		Y	Y						
47146		PREP DONOR LIVER/VENOUS	7/1/2014	RBRVS	$343.57	$343.57		Y	Y	Y		Y	Y		
47147		PREP DONOR LIVER/ARTERIAL	7/1/2014	RBRVS	$400.70	$400.70		Y	Y	Y		Y	Y		
47300		SURGERY FOR LIVER LESION	7/1/2014	RBRVS	$1,172.12	$1,172.12	090		Y	Y		Y	Y		
47350		REPAIR LIVER WOUND	7/1/2014	RBRVS	$1,425.47	$1,425.47	090		Y	Y		Y	Y		
47360		REPAIR LIVER WOUND	7/1/2014	RBRVS	$1,940.85	$1,940.85	090		Y	Y		Y	Y		
47361		REPAIR LIVER WOUND	7/1/2014	RBRVS	$3,137.32	$3,137.32	090		Y	Y		Y	Y		
47362		REPAIR LIVER WOUND	7/1/2014	RBRVS	$1,502.86	$1,502.86	090		Y	Y		Y	Y		
47370		LAPARO ABLATE LIVER TUMOR RF	7/1/2014	RBRVS	$1,288.70	$1,288.70	090		Y	Y		Y	Y		
47371		LAPARO ABLATE LIVER CRYOSURG	7/1/2014	RBRVS	$1,278.09	$1,278.09	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
47379		LAPAROSCOPE PROCEDURE LIVER	7/1/2014	FEE SCHED	$1,174.74	$0.00			Y						
47380		OPEN ABLATE LIVER TUMOR RF	7/1/2014	RBRVS	$1,498.95	$1,498.95	090		Y	Y		Y	Y		
47381		OPEN ABLATE LIVER TUMOR CRYO	7/1/2014	RBRVS	$1,513.22	$1,513.22	090		Y	Y		Y	Y		
47382		PERCUT ABLATE LIVER RF	7/1/2014	RBRVS	$5,071.82	$814.52	010		Y	Y					
47383		PERQ ABLTJ LVR CRYOABLATION	1/1/2015	RBRVS	$7,761.50	$526.03	010		Y	Y					
47399		LIVER SURGERY PROCEDURE	7/1/2014	FEE SCHED	$2,167.54	$0.00			Y						
47400		INCISION OF LIVER DUCT	7/1/2014	RBRVS	$2,240.57	$2,240.57	090		Y	Y		Y	Y		
47420		INCISION OF BILE DUCT	7/1/2014	RBRVS	$1,396.32	$1,396.32	090		Y	Y		Y	Y		
47425		INCISION OF BILE DUCT	7/1/2014	RBRVS	$1,420.45	$1,420.45	090		Y	Y		Y	Y		
47460		INCISE BILE DUCT SPHINCTER	7/1/2014	RBRVS	$1,317.50	$1,317.50	090		Y	Y		Y	Y		
47480		INCISION OF GALLBLADDER	7/1/2014	RBRVS	$907.76	$907.76	090		Y	Y		Y	Y		
47490		INCISION OF GALLBLADDER	7/1/2014	RBRVS	$345.65	$345.65	010		Y	Y					
47500		INJECTION FOR LIVER X-RAYS	7/1/2014	RBRVS	$101.88	$101.88	000		Y	Y					
47505		INJECTION FOR LIVER X-RAYS	7/1/2014	RBRVS	$39.52	$39.52	000		Y	Y					
47510		INSERT CATHETER BILE DUCT	7/1/2014	RBRVS	$492.25	$492.25	090		Y	Y					
47511		INSERT BILE DUCT DRAIN	7/1/2014	RBRVS	$604.31	$604.31	090		Y	Y	Y				
47525		CHANGE BILE DUCT CATHETER	7/1/2014	RBRVS	$522.87	$88.25	000		Y	Y	Y				
47530		REVISE/REINSERT BILE TUBE	7/1/2014	RBRVS	$1,399.47	$365.99	090		Y	Y					
47550		BILE DUCT ENDOSCOPY ADD-ON	7/1/2014	RBRVS	$172.45	$172.45	ZZZ		Y			Y	Y		
47552		BILIARY ENDOSCOPY THRU SKIN	7/1/2014	RBRVS	$330.23	$330.23	000		Y	Y			Y		
47553		BILIARY ENDOSCOPY THRU SKIN	7/1/2014	RBRVS	$328.44	$328.44	000		Y	Y					
47554		BILIARY ENDOSCOPY THRU SKIN	7/1/2014	RBRVS	$512.37	$512.37	000		Y	Y			Y		
47555		BILIARY ENDOSCOPY THRU SKIN	7/1/2014	RBRVS	$389.51	$389.51	000		Y	Y					
47556		BILIARY ENDOSCOPY THRU SKIN	7/1/2014	RBRVS	$442.40	$442.40	000		Y	Y					
47560		LAPAROSCOPY W/CHOLANGIO	7/1/2014	RBRVS	$279.53	$279.53	000		Y	Y					
47561		LAPARO W/CHOLANGIO/BIOPSY	7/1/2014	RBRVS	$306.35	$306.35	000		Y	Y					
47562		LAPAROSCOPIC CHOLECYSTECTOMY	7/1/2014	RBRVS	$682.70	$682.70	090		Y	Y		Y	Y		
47563		LAPARO CHOLECYSTECTOMY/GRAPH	7/1/2014	RBRVS	$742.05	$742.05	090		Y	Y		Y	Y		
47564		LAPARO CHOLECYSTECTOMY/EXPLR	7/1/2014	RBRVS	$1,157.42	$1,157.42	090		Y	Y		Y	Y		
47570		LAPARO CHOLECYSTOENTEROSTOMY	7/1/2014	RBRVS	$804.73	$804.73	090		Y	Y		Y	Y		
47579		LAPAROSCOPE PROC BILIARY	7/1/2014	FEE SCHED	$730.69	$0.00			Y						
47600		REMOVAL OF GALLBLADDER	7/1/2014	RBRVS	$1,111.09	$1,111.09	090		Y	Y		Y	Y		
47605		REMOVAL OF GALLBLADDER	7/1/2014	RBRVS	$1,169.39	$1,169.39	090		Y	Y		Y	Y		
47610		REMOVAL OF GALLBLADDER	7/1/2014	RBRVS	$1,304.69	$1,304.69	090		Y	Y		Y	Y		
47612		REMOVAL OF GALLBLADDER	7/1/2014	RBRVS	$1,320.72	$1,320.72	090		Y	Y		Y	Y		
47620		REMOVAL OF GALLBLADDER	7/1/2014	RBRVS	$1,434.36	$1,434.36	090		Y	Y		Y	Y		
47630		REMOVE BILE DUCT STONE	7/1/2014	RBRVS	$568.06	$568.06	090		Y	Y			Y		
47700		EXPLORATION OF BILE DUCTS	7/1/2014	RBRVS	$1,092.15	$1,092.15	090		Y	Y		Y	Y		
47701		BILE DUCT REVISION	7/1/2014	RBRVS	$1,802.47	$1,802.47	090		Y	Y					
47711		EXCISION OF BILE DUCT TUMOR	7/1/2014	RBRVS	$1,623.20	$1,623.20	090		Y	Y		Y	Y		
47712		EXCISION OF BILE DUCT TUMOR	7/1/2014	RBRVS	$2,079.77	$2,079.77	090		Y	Y		Y	Y		
47715		EXCISION OF BILE DUCT CYST	7/1/2014	RBRVS	$1,382.26	$1,382.26	090		Y	Y		Y	Y		
47720		FUSE GALLBLADDER & BOWEL	7/1/2014	RBRVS	$1,196.72	$1,196.72	090		Y	Y		Y	Y		
47721		FUSE UPPER GI STRUCTURES	7/1/2014	RBRVS	$1,407.54	$1,407.54	090		Y	Y		Y	Y		
47740		FUSE GALLBLADDER & BOWEL	7/1/2014	RBRVS	$1,363.50	$1,363.50	090		Y	Y		Y	Y		
47741		FUSE GALLBLADDER & BOWEL	7/1/2014	RBRVS	$1,533.84	$1,533.84	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
47760		FUSE BILE DUCTS AND BOWEL	7/1/2014	RBRVS	$2,348.11	$2,348.11	090		Y	Y		Y	Y		
47765		FUSE LIVER DUCTS & BOWEL	7/1/2014	RBRVS	$3,163.43	$3,163.43	090		Y	Y		Y	Y		
47780		FUSE BILE DUCTS AND BOWEL	7/1/2014	RBRVS	$2,576.43	$2,576.43	090		Y	Y		Y	Y		
47785		FUSE BILE DUCTS AND BOWEL	7/1/2014	RBRVS	$3,386.73	$3,386.73	090		Y	Y		Y	Y		
47800		RECONSTRUCTION OF BILE DUCTS	7/1/2014	RBRVS	$1,645.72	$1,645.72	090		Y	Y		Y	Y		
47801		PLACEMENT BILE DUCT SUPPORT	7/1/2014	RBRVS	$1,051.56	$1,051.56	090		Y	Y		Y	Y		
47802		FUSE LIVER DUCT & INTESTINE	7/1/2014	RBRVS	$1,586.09	$1,586.09	090		Y	Y		Y	Y		
47900		SUTURE BILE DUCT INJURY	7/1/2014	RBRVS	$1,425.94	$1,425.94	090		Y	Y		Y	Y		
47999		BILE TRACT SURGERY PROCEDURE	7/1/2014	FEE SCHED	$631.97	$0.00			Y						
48000		DRAINAGE OF ABDOMEN	7/1/2014	RBRVS	$1,929.09	$1,929.09	090		Y	Y		Y	Y		
48001		PLACEMENT OF DRAIN PANCREAS	7/1/2014	RBRVS	$2,404.34	$2,404.34	090		Y	Y		Y	Y		
48020		REMOVAL OF PANCREATIC STONE	7/1/2014	RBRVS	$1,223.33	$1,223.33	090		Y	Y		Y	Y		
48100		BIOPSY OF PANCREAS OPEN	7/1/2014	RBRVS	$922.39	$922.39	090		Y	Y		Y	Y		
48102		NEEDLE BIOPSY PANCREAS	7/1/2014	RBRVS	$542.88	$254.21	010		Y	Y					
48105		RESECT/DEBRIDE PANCREAS	7/1/2014	RBRVS	$2,966.52	$2,966.52	090		Y	Y		Y	Y		
48120		REMOVAL OF PANCREAS LESION	7/1/2014	RBRVS	$1,153.51	$1,153.51	090		Y	Y		Y	Y		
48140		PARTIAL REMOVAL OF PANCREAS	7/1/2014	RBRVS	$1,626.65	$1,626.65	090		Y	Y		Y	Y		
48145		PARTIAL REMOVAL OF PANCREAS	7/1/2014	RBRVS	$1,698.37	$1,698.37	090		Y	Y		Y	Y		
48146		PANCREATECTOMY	7/1/2014	RBRVS	$1,952.94	$1,952.94	090		Y	Y		Y	Y		
48148		REMOVAL OF PANCREATIC DUCT	7/1/2014	RBRVS	$1,297.24	$1,297.24	090		Y	Y		Y	Y		
48150		PARTIAL REMOVAL OF PANCREAS	7/1/2014	RBRVS	$3,236.08	$3,236.08	090		Y	Y		Y	Y		
48152		PANCREATECTOMY	7/1/2014	RBRVS	$3,003.20	$3,003.20	090		Y	Y		Y	Y		
48153		PANCREATECTOMY	7/1/2014	RBRVS	$3,224.85	$3,224.85	090		Y	Y		Y	Y		
48154		PANCREATECTOMY	7/1/2014	RBRVS	$3,016.01	$3,016.01	090		Y	Y		Y	Y		
48155		REMOVAL OF PANCREAS	7/1/2014	RBRVS	$1,889.10	$1,889.10	090		Y	Y		Y	Y		
48400		INJECTION INTRAOP ADD-ON	7/1/2014	RBRVS	$114.25	$114.25	ZZZ		Y						
48500		SURGERY OF PANCREATIC CYST	7/1/2014	RBRVS	$1,194.89	$1,194.89	090		Y	Y		Y	Y		
48510		DRAIN PANCREATIC PSEUDOCYST	7/1/2014	RBRVS	$1,132.32	$1,132.32	090		Y	Y		Y	Y		
48520		FUSE PANCREAS CYST AND BOWEL	7/1/2014	RBRVS	$1,135.90	$1,135.90	090		Y	Y		Y	Y		
48540		FUSE PANCREAS CYST AND BOWEL	7/1/2014	RBRVS	$1,362.97	$1,362.97	090		Y	Y		Y	Y		
48545		PANCREATORRHAPHY	7/1/2014	RBRVS	$1,398.86	$1,398.86	090		Y	Y		Y	Y		
48547		DUODENAL EXCLUSION	7/1/2014	RBRVS	$1,865.08	$1,865.08	090		Y	Y		Y	Y		
48548		FUSE PANCREAS AND BOWEL	7/1/2014	RBRVS	$1,732.47	$1,732.47	090		Y	Y		Y	Y		
48550		DONOR PANCREATECTOMY	7/1/2014	FEE SCHED	$1,916.50	$0.00		Y	Y						
48551		PREP DONOR PANCREAS	7/1/2014	FEE SCHED	$249.04	$0.00		Y	Y						
48552		PREP DONOR PANCREAS/VENOUS	7/1/2014	RBRVS	$245.71	$245.71		Y	Y	Y		Y	Y		
48554		TRANSPL ALLOGRAFT PANCREAS	7/1/2014	RBRVS	$2,658.52	$2,658.52	090	Y	Y	Y		Y	Y	Y	
48556		REMOVAL ALLOGRAFT PANCREAS	7/1/2014	RBRVS	$1,321.62	$1,321.62	090	Y	Y	Y		Y	Y	Y	
48999		PANCREAS SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,980.61	$0.00			Y						
49000		EXPLORATION OF ABDOMEN	7/1/2014	RBRVS	$802.40	$802.40	090		Y	Y		Y	Y		
49002		REOPENING OF ABDOMEN	7/1/2014	RBRVS	$1,090.79	$1,090.79	090		Y	Y		Y	Y		
49010		EXPLORATION BEHIND ABDOMEN	7/1/2014	RBRVS	$975.21	$975.21	090		Y	Y		Y	Y		
49020		DRAIN ABDOMINAL ABSCESS	7/1/2014	RBRVS	$1,655.48	$1,655.48	090		Y	Y		Y			
49040		DRAIN OPEN ABDOM ABSCESS	7/1/2014	RBRVS	$1,040.84	$1,040.84	090		Y	Y		Y	Y		
49060		DRAIN OPEN RETROP ABSCESS	7/1/2014	RBRVS	$1,146.87	$1,146.87	090		Y	Y			Y		
49062		DRAIN TO PERITONEAL CAVITY	7/1/2014	RBRVS	$764.10	$764.10	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
49082		ABD PARACENTESIS	7/1/2014	RBRVS	$193.93	$76.67	000		Y	Y					
49083		ABD PARACENTESIS W/IMAGING	7/1/2014	RBRVS	$301.15	$113.60	000		Y	Y					
49084		PERITONEAL LAVAGE	7/1/2014	RBRVS	$105.00	$105.00	000		Y	Y					
49180		BIOPSY ABDOMINAL MASS	7/1/2014	RBRVS	$166.57	$90.19	000		Y	Y					
49203		EXC ABD TUM 5 CM OR LESS	7/1/2014	RBRVS	$1,246.49	$1,246.49	090		Y	Y		Y	Y		
49204		EXC ABD TUM OVER 5 CM	7/1/2014	RBRVS	$1,592.61	$1,592.61	090		Y	Y		Y	Y		
49205		EXC ABD TUM OVER 10 CM	7/1/2014	RBRVS	$1,831.44	$1,831.44	090		Y	Y		Y	Y		
49215		EXCISE SACRAL SPINE TUMOR	7/1/2014	RBRVS	$2,317.27	$2,317.27	090		Y	Y		Y	Y		
49220		MULTIPLE SURGERY ABDOMEN	7/1/2014	RBRVS	$994.94	$994.94	090		Y	Y		Y	Y		
49250		EXCISION OF UMBILICUS	7/1/2014	RBRVS	$605.68	$605.68	090		Y	Y			Y		
49255		REMOVAL OF OMENTUM	7/1/2014	RBRVS	$824.89	$824.89	090		Y	Y		Y	Y		
49320		DIAG LAPARO SEPARATE PROC	7/1/2014	RBRVS	$341.14	$341.14	010		Y	Y		Y			
49321		LAPAROSCOPY BIOPSY	7/1/2014	RBRVS	$361.40	$361.40	010		Y	Y		Y	Y		
49322		LAPAROSCOPY ASPIRATION	7/1/2014	RBRVS	$386.32	$386.32	010		Y	Y		Y	Y		
49323		LAPARO DRAIN LYMPHOCELE	7/1/2014	RBRVS	$672.30	$672.30	090		Y	Y		Y	Y		
49324		LAP INSERT TUNNEL IP CATH	7/1/2014	RBRVS	$407.73	$407.73	010		Y	Y		Y	Y		
49325		LAP REVISION PERM IP CATH	7/1/2014	RBRVS	$437.24	$437.24	010		Y	Y		Y	Y		
49326		LAP W/OMENTOPEXY ADD-ON	7/1/2014	RBRVS	$197.80	$197.80	ZZZ		Y			Y	Y		
49327		LAP INS DEVICE FOR RT	7/1/2014	RBRVS	$135.41	$135.41	ZZZ		Y			Y	Y		
49329		LAPARO PROC ABDM/PER/OMENT	7/1/2014	FEE SCHED	$705.59	$0.00			Y						
49400		AIR INJECTION INTO ABDOMEN	7/1/2014	RBRVS	$140.50	$99.62	000		Y	Y					
49402		REMOVE FOREIGN BODY ADBOMEN	7/1/2014	RBRVS	$889.22	$889.22	090		Y	Y			Y		
49405		IMAGE CATH FLUID COLXN VISC	7/1/2014	RBRVS	$996.08	$249.45	000		Y	Y					
49406		IMAGE CATH FLUID PERI/RETRO	7/1/2014	RBRVS	$995.69	$249.86	000		Y	Y					
49407		IMAGE CATH FLUID TRNS/VGNL	7/1/2014	RBRVS	$842.06	$266.12	000		Y	Y					
49411		INS MARK ABD/PEL FOR RT PERQ	7/1/2014	RBRVS	$539.12	$206.70	000		Y	Y					
49412		INS DEVICE FOR RT GUIDE OPEN	7/1/2014	RBRVS	$85.28	$85.28	ZZZ		Y				Y		
49418		INSERT TUN IP CATH PERC	7/1/2014	RBRVS	$1,457.67	$237.36	000		Y	Y					
49419		INSERT TUN IP CATH W/PORT	7/1/2014	RBRVS	$460.91	$460.91	090		Y	Y					
49421		INS TUN IP CATH FOR DIAL OPN	7/1/2014	RBRVS	$239.90	$239.90	000		Y	Y					
49422		REMOVE TUNNELED IP CATH	7/1/2014	RBRVS	$396.72	$396.72	010		Y	Y					
49423		EXCHANGE DRAINAGE CATHETER	7/1/2014	RBRVS	$556.48	$75.59	000		Y	Y					
49424		ASSESS CYST CONTRAST INJECT	7/1/2014	RBRVS	$148.89	$40.59	000		Y	Y					
49425		INSERT ABDOMEN-VENOUS DRAIN	7/1/2014	RBRVS	$783.22	$783.22	090		Y	Y		Y	Y		
49426		REVISE ABDOMEN-VENOUS SHUNT	7/1/2014	RBRVS	$643.94	$643.94	090		Y	Y					
49427		INJECTION ABDOMINAL SHUNT	7/1/2014	RBRVS	$47.59	$47.59	000		Y	Y					
49428		LIGATION OF SHUNT	7/1/2014	RBRVS	$448.72	$448.72	010		Y	Y					
49429		REMOVAL OF SHUNT	7/1/2014	RBRVS	$476.97	$476.97	010		Y	Y					
49435		INSERT SUBQ EXTEN TO IP CATH	7/1/2014	RBRVS	$125.19	$125.19	ZZZ		Y			Y	Y		
49436		EMBEDDED IP CATH EXIT-SITE	7/1/2014	RBRVS	$193.72	$193.72	010		Y	Y		Y	Y		
49440		PLACE GASTROSTOMY TUBE PERC	7/1/2014	RBRVS	$1,066.69	$236.17	010		Y	Y					
49441		PLACE DUOD/JEJ TUBE PERC	7/1/2014	RBRVS	$1,202.60	$268.09	010		Y	Y					
49442		PLACE CECOSTOMY TUBE PERC	7/1/2014	RBRVS	$973.89	$231.23	010		Y	Y					
49446		CHANGE G-TUBE TO G-J PERC	7/1/2014	RBRVS	$1,019.14	$171.77	000		Y	Y					
49450		REPLACE G/C TUBE PERC	7/1/2014	RBRVS	$678.76	$70.21	000		Y	Y					
49451		REPLACE DUOD/JEJ TUBE PERC	7/1/2014	RBRVS	$744.49	$96.50	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
49452		REPLACE G-J TUBE PERC	7/1/2014	RBRVS	$918.48	$148.21	000		Y	Y					
49460		FIX G/COLON TUBE W/DEVICE	7/1/2014	RBRVS	$750.08	$50.81	000		Y	Y					
49465		FLUORO EXAM OF G/COLON TUBE	7/1/2014	RBRVS	$170.62	$32.20	000		Y	Y					
49491		RPR HERN PREEMIE REDUC	7/1/2014	RBRVS	$822.66	$822.66	090		Y	Y	Y	Y	Y		
49492		RPR ING HERN PREMIE BLOCKED	7/1/2014	RBRVS	$980.77	$980.77	090		Y	Y	Y	Y	Y		
49495		RPR ING HERNIA BABY REDUC	7/1/2014	RBRVS	$413.75	$413.75	090		Y	Y	Y	Y	Y		
49496		RPR ING HERNIA BABY BLOCKED	7/1/2014	RBRVS	$634.26	$634.26	090		Y	Y	Y	Y	Y		
49500		RPR ING HERNIA INIT REDUCE	7/1/2014	RBRVS	$394.32	$394.32	090		Y	Y	Y	Y	Y		
49501		RPR ING HERNIA INIT BLOCKED	7/1/2014	RBRVS	$626.62	$626.62	090		Y	Y	Y	Y	Y		
49505		PRP I/HERN INIT REDUC >5 YR	7/1/2014	RBRVS	$539.05	$539.05	090		Y	Y	Y	Y	Y		
49507		PRP I/HERN INIT BLOCK >5 YR	7/1/2014	RBRVS	$607.25	$607.25	090		Y	Y	Y	Y	Y		
49520		REREPAIR ING HERNIA REDUCE	7/1/2014	RBRVS	$654.88	$654.88	090		Y	Y	Y	Y	Y		
49521		REREPAIR ING HERNIA BLOCKED	7/1/2014	RBRVS	$742.30	$742.30	090		Y	Y	Y	Y	Y		
49525		REPAIR ING HERNIA SLIDING	7/1/2014	RBRVS	$593.63	$593.63	090		Y	Y	Y	Y	Y		
49540		REPAIR LUMBAR HERNIA	7/1/2014	RBRVS	$698.05	$698.05	090		Y	Y	Y	Y	Y		
49550		RPR REM HERNIA INIT REDUCE	7/1/2014	RBRVS	$595.96	$595.96	090		Y	Y	Y	Y	Y		
49553		RPR FEM HERNIA INIT BLOCKED	7/1/2014	RBRVS	$654.88	$654.88	090		Y	Y	Y	Y	Y		
49555		REREPAIR FEM HERNIA REDUCE	7/1/2014	RBRVS	$617.15	$617.15	090		Y	Y	Y	Y	Y		
49557		REREPAIR FEM HERNIA BLOCKED	7/1/2014	RBRVS	$750.41	$750.41	090		Y	Y	Y	Y	Y		
49560		RPR VENTRAL HERN INIT REDUC	7/1/2014	RBRVS	$765.29	$765.29	090		Y	Y	Y	Y	Y		
49561		RPR VENTRAL HERN INIT BLOCK	7/1/2014	RBRVS	$966.86	$966.86	090		Y	Y	Y	Y	Y		
49565		REREPAIR VENTRL HERN REDUCE	7/1/2014	RBRVS	$799.00	$799.00	090		Y	Y	Y	Y	Y		
49566		REREPAIR VENTRL HERN BLOCK	7/1/2014	RBRVS	$977.54	$977.54	090		Y	Y	Y	Y	Y		
49568		HERNIA REPAIR W/MESH	7/1/2014	RBRVS	$279.46	$279.46	ZZZ		Y			Y	Y		
49570		RPR EPIGASTRIC HERN REDUCE	7/1/2014	RBRVS	$431.43	$431.43	090		Y	Y	Y	Y	Y		
49572		RPR EPIGASTRIC HERN BLOCKED	7/1/2014	RBRVS	$534.35	$534.35	090		Y	Y	Y	Y	Y		
49580		RPR UMBIL HERN REDUC < 5 YR	7/1/2014	RBRVS	$343.54	$343.54	090		Y	Y		Y	Y		
49582		RPR UMBIL HERN BLOCK < 5 YR	7/1/2014	RBRVS	$499.49	$499.49	090		Y	Y		Y	Y		
49585		RPR UMBIL HERN REDUC > 5 YR	7/1/2014	RBRVS	$459.94	$459.94	090		Y	Y		Y	Y		
49587		RPR UMBIL HERN BLOCK > 5 YR	7/1/2014	RBRVS	$492.50	$492.50	090		Y	Y		Y	Y		
49590		REPAIR SPIGELIAN HERNIA	7/1/2014	RBRVS	$594.81	$594.81	090		Y	Y	Y	Y	Y		
49600		REPAIR UMBILICAL LESION	7/1/2014	RBRVS	$756.86	$756.86	090		Y	Y		Y	Y		
49605		REPAIR UMBILICAL LESION	7/1/2014	RBRVS	$5,141.32	$5,141.32	090		Y	Y		Y	Y		
49606		REPAIR UMBILICAL LESION	7/1/2014	RBRVS	$1,176.93	$1,176.93	090		Y	Y		Y	Y		
49610		REPAIR UMBILICAL LESION	7/1/2014	RBRVS	$712.36	$712.36	090		Y	Y		Y	Y		
49611		REPAIR UMBILICAL LESION	7/1/2014	RBRVS	$573.47	$573.47	090		Y	Y		Y	Y		
49650		LAPARO HERNIA REPAIR INITIAL	7/1/2014	RBRVS	$443.59	$443.59	090		Y	Y	Y	Y	Y		
49651		LAPARO HERNIA REPAIR RECUR	7/1/2014	RBRVS	$577.38	$577.38	090		Y	Y	Y	Y	Y		
49652		LAP VENT/ABD HERNIA REPAIR	7/1/2014	RBRVS	$705.37	$705.37	090		Y	Y	Y	Y	Y		
49653		LAP VENT/ABD HERN PROC COMP	7/1/2014	RBRVS	$881.37	$881.37	090		Y	Y	Y	Y	Y		
49654		LAP INC HERNIA REPAIR	7/1/2014	RBRVS	$801.58	$801.58	090		Y	Y	Y	Y	Y		
49655		LAP INC HERN REPAIR COMP	7/1/2014	RBRVS	$978.91	$978.91	090		Y	Y	Y	Y	Y		
49656		LAP INC HERNIA REPAIR RECUR	7/1/2014	RBRVS	$870.68	$870.68	090		Y	Y	Y	Y	Y		
49657		LAP INC HERN RECUR COMP	7/1/2014	RBRVS	$1,250.01	$1,250.01	090		Y	Y	Y	Y	Y		
49659		LAPARO PROC HERNIA REPAIR	7/1/2014	FEE SCHED	$841.63	$0.00			Y						
49900		REPAIR OF ABDOMINAL WALL	7/1/2014	RBRVS	$846.40	$846.40	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
49904		OMENTAL FLAP EXTRA-ABDOM	7/1/2014	RBRVS	$1,507.88	$1,507.88	090		Y	Y			Y	Y	
49905		OMENTAL FLAP INTRA-ABDOM	7/1/2014	RBRVS	$368.86	$368.86	ZZZ		Y			Y	Y		
49906		FREE OMENTAL FLAP MICROVASC	7/1/2014	FEE SCHED	$359.26	$0.00			Y						
49999		ABDOMEN SURGERY PROCEDURE	7/1/2014	FEE SCHED	$297.59	$0.00			Y						
50010		EXPLORATION OF KIDNEY	7/1/2014	RBRVS	$766.11	$766.11	090		Y	Y	Y	Y	Y		
50020		RENAL ABSCESS OPEN DRAIN	7/1/2014	RBRVS	$1,064.68	$1,064.68	090		Y	Y			Y		
50040		DRAINAGE OF KIDNEY	7/1/2014	RBRVS	$951.98	$951.98	090		Y	Y	Y		Y		
50045		EXPLORATION OF KIDNEY	7/1/2014	RBRVS	$956.60	$956.60	090		Y	Y	Y	Y	Y		
5005F		PT COUNSLD ON EXAM FOR MOLES	1/1/2007	RBRVS	$0.00	$0.00									
50060		REMOVAL OF KIDNEY STONE	7/1/2014	RBRVS	$1,170.00	$1,170.00	090		Y	Y	Y	Y	Y		
50065		INCISION OF KIDNEY	7/1/2014	RBRVS	$1,242.26	$1,242.26	090		Y	Y	Y	Y			
50070		INCISION OF KIDNEY	7/1/2014	RBRVS	$1,217.98	$1,217.98	090		Y	Y	Y	Y	Y		
50075		REMOVAL OF KIDNEY STONE	7/1/2014	RBRVS	$1,498.45	$1,498.45	090		Y	Y	Y	Y	Y		
50080		REMOVAL OF KIDNEY STONE	7/1/2014	RBRVS	$893.77	$893.77	090		Y	Y	Y				
50081		REMOVAL OF KIDNEY STONE	7/1/2014	RBRVS	$1,312.30	$1,312.30	090		Y	Y	Y	Y	Y		
5010F		MACUL RESULT TO PHY MNG DM	1/1/2007	RBRVS	$0.00	$0.00									
50100		REVISE KIDNEY BLOOD VESSELS	7/1/2014	RBRVS	$1,119.87	$1,119.87	090		Y	Y	Y	Y	Y		
50120		EXPLORATION OF KIDNEY	7/1/2014	RBRVS	$974.39	$974.39	090		Y	Y	Y	Y	Y		
50125		EXPLORE AND DRAIN KIDNEY	7/1/2014	RBRVS	$1,008.42	$1,008.42	090		Y	Y	Y	Y	Y		
50130		REMOVAL OF KIDNEY STONE	7/1/2014	RBRVS	$1,060.27	$1,060.27	090		Y	Y	Y	Y	Y		
50135		EXPLORATION OF KIDNEY	7/1/2014	RBRVS	$1,151.97	$1,151.97	090		Y	Y	Y	Y	Y		
5015F		DOC FX & TEST/TXMNT FOR OP	1/1/2007	RBRVS	$0.00	$0.00									
5020F		TX SUMMARY MAIN DR BY 1 MON	1/1/2008	RBRVS	$0.00	$0.00									
50200		BIOPSY OF KIDNEY	7/1/2014	RBRVS	$595.99	$150.61	000		Y	Y	Y				
50205		RENAL BIOPSY OPEN	7/1/2014	RBRVS	$782.47	$782.47	090		Y	Y	Y	Y	Y		
50220		REMOVE KIDNEY OPEN	7/1/2014	RBRVS	$1,076.34	$1,076.34	090		Y	Y	Y	Y	Y		
50225		REMOVAL KIDNEY OPEN COMPLEX	7/1/2014	RBRVS	$1,233.80	$1,233.80	090		Y	Y	Y	Y	Y		
50230		REMOVAL KIDNEY OPEN RADICAL	7/1/2014	RBRVS	$1,317.71	$1,317.71	090		Y	Y	Y	Y	Y		
50234		REMOVAL OF KIDNEY & URETER	7/1/2014	RBRVS	$1,337.36	$1,337.36	090		Y	Y	Y	Y	Y		
50236		REMOVAL OF KIDNEY & URETER	7/1/2014	RBRVS	$1,505.98	$1,505.98	090		Y	Y	Y	Y	Y		
50240		PARTIAL REMOVAL OF KIDNEY	7/1/2014	RBRVS	$1,360.56	$1,360.56	090		Y	Y	Y	Y	Y		
50250		CRYOABLATE RENAL MASS OPEN	7/1/2014	RBRVS	$1,249.83	$1,249.83	090		Y	Y		Y	Y		
50280		REMOVAL OF KIDNEY LESION	7/1/2014	RBRVS	$981.99	$981.99	090		Y	Y	Y	Y	Y		
50290		REMOVAL OF KIDNEY LESION	7/1/2014	RBRVS	$922.25	$922.25	090		Y	Y		Y	Y		
50300		REMOVE CADAVER DONOR KIDNEY	7/1/2014	FEE SCHED	$1,048.20	$0.00		Y	Y						
50320		REMOVE KIDNEY LIVING DONOR	7/1/2014	RBRVS	$1,474.99	$1,474.99	090	Y	Y	Y	Y	Y	Y		
50323		PREP CADAVER RENAL ALLOGRAFT	7/1/2014	FEE SCHED	$699.60	$0.00		Y	Y						
50325		PREP DONOR RENAL GRAFT	7/1/2014	FEE SCHED	$403.33	$0.00		Y	Y						
50327		PREP RENAL GRAFT/VENOUS	7/1/2014	RBRVS	$224.99	$224.99		Y	Y	Y		Y	Y		
50328		PREP RENAL GRAFT/ARTERIAL	7/1/2014	RBRVS	$197.09	$197.09		Y	Y	Y		Y	Y		
50329		PREP RENAL GRAFT/URETERAL	7/1/2014	RBRVS	$181.31	$181.31		Y	Y	Y		Y	Y		
50340		REMOVAL OF KIDNEY	7/1/2014	RBRVS	$982.03	$982.03	090	Y	Y	Y	Y	Y	Y		
50360		TRANSPLANTATION OF KIDNEY	7/1/2014	RBRVS	$2,507.58	$2,507.58	090	Y	Y	Y		Y	Y	Y	
50365		TRANSPLANTATION OF KIDNEY	7/1/2014	RBRVS	$2,946.01	$2,946.01	090	Y	Y	Y	Y	Y	Y	Y	
50370		REMOVE TRANSPLANTED KIDNEY	7/1/2014	RBRVS	$1,241.62	$1,241.62	090	Y	Y	Y		Y	Y		
50380		REIMPLANTATION OF KIDNEY	7/1/2014	RBRVS	$2,073.10	$2,073.10	090	Y	Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
50382		CHANGE URETER STENT PERCUT	7/1/2014	RBRVS	$1,208.59	$284.84	000		Y	Y	Y				
50384		REMOVE URETER STENT PERCUT	7/1/2014	RBRVS	$965.57	$260.56	000		Y	Y	Y				
50385		CHANGE STENT VIA TRANSURETH	7/1/2014	RBRVS	$1,154.19	$240.12	000		Y	Y	Y				
50386		REMOVE STENT VIA TRANSURETH	7/1/2014	RBRVS	$746.96	$182.17	000		Y	Y	Y				
50387		CHANGE EXT/INT URETER STENT	7/1/2014	RBRVS	$558.73	$103.67	000		Y	Y	Y				
50389		REMOVE RENAL TUBE W/FLUORO	7/1/2014	RBRVS	$305.78	$57.27	000		Y	Y	Y				
50390		DRAINAGE OF KIDNEY LESION	7/1/2014	RBRVS	$101.41	$101.41	000		Y	Y	Y				
50391		INSTLL RX AGNT INTO RNAL TUB	7/1/2014	RBRVS	$125.19	$101.88	000		Y	Y	Y				
50392		INSERT KIDNEY DRAIN	7/1/2014	RBRVS	$187.19	$187.19	000		Y	Y	Y				
50393		INSERT URETERAL TUBE	7/1/2014	RBRVS	$226.96	$226.96	000		Y	Y	Y				
50394		INJECTION FOR KIDNEY X-RAY	7/1/2014	RBRVS	$103.71	$52.07	000		Y	Y	Y				
50395		CREATE PASSAGE TO KIDNEY	7/1/2014	RBRVS	$187.66	$187.66	000		Y	Y	Y				
50396		MEASURE KIDNEY PRESSURE	7/1/2014	RBRVS	$123.04	$123.04	000		Y	Y	Y				
50398		CHANGE KIDNEY TUBE	7/1/2014	RBRVS	$503.76	$75.95	000		Y	Y	Y				
50400		REVISION OF KIDNEY/URETER	7/1/2014	RBRVS	$1,189.19	$1,189.19	090		Y	Y	Y	Y	Y		
50405		REVISION OF KIDNEY/URETER	7/1/2014	RBRVS	$1,433.83	$1,433.83	090		Y	Y	Y	Y	Y		
5050F		TX PLAN TO MAIN DR BY 1 MON	1/1/2008	RBRVS	$0.00	$0.00									
50500		REPAIR OF KIDNEY WOUND	7/1/2014	RBRVS	$1,335.18	$1,335.18	090		Y	Y		Y	Y		
50520		CLOSE KIDNEY-SKIN FISTULA	7/1/2014	RBRVS	$1,114.17	$1,114.17	090		Y	Y		Y	Y		
50525		REPAIR RENAL-ABDOMEN FISTULA	7/1/2014	RBRVS	$1,532.66	$1,532.66	090		Y	Y		Y	Y		
50526		REPAIR RENAL-ABDOMEN FISTULA	7/1/2014	RBRVS	$1,477.93	$1,477.93	090		Y	Y		Y			
50540		REVISION OF HORSESHOE KIDNEY	7/1/2014	RBRVS	$1,178.00	$1,178.00	090		Y	Y		Y	Y		
50541		LAPARO ABLATE RENAL CYST	7/1/2014	RBRVS	$946.31	$946.31	090		Y	Y	Y	Y	Y		
50542		LAPARO ABLATE RENAL MASS	7/1/2014	RBRVS	$1,198.51	$1,198.51	090		Y	Y	Y	Y	Y		
50543		LAPARO PARTIAL NEPHRECTOMY	7/1/2014	RBRVS	$1,530.47	$1,530.47	090		Y	Y	Y	Y	Y		
50544		LAPAROSCOPY PYELOPLASTY	7/1/2014	RBRVS	$1,281.46	$1,281.46	090		Y	Y	Y	Y	Y		
50545		LAPARO RADICAL NEPHRECTOMY	7/1/2014	RBRVS	$1,380.72	$1,380.72	090		Y	Y	Y	Y	Y		
50546		LAPAROSCOPIC NEPHRECTOMY	7/1/2014	RBRVS	$1,236.20	$1,236.20	090		Y	Y	Y	Y	Y		
50547		LAPARO REMOVAL DONOR KIDNEY	7/1/2014	RBRVS	$1,663.26	$1,663.26	090	Y	Y	Y	Y	Y	Y		
50548		LAPARO REMOVE W/URETER	7/1/2014	RBRVS	$1,385.77	$1,385.77	090		Y	Y	Y	Y	Y		
50549		LAPAROSCOPE PROC RENAL	7/1/2014	FEE SCHED	$605.00	$0.00			Y						
50551		KIDNEY ENDOSCOPY	7/1/2014	RBRVS	$365.63	$303.59	000		Y	Y	Y				
50553		KIDNEY ENDOSCOPY	7/1/2014	RBRVS	$393.10	$324.96	000		Y	Y	Y				
50555		KIDNEY ENDOSCOPY & BIOPSY	7/1/2014	RBRVS	$419.17	$351.75	000		Y	Y	Y				
50557		KIDNEY ENDOSCOPY & TREATMENT	7/1/2014	RBRVS	$426.05	$356.13	000		Y	Y	Y				
50561		KIDNEY ENDOSCOPY & TREATMENT	7/1/2014	RBRVS	$484.79	$407.33	000		Y	Y	Y				
50562		RENAL SCOPE W/TUMOR RESECT	7/1/2014	RBRVS	$598.40	$598.40	090		Y	Y		Y	Y		
50570		KIDNEY ENDOSCOPY	7/1/2014	RBRVS	$506.13	$506.13	000		Y	Y	Y				
50572		KIDNEY ENDOSCOPY	7/1/2014	RBRVS	$548.66	$548.66	000		Y	Y	Y				
50574		KIDNEY ENDOSCOPY & BIOPSY	7/1/2014	RBRVS	$583.44	$583.44	000		Y	Y	Y				
50575		KIDNEY ENDOSCOPY	7/1/2014	RBRVS	$737.10	$737.10	000		Y	Y	Y				
50576		KIDNEY ENDOSCOPY & TREATMENT	7/1/2014	RBRVS	$581.18	$581.18	000		Y	Y	Y				
50580		KIDNEY ENDOSCOPY & TREATMENT	7/1/2014	RBRVS	$627.66	$627.66	000		Y	Y	Y				
50590		FRAGMENTING OF KIDNEY STONE	7/1/2014	RBRVS	$730.83	$582.37	090		Y	Y	Y				
50592		PERC RF ABLATE RENAL TUMOR	7/1/2014	RBRVS	$3,162.89	$379.43	010		Y	Y	Y				
50593		PERC CRYO ABLATE RENAL TUM	7/1/2014	RBRVS	$4,640.46	$502.22	010		Y	Y	Y	Y			

Montana Medicaid - Fee Schedule
Psychiatrist 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
5060F		FNDNGS MAMMO TO PT W/IN3DAYS	4/1/2008	RBRVS	$0.00	$0.00									
50600		EXPLORATION OF URETER	7/1/2014	RBRVS	$964.35	$964.35	090		Y	Y	Y	Y	Y		
50605		INSERT URETERAL SUPPORT	7/1/2014	RBRVS	$1,008.99	$1,008.99	090		Y	Y	Y	Y	Y		
50610		REMOVAL OF URETER STONE	7/1/2014	RBRVS	$970.80	$970.80	090		Y	Y	Y	Y	Y		
5062F		DOC F2FMAMMO FNDNG IN 3 DAYS	4/1/2008	RBRVS	$0.00	$0.00									
50620		REMOVAL OF URETER STONE	7/1/2014	RBRVS	$928.45	$928.45	090		Y	Y	Y	Y	Y		
50630		REMOVAL OF URETER STONE	7/1/2014	RBRVS	$916.87	$916.87	090		Y	Y	Y	Y	Y		
50650		REMOVAL OF URETER	7/1/2014	RBRVS	$1,063.93	$1,063.93	090		Y	Y	Y	Y	Y		
50660		REMOVAL OF URETER	7/1/2014	RBRVS	$1,174.42	$1,174.42	090		Y	Y		Y	Y		
50684		INJECTION FOR URETER X-RAY	7/1/2014	RBRVS	$106.93	$52.07	000		Y	Y	Y				
50686		MEASURE URETER PRESSURE	7/1/2014	RBRVS	$156.17	$97.36	000		Y	Y					
50688		CHANGE OF URETER TUBE/STENT	7/1/2014	RBRVS	$82.76	$82.76	010		Y	Y					
50690		INJECTION FOR URETER X-RAY	7/1/2014	RBRVS	$100.30	$73.05	000		Y	Y					
50700		REVISION OF URETER	7/1/2014	RBRVS	$953.73	$953.73	090		Y	Y	Y	Y	Y		
50715		RELEASE OF URETER	7/1/2014	RBRVS	$1,245.60	$1,245.60	090		Y	Y	Y	Y	Y		
50722		RELEASE OF URETER	7/1/2014	RBRVS	$1,099.90	$1,099.90	090		Y	Y		Y	Y		
50725		RELEASE/REVISE URETER	7/1/2014	RBRVS	$1,131.63	$1,131.63	090		Y	Y		Y	Y		
50727		REVISE URETER	7/1/2014	RBRVS	$518.25	$518.25	090		Y	Y		Y	Y		
50728		REVISE URETER	7/1/2014	RBRVS	$716.34	$716.34	090		Y	Y		Y	Y		
50740		FUSION OF URETER & KIDNEY	7/1/2014	RBRVS	$1,270.05	$1,270.05	090		Y	Y	Y	Y	Y		
50750		FUSION OF URETER & KIDNEY	7/1/2014	RBRVS	$1,184.53	$1,184.53	090		Y	Y	Y	Y			
50760		FUSION OF URETERS	7/1/2014	RBRVS	$1,165.49	$1,165.49	090		Y	Y	Y	Y	Y		
50770		SPLICING OF URETERS	7/1/2014	RBRVS	$1,184.53	$1,184.53	090		Y	Y		Y	Y		
50780		REIMPLANT URETER IN BLADDER	7/1/2014	RBRVS	$1,140.89	$1,140.89	090		Y	Y	Y	Y	Y		
50782		REIMPLANT URETER IN BLADDER	7/1/2014	RBRVS	$1,092.01	$1,092.01	090		Y	Y	Y	Y	Y		
50783		REIMPLANT URETER IN BLADDER	7/1/2014	RBRVS	$1,157.74	$1,157.74	090		Y	Y	Y	Y	Y		
50785		REIMPLANT URETER IN BLADDER	7/1/2014	RBRVS	$1,244.16	$1,244.16	090		Y	Y	Y	Y	Y		
50800		IMPLANT URETER IN BOWEL	7/1/2014	RBRVS	$951.51	$951.51	090		Y	Y	Y	Y	Y		
50810		FUSION OF URETER & BOWEL	7/1/2014	RBRVS	$1,387.50	$1,387.50	090		Y	Y		Y	Y		
50815		URINE SHUNT TO INTESTINE	7/1/2014	RBRVS	$1,255.89	$1,255.89	090		Y	Y	Y	Y	Y		
50820		CONSTRUCT BOWEL BLADDER	7/1/2014	RBRVS	$1,356.83	$1,356.83	090		Y	Y	Y	Y	Y		
50825		CONSTRUCT BOWEL BLADDER	7/1/2014	RBRVS	$1,704.43	$1,704.43	090		Y	Y		Y	Y		
50830		REVISE URINE FLOW	7/1/2014	RBRVS	$1,853.60	$1,853.60	090		Y	Y		Y	Y		
50840		REPLACE URETER BY BOWEL	7/1/2014	RBRVS	$1,262.38	$1,262.38	090		Y	Y	Y	Y	Y		
50845		APPENDICO-VESICOSTOMY	7/1/2014	RBRVS	$1,282.10	$1,282.10	090		Y	Y		Y	Y		
50860		TRANSPLANT URETER TO SKIN	7/1/2014	RBRVS	$970.41	$970.41	090		Y	Y	Y	Y	Y		
50900		REPAIR OF URETER	7/1/2014	RBRVS	$873.30	$873.30	090		Y	Y	Y	Y	Y		
50920		CLOSURE URETER/SKIN FISTULA	7/1/2014	RBRVS	$904.86	$904.86	090		Y	Y		Y	Y		
50930		CLOSURE URETER/BOWEL FISTULA	7/1/2014	RBRVS	$1,276.19	$1,276.19	090		Y	Y		Y	Y		
50940		RELEASE OF URETER	7/1/2014	RBRVS	$910.99	$910.99	090		Y	Y	Y	Y	Y		
50945		LAPAROSCOPY URETEROLITHOTOMY	7/1/2014	RBRVS	$999.92	$999.92	090		Y	Y	Y	Y	Y		
50947		LAPARO NEW URETER/BLADDER	7/1/2014	RBRVS	$1,425.58	$1,425.58	090		Y	Y	Y	Y	Y		
50948		LAPARO NEW URETER/BLADDER	7/1/2014	RBRVS	$1,310.43	$1,310.43	090		Y	Y	Y	Y	Y		
50949		LAPAROSCOPE PROC URETER	7/1/2014	FEE SCHED	$2,548.04	$0.00			Y						
50951		ENDOSCOPY OF URETER	7/1/2014	RBRVS	$381.87	$315.89	000		Y	Y	Y				
50953		ENDOSCOPY OF URETER	7/1/2014	RBRVS	$404.36	$336.22	000		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
50955		URETER ENDOSCOPY & BIOPSY	7/1/2014	RBRVS	$432.54	$363.33	000		Y	Y	Y				
50957		URETER ENDOSCOPY & TREATMENT	7/1/2014	RBRVS	$436.49	$365.13	000		Y	Y	Y				
50961		URETER ENDOSCOPY & TREATMENT	7/1/2014	RBRVS	$392.74	$326.76	000		Y	Y	Y				
50970		URETER ENDOSCOPY	7/1/2014	RBRVS	$381.80	$381.80	000		Y	Y	Y				
50972		URETER ENDOSCOPY & CATHETER	7/1/2014	RBRVS	$369.21	$369.21	000		Y	Y	Y				
50974		URETER ENDOSCOPY & BIOPSY	7/1/2014	RBRVS	$487.30	$487.30	000		Y	Y	Y				
50976		URETER ENDOSCOPY & TREATMENT	7/1/2014	RBRVS	$480.42	$480.42	000		Y	Y	Y				
50980		URETER ENDOSCOPY & TREATMENT	7/1/2014	RBRVS	$366.56	$366.56	000		Y	Y	Y				
5100F		RSK FX REF W/N 24 HRS XRAY	7/1/2009	RBRVS	$0.00	$0.00									
51020		INCISE & TREAT BLADDER	7/1/2014	RBRVS	$481.74	$481.74	090		Y	Y		Y	Y		
51030		INCISE & TREAT BLADDER	7/1/2014	RBRVS	$481.92	$481.92	090		Y	Y					
51040		INCISE & DRAIN BLADDER	7/1/2014	RBRVS	$295.45	$295.45	090		Y	Y		Y	Y		
51045		INCISE BLADDER/DRAIN URETER	7/1/2014	RBRVS	$505.52	$505.52	090		Y	Y		Y			
51050		REMOVAL OF BLADDER STONE	7/1/2014	RBRVS	$484.25	$484.25	090		Y	Y		Y	Y		
51060		REMOVAL OF URETER STONE	7/1/2014	RBRVS	$596.17	$596.17	090		Y	Y		Y	Y		
51065		REMOVE URETER CALCULUS	7/1/2014	RBRVS	$593.30	$593.30	090		Y	Y					
51080		DRAINAGE OF BLADDER ABSCESS	7/1/2014	RBRVS	$418.20	$418.20	090		Y	Y		Y	Y		
51100		DRAIN BLADDER BY NEEDLE	7/1/2014	RBRVS	$62.15	$40.63	000		Y	Y					
51101		DRAIN BLADDER BY TROCAR/CATH	7/1/2014	RBRVS	$125.44	$54.44	000		Y	Y					
51102		DRAIN BL W/CATH INSERTION	7/1/2014	RBRVS	$231.51	$150.83	000		Y	Y					
51500		REMOVAL OF BLADDER CYST	7/1/2014	RBRVS	$652.65	$652.65	090		Y	Y		Y	Y		
51520		REMOVAL OF BLADDER LESION	7/1/2014	RBRVS	$608.80	$608.80	090		Y	Y		Y	Y		
51525		REMOVAL OF BLADDER LESION	7/1/2014	RBRVS	$883.88	$883.88	090		Y	Y		Y	Y		
51530		REMOVAL OF BLADDER LESION	7/1/2014	RBRVS	$816.21	$816.21	090		Y	Y		Y	Y		
51535		REPAIR OF URETER LESION	7/1/2014	RBRVS	$798.96	$798.96	090		Y	Y	Y	Y	Y		
51550		PARTIAL REMOVAL OF BLADDER	7/1/2014	RBRVS	$997.19	$997.19	090		Y	Y		Y	Y		
51555		PARTIAL REMOVAL OF BLADDER	7/1/2014	RBRVS	$1,307.49	$1,307.49	090		Y	Y		Y	Y		
51565		REVISE BLADDER & URETER(S)	7/1/2014	RBRVS	$1,329.72	$1,329.72	090		Y	Y		Y	Y		
51570		REMOVAL OF BLADDER	7/1/2014	RBRVS	$1,521.25	$1,521.25	090		Y	Y		Y	Y		
51575		REMOVAL OF BLADDER & NODES	7/1/2014	RBRVS	$1,871.46	$1,871.46	090		Y	Y		Y	Y		
51580		REMOVE BLADDER/REVISE TRACT	7/1/2014	RBRVS	$1,948.74	$1,948.74	090		Y	Y		Y	Y		
51585		REMOVAL OF BLADDER & NODES	7/1/2014	RBRVS	$2,169.78	$2,169.78	090		Y	Y		Y	Y		
51590		REMOVE BLADDER/REVISE TRACT	7/1/2014	RBRVS	$1,989.48	$1,989.48	090		Y	Y		Y	Y		
51595		REMOVE BLADDER/REVISE TRACT	7/1/2014	RBRVS	$2,253.01	$2,253.01	090		Y	Y		Y	Y		
51596		REMOVE BLADDER/CREATE POUCH	7/1/2014	RBRVS	$2,418.58	$2,418.58	090		Y	Y		Y	Y		
51597		REMOVAL OF PELVIC STRUCTURES	7/1/2014	RBRVS	$2,367.62	$2,367.62	090		Y	Y		Y	Y		
51600		INJECTION FOR BLADDER X-RAY	7/1/2014	RBRVS	$183.71	$46.01	000		Y	Y					
51605		PREPARATION FOR BLADDER XRAY	7/1/2014	RBRVS	$39.02	$39.02	000		Y	Y					
51610		INJECTION FOR BLADDER X-RAY	7/1/2014	RBRVS	$107.83	$66.59	000		Y	Y					
51700		IRRIGATION OF BLADDER	7/1/2014	RBRVS	$83.66	$46.01	000		Y	Y					
51701		INSERT BLADDER CATHETER	7/1/2014	RBRVS	$55.15	$28.62	000		Y	Y					
51702		INSERT TEMP BLADDER CATH	7/1/2014	RBRVS	$70.93	$31.13	000		Y	Y					
51703		INSERT BLADDER CATH COMPLEX	7/1/2014	RBRVS	$130.57	$83.59	000		Y	Y					
51705		CHANGE OF BLADDER TUBE	7/1/2014	RBRVS	$91.98	$53.61	000		Y	Y					
51710		CHANGE OF BLADDER TUBE	7/1/2014	RBRVS	$129.02	$81.33	000		Y	Y					
51715		ENDOSCOPIC INJECTION/IMPLANT	7/1/2014	RBRVS	$293.37	$206.59	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
51720		TREATMENT OF BLADDER LESION	7/1/2014	RBRVS	$110.13	$82.16	000		Y	Y					
51725		SIMPLE CYSTOMETROGRAM	7/1/2014	RBRVS	$187.91	$187.91	000		Y	Y					
51725	TC	SIMPLE CYSTOMETROGRAM	7/1/2014	RBRVS	$109.44	$109.44	000		Y	Y					
51725	26	SIMPLE CYSTOMETROGRAM	7/1/2014	RBRVS	$78.46	$78.46	000			Y					
51726		COMPLEX CYSTOMETROGRAM	7/1/2014	RBRVS	$264.50	$264.50	000		Y	Y					
51726	TC	COMPLEX CYSTOMETROGRAM	7/1/2014	RBRVS	$176.25	$176.25	000		Y	Y					
51726	26	COMPLEX CYSTOMETROGRAM	7/1/2014	RBRVS	$88.25	$88.25	000			Y					
51727		CYSTOMETROGRAM W/UP	7/1/2014	RBRVS	$315.42	$315.42	000		Y	Y					
51727	TC	CYSTOMETROGRAM W/UP	7/1/2014	RBRVS	$203.04	$203.04	000		Y	Y					
51727	26	CYSTOMETROGRAM W/UP	7/1/2014	RBRVS	$112.42	$112.42	000			Y					
51728		CYSTOMETROGRAM W/VP	7/1/2014	RBRVS	$315.93	$315.93	000		Y	Y					
51728	TC	CYSTOMETROGRAM W/VP	7/1/2014	RBRVS	$206.98	$206.98	000		Y	Y					
51728	26	CYSTOMETROGRAM W/VP	7/1/2014	RBRVS	$108.94	$108.94	000			Y					
51729		CYSTOMETROGRAM W/VP&UP	7/1/2014	RBRVS	$343.18	$343.18	000		Y	Y					
51729	TC	CYSTOMETROGRAM W/VP&UP	7/1/2014	RBRVS	$210.93	$210.93	000		Y	Y					
51729	26	CYSTOMETROGRAM W/VP&UP	7/1/2014	RBRVS	$132.25	$132.25	000			Y					
51736		URINE FLOW MEASUREMENT	7/1/2014	RBRVS	$15.53	$15.53			Y	Y					
51736	TC	URINE FLOW MEASUREMENT	7/1/2014	RBRVS	$6.89	$6.89			Y	Y					
51736	26	URINE FLOW MEASUREMENT	7/1/2014	RBRVS	$8.68	$8.68				Y					
51741		ELECTRO-UROFLOWMETRY FIRST	7/1/2014	RBRVS	$15.89	$15.89			Y	Y					
51741	TC	ELECTRO-UROFLOWMETRY FIRST	7/1/2014	RBRVS	$7.24	$7.24			Y	Y					
51741	26	ELECTRO-UROFLOWMETRY FIRST	7/1/2014	RBRVS	$8.68	$8.68				Y					
51784		ANAL/URINARY MUSCLE STUDY	7/1/2014	RBRVS	$192.93	$192.93	000		Y	Y					
51784	TC	ANAL/URINARY MUSCLE STUDY	7/1/2014	RBRVS	$113.75	$113.75	000		Y	Y					
51784	26	ANAL/URINARY MUSCLE STUDY	7/1/2014	RBRVS	$79.18	$79.18	000			Y					
51785		ANAL/URINARY MUSCLE STUDY	7/1/2014	RBRVS	$257.83	$257.83	000		Y	Y					
51785	TC	ANAL/URINARY MUSCLE STUDY	7/1/2014	RBRVS	$175.79	$175.79	000		Y	Y					
51785	26	ANAL/URINARY MUSCLE STUDY	7/1/2014	RBRVS	$82.05	$82.05	000			Y					
51792		URINARY REFLEX STUDY	7/1/2014	RBRVS	$211.50	$211.50	000		Y	Y					
51792	TC	URINARY REFLEX STUDY	7/1/2014	RBRVS	$153.91	$153.91	000		Y	Y					
51792	26	URINARY REFLEX STUDY	7/1/2014	RBRVS	$57.63	$57.63	000			Y					
51797		INTRAABDOMINAL PRESSURE TEST	7/1/2014	RBRVS	$111.88	$111.88	ZZZ		Y						
51797	TC	INTRAABDOMINAL PRESSURE TEST	7/1/2014	RBRVS	$71.07	$71.07	ZZZ		Y						
51797	26	INTRAABDOMINAL PRESSURE TEST	7/1/2014	RBRVS	$40.81	$40.81	ZZZ								
51798		US URINE CAPACITY MEASURE	7/1/2014	RBRVS	$19.08	$19.08			Y						
51800		REVISION OF BLADDER/URETHRA	7/1/2014	RBRVS	$1,072.47	$1,072.47	090		Y	Y		Y	Y		
51820		REVISION OF URINARY TRACT	7/1/2014	RBRVS	$1,111.62	$1,111.62	090		Y	Y		Y	Y		
51840		ATTACH BLADDER/URETHRA	7/1/2014	RBRVS	$686.58	$686.58	090		Y	Y		Y	Y		
51841		ATTACH BLADDER/URETHRA	7/1/2014	RBRVS	$815.82	$815.82	090		Y	Y		Y	Y		
51845		REPAIR BLADDER NECK	7/1/2014	RBRVS	$610.34	$610.34	090		Y	Y		Y	Y		
51860		REPAIR OF BLADDER WOUND	7/1/2014	RBRVS	$775.36	$775.36	090		Y	Y		Y	Y		
51865		REPAIR OF BLADDER WOUND	7/1/2014	RBRVS	$924.61	$924.61	090		Y	Y		Y	Y		
51880		REPAIR OF BLADDER OPENING	7/1/2014	RBRVS	$485.44	$485.44	090		Y	Y		Y	Y		
51900		REPAIR BLADDER/VAGINA LESION	7/1/2014	RBRVS	$852.54	$852.54	090		Y	Y		Y	Y		
51920		CLOSE BLADDER-UTERUS FISTULA	7/1/2014	RBRVS	$828.83	$828.83	090		Y	Y		Y	Y		
51925		HYSTERECTOMY/BLADDER REPAIR	7/1/2014	RBRVS	$1,092.26	$1,092.26	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
51940		CORRECTION OF BLADDER DEFECT	7/1/2014	RBRVS	$1,675.38	$1,675.38	090		Y	Y		Y	Y		
51960		REVISION OF BLADDER & BOWEL	7/1/2014	RBRVS	$1,432.86	$1,432.86	090		Y	Y		Y	Y		
51980		CONSTRUCT BLADDER OPENING	7/1/2014	RBRVS	$731.65	$731.65	090		Y	Y		Y	Y		
51990		LAPARO URETHRAL SUSPENSION	7/1/2014	RBRVS	$788.88	$788.88	090		Y	Y		Y	Y		
51992		LAPARO SLING OPERATION	7/1/2014	RBRVS	$891.52	$891.52	090		Y	Y		Y	Y		
51999		LAPAROSCOPE PROC BLA	7/1/2014	FEE SCHED	$822.86	$0.00			Y						
5200F		EVAL APPROS SURG THXPY EPI	9/1/2011	RBRVS	$0.00	$0.00									
52000		CYSTOSCOPY	7/1/2014	RBRVS	$204.62	$130.03	000		Y	Y					
52001		CYSTOSCOPY REMOVAL OF CLOTS	7/1/2014	RBRVS	$375.96	$295.99	000		Y	Y					
52005		CYSTOSCOPY & URETER CATHETER	7/1/2014	RBRVS	$265.29	$137.27	000		Y	Y					
52007		CYSTOSCOPY AND BIOPSY	7/1/2014	RBRVS	$442.80	$170.98	000		Y	Y	Y				
52010		CYSTOSCOPY & DUCT CATHETER	7/1/2014	RBRVS	$366.78	$170.98	000		Y	Y					
52204		CYSTOSCOPY	7/1/2014	RBRVS	$367.96	$145.99	000		Y	Y					
52214		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$657.06	$181.56	000		Y	Y					
52224		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$688.62	$210.61	000		Y	Y					
52234		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$252.78	$252.78	000		Y	Y					
52235		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$297.06	$297.06	000		Y	Y					
52240		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$404.00	$404.00	000		Y	Y					
52250		CYSTOSCOPY AND RADIOTRACER	7/1/2014	RBRVS	$247.11	$247.11	000		Y	Y					
52260		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$216.99	$216.99	000		Y	Y					
52265		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$367.71	$169.76	000		Y	Y					
52270		CYSTOSCOPY & REVISE URETHRA	7/1/2014	RBRVS	$355.84	$187.66	000		Y	Y					
52275		CYSTOSCOPY & REVISE URETHRA	7/1/2014	RBRVS	$480.56	$255.72	000		Y	Y					
52276		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$272.82	$272.82	000		Y	Y					
52277		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$332.92	$332.92	000		Y	Y					
52281		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$273.11	$157.64	000		Y	Y					
52282		CYSTOSCOPY IMPLANT STENT	7/1/2014	RBRVS	$347.20	$347.20	000		Y	Y					
52283		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$278.92	$207.56	000		Y	Y					
52285		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$281.43	$202.18	000		Y	Y					
52287		CYSTOSCOPY CHEMODENERVATION	7/1/2014	RBRVS	$312.81	$174.75	000		Y	Y					
52290		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$250.98	$250.98	000		Y	Y					
52300		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$291.51	$291.51	000		Y	Y					
52301		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$298.86	$298.86	000		Y	Y					
52305		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$287.35	$287.35	000		Y	Y					
52310		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$244.42	$156.56	000		Y	Y					
52315		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$415.22	$282.18	000		Y	Y					
52317		REMOVE BLADDER STONE	7/1/2014	RBRVS	$804.41	$357.95	000		Y	Y					
52318		REMOVE BLADDER STONE	7/1/2014	RBRVS	$487.66	$487.66	000		Y	Y					
52320		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$253.57	$253.57	000		Y	Y	Y				
52325		CYSTOSCOPY STONE REMOVAL	7/1/2014	RBRVS	$330.06	$330.06	000		Y	Y	Y				
52327		CYSTOSCOPY INJECT MATERIAL	7/1/2014	RBRVS	$270.49	$270.49	000		Y	Y	Y				
52330		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$495.15	$271.75	000		Y	Y	Y				
52332		CYSTOSCOPY AND TREATMENT	7/1/2014	RBRVS	$488.59	$160.47	000		Y	Y	Y				
52334		CREATE PASSAGE TO KIDNEY	7/1/2014	RBRVS	$264.14	$264.14	000		Y	Y	Y				
52341		CYSTO W/URETER STRICTURE TX	7/1/2014	RBRVS	$292.37	$292.37	000		Y	Y	Y				
52342		CYSTO W/UP STRICTURE TX	7/1/2014	RBRVS	$318.04	$318.04	000		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
52343		CYSTO W/RENAL STRICTURE TX	7/1/2014	RBRVS	$354.69	$354.69	000		Y	Y	Y				
52344		CYSTO/URETERO STRICTURE TX	7/1/2014	RBRVS	$380.37	$380.37	000		Y	Y	Y				
52345		CYSTO/URETERO W/UP STRICTURE	7/1/2014	RBRVS	$406.08	$406.08	000		Y	Y	Y				
52346		CYSTOURETERO W/RENAL STRICT	7/1/2014	RBRVS	$460.08	$460.08	000		Y	Y	Y				
52351		CYSTOURETERO & OR PYELOSCOPE	7/1/2014	RBRVS	$311.52	$311.52	000		Y	Y					
52352		CYSTOURETERO W/STONE REMOVE	7/1/2014	RBRVS	$365.20	$365.20	000		Y	Y	Y				
52353		CYSTOURETERO W/LITHOTRIPSY	7/1/2014	RBRVS	$403.57	$403.57	000		Y	Y	Y				
52354		CYSTOURETERO W/BIOPSY	7/1/2014	RBRVS	$429.67	$429.67	000		Y	Y	Y				
52355		CYSTOURETERO W/EXCISE TUMOR	7/1/2014	RBRVS	$481.92	$481.92	000		Y	Y	Y				
52356		CYSTO/URETERO W/LITHOTRIPSY	7/1/2014	RBRVS	$480.03	$480.03	000		Y	Y	Y				
52400		CYSTOURETERO W/CONGEN REPR	7/1/2014	RBRVS	$491.00	$491.00	090		Y	Y					
52402		CYSTOURETHRO CUT EJACUL DUCT	7/1/2014	RBRVS	$274.65	$274.65	000		Y	Y					
52441		CYSTOURETHRO W/IMPLANT	1/1/2015	RBRVS	$1,264.39	$245.96	000		Y	Y					
52442		CYSTOURETHRO W/ADDL IMPLANT	1/1/2015	RBRVS	$983.25	$87.82	ZZZ		Y						
52450		INCISION OF PROSTATE	7/1/2014	RBRVS	$481.21	$481.21	090		Y	Y					
5250F		ASTHMA DISCHARGE PLAN PRESNT	1/1/2012	RBRVS	$0.00	$0.00									
52500		REVISION OF BLADDER NECK	7/1/2014	RBRVS	$500.03	$500.03	090		Y	Y					
52601		PROSTATECTOMY (TURP)	7/1/2014	RBRVS	$868.39	$868.39	090		Y	Y					
52630		REMOVE PROSTATE REGROWTH	7/1/2014	RBRVS	$409.92	$409.92	090		Y	Y					
52640		RELIEVE BLADDER CONTRACTURE	7/1/2014	RBRVS	$321.70	$321.70	090		Y	Y					
52647		LASER SURGERY OF PROSTATE	7/1/2014	RBRVS	$1,778.76	$663.88	090		Y	Y					
52648		LASER SURGERY OF PROSTATE	7/1/2014	RBRVS	$1,832.80	$708.95	090		Y	Y					
52649		2 PROSTATE LASER ENUCLEATION	7/1/2014	RBRVS	$843.89	$843.89	090		Y	Y					
52700		DRAINAGE OF PROSTATE ABSCESS	7/1/2014	RBRVS	$451.62	$451.62	090		Y	Y					
53000		INCISION OF URETHRA	7/1/2014	RBRVS	$151.97	$151.97	010		Y	Y					
53010		INCISION OF URETHRA	7/1/2014	RBRVS	$300.36	$300.36	090		Y	Y					
53020		INCISION OF URETHRA	7/1/2014	RBRVS	$99.98	$99.98	000		Y	Y					
53025		INCISION OF URETHRA	7/1/2014	RBRVS	$68.92	$68.92	000		Y	Y					
53040		DRAINAGE OF URETHRA ABSCESS	7/1/2014	RBRVS	$402.39	$402.39	090		Y	Y					
53060		DRAINAGE OF URETHRA ABSCESS	7/1/2014	RBRVS	$193.61	$175.68	010		Y	Y					
53080		DRAINAGE OF URINARY LEAKAGE	7/1/2014	RBRVS	$430.18	$430.18	090		Y	Y					
53085		DRAINAGE OF URINARY LEAKAGE	7/1/2014	RBRVS	$680.30	$680.30	090		Y	Y		Y	Y		
53200		BIOPSY OF URETHRA	7/1/2014	RBRVS	$159.68	$146.42	000		Y	Y					
53210		REMOVAL OF URETHRA	7/1/2014	RBRVS	$789.57	$789.57	090		Y	Y		Y	Y		
53215		REMOVAL OF URETHRA	7/1/2014	RBRVS	$953.05	$953.05	090		Y	Y		Y	Y		
53220		TREATMENT OF URETHRA LESION	7/1/2014	RBRVS	$464.24	$464.24	090		Y	Y					
53230		REMOVAL OF URETHRA LESION	7/1/2014	RBRVS	$626.29	$626.29	090		Y	Y		Y	Y		
53235		REMOVAL OF URETHRA LESION	7/1/2014	RBRVS	$648.24	$648.24	090		Y	Y		Y	Y		
53240		SURGERY FOR URETHRA POUCH	7/1/2014	RBRVS	$434.87	$434.87	090		Y	Y					
53250		REMOVAL OF URETHRA GLAND	7/1/2014	RBRVS	$436.56	$436.56	090		Y	Y					
53260		TREATMENT OF URETHRA LESION	7/1/2014	RBRVS	$207.06	$186.26	010		Y	Y					
53265		TREATMENT OF URETHRA LESION	7/1/2014	RBRVS	$222.83	$191.64	010		Y	Y					
53270		REMOVAL OF URETHRA GLAND	7/1/2014	RBRVS	$218.53	$197.01	010		Y	Y					
53275		REPAIR OF URETHRA DEFECT	7/1/2014	RBRVS	$269.34	$269.34	010		Y	Y					
53400		REVISE URETHRA STAGE 1	7/1/2014	RBRVS	$823.13	$823.13	090		Y	Y		Y	Y		
53405		REVISE URETHRA STAGE 2	7/1/2014	RBRVS	$896.46	$896.46	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
53410		RECONSTRUCTION OF URETHRA	7/1/2014	RBRVS	$1,005.91	$1,005.91	090		Y	Y		Y	Y		
53415		RECONSTRUCTION OF URETHRA	7/1/2014	RBRVS	$1,161.58	$1,161.58	090		Y	Y		Y	Y		
53420		RECONSTRUCT URETHRA STAGE 1	7/1/2014	RBRVS	$863.65	$863.65	090		Y	Y			Y		
53425		RECONSTRUCT URETHRA STAGE 2	7/1/2014	RBRVS	$961.80	$961.80	090		Y	Y		Y	Y		
53430		RECONSTRUCTION OF URETHRA	7/1/2014	RBRVS	$1,000.49	$1,000.49	090		Y	Y		Y	Y		
53431		RECONSTRUCT URETHRA/BLADDER	7/1/2014	RBRVS	$1,184.89	$1,184.89	090		Y	Y		Y	Y		
53440		MALE SLING PROCEDURE	7/1/2014	RBRVS	$772.64	$772.64	090		Y	Y		Y	Y		
53442		REMOVE/REVISE MALE SLING	7/1/2014	RBRVS	$802.04	$802.04	090		Y	Y		Y			
53444		INSERT TANDEM CUFF	7/1/2014	RBRVS	$813.52	$813.52	090		Y	Y		Y	Y		
53445		INSERT URO/VES NCK SPHINCTER	7/1/2014	RBRVS	$772.46	$772.46	090		Y	Y		Y	Y		
53446		REMOVE URO SPHINCTER	7/1/2014	RBRVS	$658.46	$658.46	090		Y	Y		Y	Y		
53447		REMOVE/REPLACE UR SPHINCTER	7/1/2014	RBRVS	$829.84	$829.84	090		Y	Y		Y	Y		
53448		REMOV/REPLC UR SPHINCTR COMP	7/1/2014	RBRVS	$1,314.48	$1,314.48	090		Y	Y		Y	Y		
53449		REPAIR URO SPHINCTER	7/1/2014	RBRVS	$627.37	$627.37	090		Y	Y		Y	Y		
53450		REVISION OF URETHRA	7/1/2014	RBRVS	$418.20	$418.20	090		Y	Y					
53460		REVISION OF URETHRA	7/1/2014	RBRVS	$468.55	$468.55	090		Y	Y					
53500		URETHRLYS TRANSVAG W/ SCOPE	7/1/2014	RBRVS	$774.79	$774.79	090		Y	Y		Y	Y		
53502		REPAIR OF URETHRA INJURY	7/1/2014	RBRVS	$499.06	$499.06	090		Y	Y					
53505		REPAIR OF URETHRA INJURY	7/1/2014	RBRVS	$498.35	$498.35	090		Y	Y		Y			
53510		REPAIR OF URETHRA INJURY	7/1/2014	RBRVS	$646.81	$646.81	090		Y	Y		Y	Y		
53515		REPAIR OF URETHRA INJURY	7/1/2014	RBRVS	$816.03	$816.03	090		Y	Y		Y	Y		
53520		REPAIR OF URETHRA DEFECT	7/1/2014	RBRVS	$569.96	$569.96	090		Y	Y					
53600		DILATE URETHRA STRICTURE	7/1/2014	RBRVS	$84.56	$65.55	000		Y	Y					
53601		DILATE URETHRA STRICTURE	7/1/2014	RBRVS	$81.51	$54.61	000		Y	Y					
53605		DILATE URETHRA STRICTURE	7/1/2014	RBRVS	$66.27	$66.27	000		Y	Y					
53620		DILATE URETHRA STRICTURE	7/1/2014	RBRVS	$117.80	$89.83	000		Y	Y					
53621		DILATE URETHRA STRICTURE	7/1/2014	RBRVS	$110.02	$73.44	000		Y	Y					
53660		DILATION OF URETHRA	7/1/2014	RBRVS	$71.07	$42.75	000		Y	Y					
53661		DILATION OF URETHRA	7/1/2014	RBRVS	$70.00	$41.67	000		Y	Y					
53665		DILATION OF URETHRA	7/1/2014	RBRVS	$40.27	$40.27	000		Y	Y					
53850		PROSTATIC MICROWAVE THERMOTX	7/1/2014	RBRVS	$2,070.81	$622.06	090		Y	Y					
53852		PROSTATIC RF THERMOTX	7/1/2014	RBRVS	$1,907.29	$638.20	090		Y	Y					
53855		INSERT PROST URETHRAL STENT	7/1/2014	RBRVS	$771.53	$85.17	000		Y	Y					
53860		TRANSURETHRAL RF TREATMENT	7/1/2014	RBRVS	$1,551.91	$243.74	090		Y	Y					
53899		UROLOGY SURGERY PROCEDURE	7/1/2014	FEE SCHED	$567.85	$0.00			Y						
54000		SLITTING OF PREPUCE	7/1/2014	RBRVS	$148.50	$109.77	010		Y	Y					
54001		SLITTING OF PREPUCE	7/1/2014	RBRVS	$187.05	$142.58	010		Y	Y					
54015		DRAIN PENIS LESION	7/1/2014	RBRVS	$317.68	$317.68	010		Y	Y					
54050		DESTRUCTION PENIS LESION(S)	7/1/2014	RBRVS	$132.14	$106.68	010		Y	Y					
54055		DESTRUCTION PENIS LESION(S)	7/1/2014	RBRVS	$118.37	$93.63	010		Y	Y					
54056		CRYOSURGERY PENIS LESION(S)	7/1/2014	RBRVS	$143.01	$113.60	010		Y	Y					
54057		LASER SURG PENIS LESION(S)	7/1/2014	RBRVS	$135.84	$96.03	010		Y	Y					
54060		EXCISION OF PENIS LESION(S)	7/1/2014	RBRVS	$180.91	$133.58	010		Y	Y					
54065		DESTRUCTION PENIS LESION(S)	7/1/2014	RBRVS	$222.69	$178.22	010		Y	Y					
54100		BIOPSY OF PENIS	7/1/2014	RBRVS	$198.59	$128.67	000		Y	Y					
54105		BIOPSY OF PENIS	7/1/2014	RBRVS	$268.38	$218.17	010		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
54110		TREATMENT OF PENIS LESION	7/1/2014	RBRVS	$639.99	$639.99	090		Y	Y		Y			
54111		TREAT PENIS LESION GRAFT	7/1/2014	RBRVS	$821.95	$821.95	090		Y	Y		Y	Y		
54112		TREAT PENIS LESION GRAFT	7/1/2014	RBRVS	$962.37	$962.37	090		Y	Y		Y	Y		
54115		TREATMENT OF PENIS LESION	7/1/2014	RBRVS	$460.66	$434.12	090		Y	Y		Y			
54120		PARTIAL REMOVAL OF PENIS	7/1/2014	RBRVS	$648.42	$648.42	090		Y	Y		Y	Y		
54125		REMOVAL OF PENIS	7/1/2014	RBRVS	$834.96	$834.96	090		Y	Y		Y	Y		
54130		REMOVE PENIS & NODES	7/1/2014	RBRVS	$1,225.87	$1,225.87	090		Y	Y		Y	Y		
54135		REMOVE PENIS & NODES	7/1/2014	RBRVS	$1,553.89	$1,553.89	090		Y	Y		Y			
54150		CIRCUMCISION	7/1/2014	RBRVS	$157.64	$102.06	000	Y	Y	Y					
54160		CIRCUMCISION NEONATE	7/1/2014	RBRVS	$221.54	$147.67	010	Y	Y	Y					
54161		CIRCUMCISION	7/1/2014	RBRVS	$202.04	$202.04	010	Y	Y	Y					
54162		LYSIS PENIL CIRCUMIC LESION	7/1/2014	RBRVS	$261.17	$204.15	010		Y	Y					
54163		REPAIR OF CIRCUMCISION	7/1/2014	RBRVS	$223.52	$223.52	010		Y	Y					
54164		FRENULOTOMY OF PENIS	7/1/2014	RBRVS	$198.16	$198.16	010		Y	Y					
54200		TREATMENT OF PENIS LESION	7/1/2014	RBRVS	$107.83	$85.60	010		Y	Y					
54205		TREATMENT OF PENIS LESION	7/1/2014	RBRVS	$544.89	$544.89	090		Y	Y		Y			
54220		TREATMENT OF PENIS LESION	7/1/2014	RBRVS	$206.23	$138.10	000		Y	Y					
54300		REVISION OF PENIS	7/1/2014	RBRVS	$657.39	$657.39	090		Y	Y		Y	Y		
54304		REVISION OF PENIS	7/1/2014	RBRVS	$768.87	$768.87	090		Y	Y		Y			
54308		RECONSTRUCTION OF URETHRA	7/1/2014	RBRVS	$733.80	$733.80	090		Y	Y		Y	Y		
54312		RECONSTRUCTION OF URETHRA	7/1/2014	RBRVS	$839.52	$839.52	090		Y	Y		Y	Y		
54316		RECONSTRUCTION OF URETHRA	7/1/2014	RBRVS	$1,024.31	$1,024.31	090		Y	Y		Y	Y		
54318		RECONSTRUCTION OF URETHRA	7/1/2014	RBRVS	$715.66	$715.66	090		Y	Y		Y	Y		
54322		RECONSTRUCTION OF URETHRA	7/1/2014	RBRVS	$801.65	$801.65	090		Y	Y		Y			
54324		RECONSTRUCTION OF URETHRA	7/1/2014	RBRVS	$994.65	$994.65	090		Y	Y		Y	Y		
54326		RECONSTRUCTION OF URETHRA	7/1/2014	RBRVS	$971.12	$971.12	090		Y	Y		Y	Y		
54328		REVISE PENIS/URETHRA	7/1/2014	RBRVS	$964.53	$964.53	090		Y	Y		Y	Y		
54332		REVISE PENIS/URETHRA	7/1/2014	RBRVS	$1,041.05	$1,041.05	090		Y	Y		Y	Y		
54336		REVISE PENIS/URETHRA	7/1/2014	RBRVS	$1,221.82	$1,221.82	090		Y	Y		Y	Y		
54340		SECONDARY URETHRAL SURGERY	7/1/2014	RBRVS	$583.69	$583.69	090		Y	Y		Y	Y		
54344		SECONDARY URETHRAL SURGERY	7/1/2014	RBRVS	$1,023.12	$1,023.12	090		Y	Y		Y	Y		
54348		SECONDARY URETHRAL SURGERY	7/1/2014	RBRVS	$1,021.40	$1,021.40	090		Y	Y		Y	Y		
54352		RECONSTRUCT URETHRA/PENIS	7/1/2014	RBRVS	$1,456.38	$1,456.38	090		Y	Y		Y	Y		
54380		REPAIR PENIS	7/1/2014	RBRVS	$819.97	$819.97	090		Y	Y		Y	Y		
54385		REPAIR PENIS	7/1/2014	RBRVS	$1,019.89	$1,019.89	090		Y	Y		Y	Y		
54390		REPAIR PENIS AND BLADDER	7/1/2014	RBRVS	$1,319.54	$1,319.54	090		Y	Y		Y	Y		
54420		REVISION OF PENIS	7/1/2014	RBRVS	$723.33	$723.33	090		Y	Y		Y			
54430		REVISION OF PENIS	7/1/2014	RBRVS	$656.60	$656.60	090		Y	Y		Y			
54435		REVISION OF PENIS	7/1/2014	RBRVS	$426.45	$426.45	090		Y	Y					
54440		REPAIR OF PENIS	7/1/2014	FEE SCHED	$941.16	$0.00			Y						
54450		PREPUTIAL STRETCHING	7/1/2014	RBRVS	$71.25	$59.06	000		Y	Y					
54500		BIOPSY OF TESTIS	7/1/2014	RBRVS	$76.31	$76.31	000		Y	Y	Y				
54505		BIOPSY OF TESTIS	7/1/2014	RBRVS	$214.94	$214.94	010		Y	Y	Y				
54512		EXCISE LESION TESTIS	7/1/2014	RBRVS	$553.93	$553.93	090		Y	Y	Y		Y		
54520		REMOVAL OF TESTIS	7/1/2014	RBRVS	$335.51	$335.51	090		Y	Y	Y				
54522		ORCHIECTOMY PARTIAL	7/1/2014	RBRVS	$618.23	$618.23	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
54530		REMOVAL OF TESTIS	7/1/2014	RBRVS	$519.15	$519.15	090		Y	Y	Y	Y	Y		
54535		EXTENSIVE TESTIS SURGERY	7/1/2014	RBRVS	$763.50	$763.50	090		Y	Y	Y	Y			
54550		EXPLORATION FOR TESTIS	7/1/2014	RBRVS	$504.51	$504.51	090		Y	Y	Y	Y			
54560		EXPLORATION FOR TESTIS	7/1/2014	RBRVS	$704.86	$704.86	090		Y	Y	Y	Y	Y		
54600		REDUCE TESTIS TORSION	7/1/2014	RBRVS	$464.24	$464.24	090		Y	Y	Y				
54620		SUSPENSION OF TESTIS	7/1/2014	RBRVS	$307.28	$307.28	010		Y	Y	Y				
54640		SUSPENSION OF TESTIS	7/1/2014	RBRVS	$491.17	$491.17	090		Y	Y	Y				
54650		ORCHIOPEXY (FOWLER-STEPHENS)	7/1/2014	RBRVS	$730.15	$730.15	090		Y	Y	Y	Y			
54660		REVISION OF TESTIS	7/1/2014	RBRVS	$365.27	$365.27	090		Y	Y	Y				
54670		REPAIR TESTIS INJURY	7/1/2014	RBRVS	$414.94	$414.94	090		Y	Y	Y				
54680		RELOCATION OF TESTIS(ES)	7/1/2014	RBRVS	$807.75	$807.75	090		Y	Y	Y	Y	Y		
54690		LAPAROSCOPY ORCHIECTOMY	7/1/2014	RBRVS	$765.65	$765.65	090		Y	Y	Y	Y	Y		
54692		LAPAROSCOPY ORCHIOPEXY	7/1/2014	RBRVS	$817.54	$817.54	090		Y	Y	Y				
54699		LAPAROSCOPE PROC TESTIS	7/1/2014	FEE SCHED	$748.43	$0.00			Y						
54700		DRAINAGE OF SCROTUM	7/1/2014	RBRVS	$219.14	$219.14	010		Y	Y	Y				
54800		BIOPSY OF EPIDIDYMIS	7/1/2014	RBRVS	$133.87	$133.87	000		Y	Y	Y				
54830		REMOVE EPIDIDYMIS LESION	7/1/2014	RBRVS	$382.23	$382.23	090		Y	Y	Y				
54840		REMOVE EPIDIDYMIS LESION	7/1/2014	RBRVS	$329.30	$329.30	090		Y	Y	Y				
54860		REMOVAL OF EPIDIDYMIS	7/1/2014	RBRVS	$429.14	$429.14	090		Y	Y					
54861		REMOVAL OF EPIDIDYMIS	7/1/2014	RBRVS	$579.75	$579.75	090		Y	Y					
54865		EXPLORE EPIDIDYMIS	7/1/2014	RBRVS	$367.53	$367.53	090		Y	Y					
54900		FUSION OF SPERMATIC DUCTS	7/1/2014	RBRVS	$807.28	$807.28	090		Y	Y					
54901		FUSION OF SPERMATIC DUCTS	7/1/2014	RBRVS	$1,103.95	$1,103.95	090		Y	Y					
55000		DRAINAGE OF HYDROCELE	7/1/2014	RBRVS	$118.37	$86.82	000		Y	Y	Y				
55040		REMOVAL OF HYDROCELE	7/1/2014	RBRVS	$348.06	$348.06	090		Y	Y					
55041		REMOVAL OF HYDROCELES	7/1/2014	RBRVS	$523.99	$523.99	090		Y	Y					
55060		REPAIR OF HYDROCELE	7/1/2014	RBRVS	$391.45	$391.45	090		Y	Y	Y				
55100		DRAINAGE OF SCROTUM ABSCESS	7/1/2014	RBRVS	$220.47	$171.70	010		Y	Y					
55110		EXPLORE SCROTUM	7/1/2014	RBRVS	$398.66	$398.66	090		Y	Y					
55120		REMOVAL OF SCROTUM LESION	7/1/2014	RBRVS	$368.14	$368.14	090		Y	Y					
55150		REMOVAL OF SCROTUM	7/1/2014	RBRVS	$505.45	$505.45	090		Y	Y		Y	Y		
55175		REVISION OF SCROTUM	7/1/2014	RBRVS	$372.01	$372.01	090		Y	Y					
55180		REVISION OF SCROTUM	7/1/2014	RBRVS	$714.80	$714.80	090		Y	Y					
55200		INCISION OF SPERM DUCT	7/1/2014	RBRVS	$443.55	$286.84	090		Y	Y					
55250		REMOVAL OF SPERM DUCT(S)	7/1/2014	RBRVS	$406.01	$244.10	090		Y	Y					F
55300		PREPARE SPERM DUCT X-RAY	7/1/2014	RBRVS	$193.07	$193.07	000		Y	Y					
55400		REPAIR OF SPERM DUCT	7/1/2014	RBRVS	$544.00	$544.00	090		Y	Y	Y	Y	Y		
55450		LIGATION OF SPERM DUCT	7/1/2014	RBRVS	$380.52	$276.60	010		Y	Y					F
55500		REMOVAL OF HYDROCELE	7/1/2014	RBRVS	$409.84	$409.84	090		Y	Y	Y				
55520		REMOVAL OF SPERM CORD LESION	7/1/2014	RBRVS	$469.59	$469.59	090		Y	Y	Y	Y	Y		
55530		REVISE SPERMATIC CORD VEINS	7/1/2014	RBRVS	$362.51	$362.51	090		Y	Y	Y		Y		
55535		REVISE SPERMATIC CORD VEINS	7/1/2014	RBRVS	$440.68	$440.68	090		Y	Y	Y	Y	Y		
55540		REVISE HERNIA & SPERM VEINS	7/1/2014	RBRVS	$561.24	$561.24	090		Y	Y	Y		Y		
55550		LAPARO LIGATE SPERMATIC VEIN	7/1/2014	RBRVS	$438.89	$438.89	090		Y	Y	Y	Y	Y		
55559		LAPARO PROC SPERMATIC CORD	7/1/2014	FEE SCHED	$428.69	$0.00			Y						
55600		INCISE SPERM DUCT POUCH	7/1/2014	RBRVS	$432.01	$432.01	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
55605		INCISE SPERM DUCT POUCH	7/1/2014	RBRVS	$554.83	$554.83	090		Y	Y	Y				
55650		REMOVE SPERM DUCT POUCH	7/1/2014	RBRVS	$736.31	$736.31	090		Y	Y	Y	Y	Y		
55680		REMOVE SPERM POUCH LESION	7/1/2014	RBRVS	$354.51	$354.51	090		Y	Y	Y				
55700		BIOPSY OF PROSTATE	7/1/2014	RBRVS	$220.22	$143.83	000		Y	Y					
55705		BIOPSY OF PROSTATE	7/1/2014	RBRVS	$272.57	$272.57	010		Y	Y			Y		
55706		PROSTATE SATURATION SAMPLING	7/1/2014	RBRVS	$375.78	$375.78	010		Y	Y		Y	Y		
55720		DRAINAGE OF PROSTATE ABSCESS	7/1/2014	RBRVS	$462.81	$462.81	090		Y	Y		Y	Y		
55725		DRAINAGE OF PROSTATE ABSCESS	7/1/2014	RBRVS	$608.36	$608.36	090		Y	Y		Y	Y		
55801		REMOVAL OF PROSTATE	7/1/2014	RBRVS	$1,122.92	$1,122.92	090		Y	Y		Y	Y		
55810		EXTENSIVE PROSTATE SURGERY	7/1/2014	RBRVS	$1,354.83	$1,354.83	090		Y	Y		Y	Y		
55812		EXTENSIVE PROSTATE SURGERY	7/1/2014	RBRVS	$1,653.83	$1,653.83	090		Y	Y		Y	Y		
55815		EXTENSIVE PROSTATE SURGERY	7/1/2014	RBRVS	$1,812.54	$1,812.54	090		Y	Y		Y	Y		
55821		REMOVAL OF PROSTATE	7/1/2014	RBRVS	$897.72	$897.72	090		Y	Y		Y	Y		
55831		REMOVAL OF PROSTATE	7/1/2014	RBRVS	$970.80	$970.80	090		Y	Y		Y	Y		
55840		EXTENSIVE PROSTATE SURGERY	7/1/2014	RBRVS	$1,374.51	$1,374.51	090		Y	Y		Y	Y		
55842		EXTENSIVE PROSTATE SURGERY	7/1/2014	RBRVS	$1,472.45	$1,472.45	090		Y	Y		Y	Y		
55845		EXTENSIVE PROSTATE SURGERY	7/1/2014	RBRVS	$1,681.83	$1,681.83	090		Y	Y		Y	Y		
55860		SURGICAL EXPOSURE PROSTATE	7/1/2014	RBRVS	$897.90	$897.90	090		Y	Y			Y		
55862		EXTENSIVE PROSTATE SURGERY	7/1/2014	RBRVS	$1,126.18	$1,126.18	090		Y	Y		Y	Y		
55865		EXTENSIVE PROSTATE SURGERY	7/1/2014	RBRVS	$1,370.78	$1,370.78	090		Y	Y		Y	Y		
55866		LAPARO RADICAL PROSTATECTOMY	7/1/2014	RBRVS	$1,785.18	$1,785.18	090		Y	Y		Y	Y		
55873		CRYOABLATE PROSTATE	7/1/2014	RBRVS	$6,845.14	$786.23	090		Y	Y					
55875		TRANSPERI NEEDLE PLACE PROS	7/1/2014	RBRVS	$782.93	$782.93	090		Y	Y					
55876		PLACE RT DEVICE/MARKER PROS	7/1/2014	RBRVS	$136.81	$103.10	000		Y	Y			Y	Y	
55899		GENITAL SURGERY PROCEDURE	7/1/2014	FEE SCHED	$231.03	$0.00			Y						
55920		PLACE NEEDLES PELVIC FOR RT	7/1/2014	RBRVS	$461.41	$461.41	000		Y	Y					
56405		I & D OF VULVA/PERINEUM	7/1/2014	RBRVS	$114.43	$113.71	010		Y	Y			Y		
56420		DRAINAGE OF GLAND ABSCESS	7/1/2014	RBRVS	$125.80	$96.03	010		Y	Y					
56440		SURGERY FOR VULVA LESION	7/1/2014	RBRVS	$192.14	$192.14	010		Y	Y					
56441		LYSIS OF LABIAL LESION(S)	7/1/2014	RBRVS	$148.68	$144.01	010		Y	Y					
56442		HYMENOTOMY	7/1/2014	RBRVS	$50.49	$50.49	000		Y	Y					
56501		DESTROY VULVA LESIONS SIM	7/1/2014	RBRVS	$135.66	$120.24	010		Y	Y					
56515		DESTROY VULVA LESION/S COMPL	7/1/2014	RBRVS	$233.77	$209.39	010		Y	Y					
56605		BIOPSY OF VULVA/PERINEUM	7/1/2014	RBRVS	$85.63	$63.76	000		Y	Y			Y		
56606		BIOPSY OF VULVA/PERINEUM	7/1/2014	RBRVS	$38.84	$30.95	ZZZ		Y				Y		
56620		PARTIAL REMOVAL OF VULVA	7/1/2014	RBRVS	$534.31	$534.31	090		Y	Y		Y	Y		
56625		COMPLETE REMOVAL OF VULVA	7/1/2014	RBRVS	$642.47	$642.47	090		Y	Y		Y	Y		
56630		EXTENSIVE VULVA SURGERY	7/1/2014	RBRVS	$949.00	$949.00	090		Y	Y		Y	Y		
56631		EXTENSIVE VULVA SURGERY	7/1/2014	RBRVS	$1,206.94	$1,206.94	090		Y	Y		Y	Y		
56632		EXTENSIVE VULVA SURGERY	7/1/2014	RBRVS	$1,400.48	$1,400.48	090		Y	Y		Y	Y		
56633		EXTENSIVE VULVA SURGERY	7/1/2014	RBRVS	$1,236.92	$1,236.92	090		Y	Y		Y	Y		
56634		EXTENSIVE VULVA SURGERY	7/1/2014	RBRVS	$1,314.38	$1,314.38	090		Y	Y		Y	Y		
56637		EXTENSIVE VULVA SURGERY	7/1/2014	RBRVS	$1,534.81	$1,534.81	090		Y	Y		Y	Y		
56640		EXTENSIVE VULVA SURGERY	7/1/2014	RBRVS	$1,537.32	$1,537.32	090		Y	Y	Y	Y	Y		
56700		PARTIAL REMOVAL OF HYMEN	7/1/2014	RBRVS	$196.73	$196.73	010		Y	Y		Y	Y		
56740		REMOVE VAGINA GLAND LESION	7/1/2014	RBRVS	$314.13	$314.13	010		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
56800		REPAIR OF VAGINA	7/1/2014	RBRVS	$252.13	$252.13	010		Y	Y		Y	Y		
56805		REPAIR CLITORIS	7/1/2014	RBRVS	$1,212.89	$1,212.89	090		Y	Y		Y	Y		
56810		REPAIR OF PERINEUM	7/1/2014	RBRVS	$272.86	$272.86	010		Y	Y		Y	Y		
56820		EXAM OF VULVA W/SCOPE	7/1/2014	RBRVS	$116.22	$90.76	000		Y	Y					
56821		EXAM/BIOPSY OF VULVA W/SCOPE	7/1/2014	RBRVS	$153.27	$121.71	000		Y	Y					
57000		EXPLORATION OF VAGINA	7/1/2014	RBRVS	$198.99	$198.99	010		Y	Y					
57010		DRAINAGE OF PELVIC ABSCESS	7/1/2014	RBRVS	$457.68	$457.68	090		Y	Y					
57020		DRAINAGE OF PELVIC FLUID	7/1/2014	RBRVS	$98.65	$86.82	000		Y	Y					
57022		I & D VAGINAL HEMATOMA PP	7/1/2014	RBRVS	$203.67	$203.67	010		Y	Y					M
57023		I & D VAG HEMATOMA NON-OB	7/1/2014	RBRVS	$327.65	$327.65	010		Y	Y					
57061		DESTROY VAG LESIONS SIMPLE	7/1/2014	RBRVS	$117.44	$102.74	010		Y	Y					
57065		DESTROY VAG LESIONS COMPLEX	7/1/2014	RBRVS	$200.78	$180.70	010		Y	Y					
57100		BIOPSY OF VAGINA	7/1/2014	RBRVS	$91.84	$69.96	000		Y	Y					
57105		BIOPSY OF VAGINA	7/1/2014	RBRVS	$140.43	$131.10	010		Y	Y					
57106		REMOVE VAGINA WALL PARTIAL	7/1/2014	RBRVS	$508.89	$508.89	090		Y	Y		Y	Y		
57107		REMOVE VAGINA TISSUE PART	7/1/2014	RBRVS	$1,499.49	$1,499.49	090		Y	Y		Y	Y		
57109		VAGINECTOMY PARTIAL W/NODES	7/1/2014	RBRVS	$1,758.47	$1,758.47	090		Y	Y		Y	Y		
57110		REMOVE VAGINA WALL COMPLETE	7/1/2014	RBRVS	$947.74	$947.74	090		Y	Y		Y	Y		
57111		REMOVE VAGINA TISSUE COMPL	7/1/2014	RBRVS	$1,700.02	$1,700.02	090		Y	Y		Y	Y		
57112		VAGINECTOMY W/NODES COMPL	7/1/2014	RBRVS	$1,772.95	$1,772.95	090		Y	Y		Y	Y		
57120		CLOSURE OF VAGINA	7/1/2014	RBRVS	$537.00	$537.00	090		Y	Y		Y	Y		
57130		REMOVE VAGINA LESION	7/1/2014	RBRVS	$184.82	$166.89	010		Y	Y		Y	Y		
57135		REMOVE VAGINA LESION	7/1/2014	RBRVS	$199.35	$180.70	010		Y	Y					
57150		TREAT VAGINA INFECTION	7/1/2014	RBRVS	$46.73	$30.95	000		Y	Y					
57155		INSERT UTERI TANDEM/OVOIDS	7/1/2014	RBRVS	$433.76	$297.14	000		Y	Y			Y		
57156		INS VAG BRACHYTX DEVICE	7/1/2014	RBRVS	$199.96	$150.47	000		Y	Y					
57160		INSERT PESSARY/OTHER DEVICE	7/1/2014	RBRVS	$78.93	$49.88	000		Y	Y					
57170		FITTING OF DIAPHRAGM/CAP	7/1/2014	RBRVS	$66.31	$53.51	000			Y					F
57180		TREAT VAGINAL BLEEDING	7/1/2014	RBRVS	$145.34	$110.91	010		Y	Y					
57200		REPAIR OF VAGINA	7/1/2014	RBRVS	$313.13	$313.13	090		Y	Y		Y	Y		
57210		REPAIR VAGINA/PERINEUM	7/1/2014	RBRVS	$384.20	$384.20	090		Y	Y		Y	Y		
57220		REVISION OF URETHRA	7/1/2014	RBRVS	$335.18	$335.18	090		Y	Y		Y	Y		
57230		REPAIR OF URETHRAL LESION	7/1/2014	RBRVS	$416.23	$416.23	090		Y	Y		Y	Y		
57240		REPAIR BLADDER & VAGINA	7/1/2014	RBRVS	$699.88	$699.88	090		Y	Y		Y	Y		
57250		REPAIR RECTUM & VAGINA	7/1/2014	RBRVS	$713.04	$713.04	090		Y	Y		Y	Y		
57260		REPAIR OF VAGINA	7/1/2014	RBRVS	$879.29	$879.29	090		Y	Y		Y	Y		
57265		EXTENSIVE REPAIR OF VAGINA	7/1/2014	RBRVS	$963.06	$963.06	090		Y	Y		Y	Y		
57267		INSERT MESH/PELVIC FLR ADDON	7/1/2014	RBRVS	$270.17	$270.17	ZZZ		Y			Y	Y		
57268		REPAIR OF BOWEL BULGE	7/1/2014	RBRVS	$506.45	$506.45	090		Y	Y		Y	Y		
57270		REPAIR OF BOWEL POUCH	7/1/2014	RBRVS	$843.61	$843.61	090		Y	Y		Y	Y		
57280		SUSPENSION OF VAGINA	7/1/2014	RBRVS	$1,004.12	$1,004.12	090		Y	Y		Y	Y		
57282		COLPOPEXY EXTRAPERITONEAL	7/1/2014	RBRVS	$524.49	$524.49	090		Y	Y		Y	Y		
57283		COLPOPEXY INTRAPERITONEAL	7/1/2014	RBRVS	$727.38	$727.38	090		Y	Y		Y	Y		
57284		REPAIR PARAVAG DEFECT OPEN	7/1/2014	RBRVS	$857.84	$857.84	090		Y	Y		Y	Y		
57285		REPAIR PARAVAG DEFECT VAG	7/1/2014	RBRVS	$707.66	$707.66	090		Y	Y		Y	Y		
57287		REVISE/REMOVE SLING REPAIR	7/1/2014	RBRVS	$705.12	$705.12	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
57288		REPAIR BLADDER DEFECT	7/1/2014	RBRVS	$741.98	$741.98	090		Y	Y		Y	Y		
57289		REPAIR BLADDER & VAGINA	7/1/2014	RBRVS	$747.54	$747.54	090		Y	Y		Y	Y		
57295		CHANGE VAGINAL GRAFT	7/1/2014	RBRVS	$500.96	$500.96	090		Y	Y		Y	Y		
57296		REVISE VAG GRAFT OPEN ABD	7/1/2014	RBRVS	$1,004.83	$1,004.83	090		Y	Y		Y	Y		
57300		REPAIR RECTUM-VAGINA FISTULA	7/1/2014	RBRVS	$585.92	$585.92	090		Y	Y		Y	Y		
57305		REPAIR RECTUM-VAGINA FISTULA	7/1/2014	RBRVS	$976.79	$976.79	090		Y	Y		Y	Y		
57307		FISTULA REPAIR & COLOSTOMY	7/1/2014	RBRVS	$1,111.27	$1,111.27	090		Y	Y		Y	Y		
57308		FISTULA REPAIR TRANSPERINE	7/1/2014	RBRVS	$699.77	$699.77	090		Y	Y		Y	Y		
57310		REPAIR URETHROVAGINAL LESION	7/1/2014	RBRVS	$471.06	$471.06	090		Y	Y		Y	Y		
57311		REPAIR URETHROVAGINAL LESION	7/1/2014	RBRVS	$536.64	$536.64	090		Y	Y		Y	Y		
57320		REPAIR BLADDER-VAGINA LESION	7/1/2014	RBRVS	$549.55	$549.55	090		Y	Y		Y	Y		
57330		REPAIR BLADDER-VAGINA LESION	7/1/2014	RBRVS	$758.12	$758.12	090		Y	Y		Y	Y		
57335		REPAIR VAGINA	7/1/2014	RBRVS	$1,188.22	$1,188.22	090		Y	Y		Y	Y		
57400		DILATION OF VAGINA	7/1/2014	RBRVS	$141.25	$141.25	000		Y	Y					
57410		PELVIC EXAMINATION	7/1/2014	RBRVS	$113.17	$113.17	000		Y	Y					
57415		REMOVE VAGINAL FOREIGN BODY	7/1/2014	RBRVS	$166.68	$166.68	010		Y	Y					
57420		EXAM OF VAGINA W/SCOPE	7/1/2014	RBRVS	$121.24	$95.78	000		Y	Y					
57421		EXAM/BIOPSY OF VAG W/SCOPE	7/1/2014	RBRVS	$162.73	$130.46	000		Y	Y					
57423		REPAIR PARAVAG DEFECT LAP	7/1/2014	RBRVS	$969.98	$969.98	090		Y	Y		Y	Y		
57425		LAPAROSCOPY SURG COLPOPEXY	7/1/2014	RBRVS	$1,021.69	$1,021.69	090		Y	Y		Y	Y		
57426		REVISE PROSTH VAG GRAFT LAP	7/1/2014	RBRVS	$893.99	$893.99	090		Y	Y		Y	Y		
57452		EXAM OF CERVIX W/SCOPE	7/1/2014	RBRVS	$113.25	$96.75	000		Y	Y					
57454		BX/CURETT OF CERVIX W/SCOPE	7/1/2014	RBRVS	$160.26	$143.76	000		Y	Y					
57455		BIOPSY OF CERVIX W/SCOPE	7/1/2014	RBRVS	$148.93	$117.73	000		Y	Y					
57456		ENDOCERV CURETTAGE W/SCOPE	7/1/2014	RBRVS	$140.93	$109.73	000		Y	Y					
57460		BX OF CERVIX W/SCOPE LEEP	7/1/2014	RBRVS	$291.76	$173.06	000		Y	Y					
57461		CONZ OF CERVIX W/SCOPE LEEP	7/1/2014	RBRVS	$330.70	$199.81	000		Y	Y					
57500		BIOPSY OF CERVIX	7/1/2014	RBRVS	$131.28	$80.00	000		Y	Y					
57505		ENDOCERVICAL CURETTAGE	7/1/2014	RBRVS	$105.46	$95.78	010		Y	Y					
57510		CAUTERIZATION OF CERVIX	7/1/2014	RBRVS	$137.34	$122.28	010		Y	Y					
57511		CRYOCAUTERY OF CERVIX	7/1/2014	RBRVS	$151.44	$139.24	010		Y	Y					
57513		LASER SURGERY OF CERVIX	7/1/2014	RBRVS	$150.72	$139.96	010		Y	Y					
57520		CONIZATION OF CERVIX	7/1/2014	RBRVS	$317.61	$286.41	090		Y	Y					
57522		CONIZATION OF CERVIX	7/1/2014	RBRVS	$275.01	$255.65	090		Y	Y					
57530		REMOVAL OF CERVIX	7/1/2014	RBRVS	$361.72	$361.72	090		Y	Y		Y	Y		
57531		REMOVAL OF CERVIX RADICAL	7/1/2014	RBRVS	$1,856.79	$1,856.79	090		Y	Y		Y	Y		
57540		REMOVAL OF RESIDUAL CERVIX	7/1/2014	RBRVS	$823.02	$823.02	090		Y	Y		Y	Y		
57545		REMOVE CERVIX/REPAIR PELVIS	7/1/2014	RBRVS	$868.57	$868.57	090		Y	Y		Y	Y		
57550		REMOVAL OF RESIDUAL CERVIX	7/1/2014	RBRVS	$429.24	$429.24	090		Y	Y		Y	Y		
57555		REMOVE CERVIX/REPAIR VAGINA	7/1/2014	RBRVS	$633.72	$633.72	090		Y	Y		Y	Y		
57556		REMOVE CERVIX REPAIR BOWEL	7/1/2014	RBRVS	$595.67	$595.67	090		Y	Y		Y	Y		
57558		D&C OF CERVICAL STUMP	7/1/2014	RBRVS	$130.75	$119.63	010		Y	Y					
57700		REVISION OF CERVIX	7/1/2014	RBRVS	$325.04	$325.04	090		Y	Y					
57720		REVISION OF CERVIX	7/1/2014	RBRVS	$322.38	$322.38	090		Y	Y		Y			
57800		DILATION OF CERVICAL CANAL	7/1/2014	RBRVS	$62.32	$50.85	000		Y	Y					
58100		BIOPSY OF UTERUS LINING	7/1/2014	RBRVS	$114.07	$93.27	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
58110		BX DONE W/COLPOSCOPY ADD-ON	7/1/2014	RBRVS	$50.13	$43.32	ZZZ		Y						
58120		DILATION AND CURETTAGE	7/1/2014	RBRVS	$268.81	$230.08	010		Y	Y					
58140		MYOMECTOMY ABDOM METHOD	7/1/2014	RBRVS	$972.95	$972.95	090		Y	Y		Y	Y		
58145		MYOMECTOMY VAG METHOD	7/1/2014	RBRVS	$573.98	$573.98	090		Y	Y		Y	Y		
58146		MYOMECTOMY ABDOM COMPLEX	7/1/2014	RBRVS	$1,221.86	$1,221.86	090		Y	Y		Y	Y		
58150		TOTAL HYSTERECTOMY	7/1/2014	RBRVS	$1,059.09	$1,059.09	090		Y	Y		Y	Y		
58152		TOTAL HYSTERECTOMY	7/1/2014	RBRVS	$1,318.61	$1,318.61	090		Y	Y		Y	Y		
58180		PARTIAL HYSTERECTOMY	7/1/2014	RBRVS	$1,014.19	$1,014.19	090		Y	Y		Y	Y		
58200		EXTENSIVE HYSTERECTOMY	7/1/2014	RBRVS	$1,404.78	$1,404.78	090		Y	Y		Y	Y		
58210		EXTENSIVE HYSTERECTOMY	7/1/2014	RBRVS	$1,885.59	$1,885.59	090		Y	Y		Y	Y		
58240		REMOVAL OF PELVIS CONTENTS	7/1/2014	RBRVS	$2,995.21	$2,995.21	090		Y	Y		Y	Y		
58260		VAGINAL HYSTERECTOMY	7/1/2014	RBRVS	$874.12	$874.12	090		Y	Y		Y	Y		
58262		VAG HYST INCLUDING T/O	7/1/2014	RBRVS	$975.54	$975.54	090		Y	Y		Y	Y		
58263		VAG HYST W/T/O & VAG REPAIR	7/1/2014	RBRVS	$1,047.79	$1,047.79	090		Y	Y		Y	Y		
58267		VAG HYST W/URINARY REPAIR	7/1/2014	RBRVS	$1,116.39	$1,116.39	090		Y	Y		Y	Y		
58270		VAG HYST W/ENTEROCELE REPAIR	7/1/2014	RBRVS	$932.58	$932.58	090		Y	Y		Y	Y		
58275		HYSTERECTOMY/REVISE VAGINA	7/1/2014	RBRVS	$1,040.91	$1,040.91	090		Y	Y		Y	Y		
58280		HYSTERECTOMY/REVISE VAGINA	7/1/2014	RBRVS	$1,112.63	$1,112.63	090		Y	Y		Y	Y		
58285		EXTENSIVE HYSTERECTOMY	7/1/2014	RBRVS	$1,388.50	$1,388.50	090		Y	Y		Y	Y		
58290		VAG HYST COMPLEX	7/1/2014	RBRVS	$1,218.56	$1,218.56	090		Y	Y		Y	Y		
58291		VAG HYST INCL T/O COMPLEX	7/1/2014	RBRVS	$1,319.61	$1,319.61	090		Y	Y		Y	Y		
58292		VAG HYST T/O & REPAIR COMPL	7/1/2014	RBRVS	$1,392.09	$1,392.09	090		Y	Y		Y	Y		
58293		VAG HYST W/URO REPAIR COMPL	7/1/2014	RBRVS	$1,448.31	$1,448.31	090		Y	Y		Y	Y		
58294		VAG HYST W/ENTEROCELE COMPL	7/1/2014	RBRVS	$1,290.89	$1,290.89	090		Y	Y		Y	Y		
58300		INSERT INTRAUTERINE DEVICE	7/1/2014	RBRVS	$75.00	$55.80				Y					F
58301		REMOVE INTRAUTERINE DEVICE	7/1/2014	RBRVS	$99.51	$72.26	000			Y					
58340		CATHETER FOR HYSTEROGRAPHY	7/1/2014	RBRVS	$119.70	$60.17	000		Y	Y					
58346		INSERT HEYMAN UTERI CAPSULE	7/1/2014	RBRVS	$455.39	$455.39	090		Y	Y					
58353		ENDOMETR ABLATE THERMAL	7/1/2014	RBRVS	$1,013.62	$231.15	010		Y	Y			Y		
58356		ENDOMETRIAL CRYOABLATION	7/1/2014	RBRVS	$1,897.35	$367.21	010		Y	Y		Y	Y		
58400		SUSPENSION OF UTERUS	7/1/2014	RBRVS	$460.08	$460.08	090		Y	Y		Y	Y		
58410		SUSPENSION OF UTERUS	7/1/2014	RBRVS	$849.70	$849.70	090		Y	Y		Y	Y		
58520		REPAIR OF RUPTURED UTERUS	7/1/2014	RBRVS	$873.08	$873.08	090		Y	Y		Y	Y		
58540		REVISION OF UTERUS	7/1/2014	RBRVS	$960.94	$960.94	090		Y	Y		Y			
58541		LSH UTERUS 250 G OR LESS	7/1/2014	RBRVS	$912.21	$912.21	090		Y	Y		Y	Y		
58542		LSH W/T/O UT 250 G OR LESS	7/1/2014	RBRVS	$1,020.29	$1,020.29	090		Y	Y		Y	Y		
58543		LSH UTERUS ABOVE 250 G	7/1/2014	RBRVS	$1,036.07	$1,036.07	090		Y	Y		Y	Y		
58544		LSH W/T/O UTERUS ABOVE 250 G	7/1/2014	RBRVS	$1,125.72	$1,125.72	090		Y	Y		Y	Y		
58545		LAPAROSCOPIC MYOMECTOMY	7/1/2014	RBRVS	$948.17	$948.17	090		Y	Y		Y	Y		
58546		LAPARO-MYOMECTOMY COMPLEX	7/1/2014	RBRVS	$1,192.88	$1,192.88	090		Y	Y		Y	Y		
58548		LAP RADICAL HYST	7/1/2014	RBRVS	$1,938.95	$1,938.95	090		Y	Y		Y	Y		
58550		LAPARO-ASST VAG HYSTERECTOMY	7/1/2014	RBRVS	$933.58	$933.58	090		Y	Y		Y	Y		
58552		LAPARO-VAG HYST INCL T/O	7/1/2014	RBRVS	$1,037.86	$1,037.86	090		Y	Y		Y	Y		
58553		LAPARO-VAG HYST COMPLEX	7/1/2014	RBRVS	$1,202.24	$1,202.24	090		Y	Y		Y	Y		
58554		LAPARO-VAG HYST W/T/O COMPL	7/1/2014	RBRVS	$1,395.67	$1,395.67	090		Y	Y		Y	Y		
58555		HYSTEROSCOPY DX SEP PROC	7/1/2014	RBRVS	$312.66	$201.50	000		Y	Y			Y		

Montana Medicaid - Fee Schedule
Psychiatrist Services
January 1, 2015

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Pass	Mult	Bilat	Assist	CoSurg	Team	Policy Adjust
58558		HYSTEROSCOPY BIOPSY	7/1/2014	RBRVS	$410.13	$282.47	000		Y	Y			Y		
58559		HYSTEROSCOPY LYSIS	7/1/2014	RBRVS	$362.72	$362.72	000		Y	Y			Y		
58560		HYSTEROSCOPY RESECT SEPTUM	7/1/2014	RBRVS	$410.09	$410.09	000		Y	Y		Y	Y		
58561		HYSTEROSCOPY REMOVE MYOMA	7/1/2014	RBRVS	$580.36	$580.36	000		Y	Y			Y		
58562		HYSTEROSCOPY REMOVE FB	7/1/2014	RBRVS	$425.19	$306.85	000		Y	Y			Y		
58563		HYSTEROSCOPY ABLATION	7/1/2014	RBRVS	$1,673.77	$363.08	000		Y	Y			Y		
58565		HYSTEROSCOPY STERILIZATION	7/1/2014	RBRVS	$1,883.37	$457.57	090		Y	Y			Y		
58570		TLH UTERUS 250 G OR LESS	7/1/2014	RBRVS	$982.35	$982.35	090		Y	Y		Y	Y		
58571		TLH W/T/O 250 G OR LESS	7/1/2014	RBRVS	$1,100.01	$1,100.01	090		Y	Y		Y	Y		
58572		TLH UTERUS OVER 250 G	7/1/2014	RBRVS	$1,224.83	$1,224.83	090		Y	Y		Y	Y		
58573		TLH W/T/O UTERUS OVER 250 G	7/1/2014	RBRVS	$1,410.88	$1,410.88	090		Y	Y		Y	Y		
58578		LAPARO PROC UTERUS	7/1/2014	FEE SCHED	$521.62	$0.00			Y						
58579		HYSTEROSCOPE PROCEDURE	7/1/2014	FEE SCHED	$521.62	$0.00			Y						
58600		DIVISION OF FALLOPIAN TUBE	7/1/2014	RBRVS	$404.02	$404.02	090		Y	Y		Y	Y		F
58605		DIVISION OF FALLOPIAN TUBE	7/1/2014	RBRVS	$364.07	$364.07	090		Y	Y		Y			F
58611		LIGATE OVIDUCT(S) ADD-ON	7/1/2014	RBRVS	$86.53	$86.53	ZZZ		Y			Y			F
58615		OCCLUDE FALLOPIAN TUBE(S)	7/1/2014	RBRVS	$269.82	$269.82	010		Y	Y		Y			F
58660		LAPAROSCOPY LYSIS	7/1/2014	RBRVS	$710.82	$710.82	090		Y	Y		Y	Y		
58661		LAPAROSCOPY REMOVE ADNEXA	7/1/2014	RBRVS	$681.88	$681.88	010		Y	Y	Y	Y	Y		
58662		LAPAROSCOPY EXCISE LESIONS	7/1/2014	RBRVS	$745.78	$745.78	090		Y	Y		Y	Y		
58670		LAPAROSCOPY TUBAL CAUTERY	7/1/2014	RBRVS	$385.14	$385.14	090			Y			Y		
58671		LAPAROSCOPY TUBAL BLOCK	7/1/2014	RBRVS	$385.50	$385.50	090		Y	Y			Y		
58672		LAPAROSCOPY FIMBRIOPLASTY	7/1/2014	RBRVS	$778.27	$778.27	090		Y	Y	Y	Y			
58673		LAPAROSCOPY SALPINGOSTOMY	7/1/2014	RBRVS	$845.97	$845.97	090		Y	Y	Y	Y			
58679		LAPARO PROC OVIDUCT-OVARY	7/1/2014	FEE SCHED	$511.21	$0.00			Y						
58700		REMOVAL OF FALLOPIAN TUBE	7/1/2014	RBRVS	$818.68	$818.68	090		Y	Y		Y	Y		
58720		REMOVAL OF OVARY/TUBE(S)	7/1/2014	RBRVS	$766.69	$766.69	090		Y	Y		Y	Y		
58740		ADHESIOLYSIS TUBE OVARY	7/1/2014	RBRVS	$924.69	$924.69	090		Y	Y		Y	Y		
58800		DRAINAGE OF OVARIAN CYST(S)	7/1/2014	RBRVS	$332.42	$313.06	090		Y	Y					
58805		DRAINAGE OF OVARIAN CYST(S)	7/1/2014	RBRVS	$426.09	$426.09	090		Y	Y		Y	Y		
58820		DRAIN OVARY ABSCESS OPEN	7/1/2014	RBRVS	$327.90	$327.90	090		Y	Y	Y	Y			
58822		DRAIN OVARY ABSCESS PERCUT	7/1/2014	RBRVS	$780.24	$780.24	090		Y	Y	Y	Y	Y		
58825		TRANSPOSITION OVARY(S)	7/1/2014	RBRVS	$733.34	$733.34	090		Y	Y		Y	Y		
58900		BIOPSY OF OVARY(S)	7/1/2014	RBRVS	$469.80	$469.80	090		Y	Y		Y	Y		
58920		PARTIAL REMOVAL OF OVARY(S)	7/1/2014	RBRVS	$755.03	$755.03	090		Y	Y		Y	Y		
58925		REMOVAL OF OVARIAN CYST(S)	7/1/2014	RBRVS	$782.14	$782.14	090		Y	Y		Y	Y		
58940		REMOVAL OF OVARY(S)	7/1/2014	RBRVS	$547.69	$547.69	090		Y	Y		Y	Y		
58943		REMOVAL OF OVARY(S)	7/1/2014	RBRVS	$1,211.57	$1,211.57	090		Y	Y		Y	Y		
58950		RESECT OVARIAN MALIGNANCY	7/1/2014	RBRVS	$1,158.74	$1,158.74	090		Y	Y		Y	Y		
58951		RESECT OVARIAN MALIGNANCY	7/1/2014	RBRVS	$1,487.83	$1,487.83	090		Y	Y		Y	Y		
58952		RESECT OVARIAN MALIGNANCY	7/1/2014	RBRVS	$1,679.93	$1,679.93	090		Y	Y		Y	Y		
58953		TAH RAD DISSECT FOR DEBULK	7/1/2014	RBRVS	$2,077.98	$2,077.98	090		Y	Y		Y	Y		
58954		TAH RAD DEBULK/LYMPH REMOVE	7/1/2014	RBRVS	$2,253.55	$2,253.55	090		Y	Y		Y	Y		
58956		BSO OMENTECTOMY W/TAH	7/1/2014	RBRVS	$1,418.98	$1,418.98	090		Y	Y		Y	Y		
58957		RESECT RECURRENT GYN MAL	7/1/2014	RBRVS	$1,629.37	$1,629.37	090		Y	Y		Y	Y		
58958		RESECT RECUR GYN MAL W/LYM	7/1/2014	RBRVS	$1,785.79	$1,785.79	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
58960		EXPLORATION OF ABDOMEN	7/1/2014	RBRVS	$993.18	$993.18	090		Y	Y		Y	Y		
58999		GENITAL SURGERY PROCEDURE	7/1/2014	FEE SCHED	$251.79	$0.00			Y						
59000		AMNIOCENTESIS DIAGNOSTIC	7/1/2014	RBRVS	$146.92	$97.12	000			Y					M
59001		AMNIOCENTESIS THERAPEUTIC	7/1/2014	RBRVS	$216.68	$216.68	000			Y					M
59012		FETAL CORD PUNCTURE PRENATAL	7/1/2014	RBRVS	$245.28	$245.28	000			Y					M
59015		CHORION BIOPSY	7/1/2014	RBRVS	$185.52	$159.41	000			Y					M
59020		FETAL CONTRACT STRESS TEST	7/1/2014	RBRVS	$81.77	$81.77	000								M
59020	TC	FETAL CONTRACT STRESS TEST	7/1/2014	RBRVS	$37.83	$37.83	000								M
59020	26	FETAL CONTRACT STRESS TEST	7/1/2014	RBRVS	$43.98	$43.98	000								M
59025		FETAL NON-STRESS TEST	7/1/2014	RBRVS	$55.43	$55.43	000								M
59025	TC	FETAL NON-STRESS TEST	7/1/2014	RBRVS	$20.56	$20.56	000								M
59025	26	FETAL NON-STRESS TEST	7/1/2014	RBRVS	$34.87	$34.87	000								M
59030		FETAL SCALP BLOOD SAMPLE	7/1/2014	RBRVS	$115.99	$115.99	000			Y					M
59050		FETAL MONITOR W/REPORT	7/1/2014	RBRVS	$61.49	$61.49									M
59051		FETAL MONITOR/INTERPRET ONLY	7/1/2014	RBRVS	$51.21	$51.21									M
59070		TRANSABDOM AMNIOINFUS W/US	7/1/2014	RBRVS	$485.89	$375.04	000			Y		Y			M
59072		UMBILICAL CORD OCCLUD W/US	7/1/2014	RBRVS	$632.13	$632.13	000			Y					M
59074		FETAL FLUID DRAINAGE W/US	7/1/2014	RBRVS	$462.60	$375.45	000			Y		Y			M
59076		FETAL SHUNT PLACEMENT W/US	7/1/2014	RBRVS	$634.54	$634.54	000			Y		Y			M
59100		REMOVE UTERUS LESION	7/1/2014	RBRVS	$1,002.31	$1,002.31	090			Y		Y	Y		M
59120		TREAT ECTOPIC PREGNANCY	7/1/2014	RBRVS	$955.00	$955.00	090			Y		Y	Y		M
59121		TREAT ECTOPIC PREGNANCY	7/1/2014	RBRVS	$955.44	$955.44	090			Y		Y	Y		M
59130		TREAT ECTOPIC PREGNANCY	7/1/2014	RBRVS	$970.75	$970.75	090			Y					M
59135		TREAT ECTOPIC PREGNANCY	7/1/2014	RBRVS	$962.60	$962.60	090			Y					M
59136		TREAT ECTOPIC PREGNANCY	7/1/2014	RBRVS	$1,061.39	$1,061.39	090			Y		Y			M
59140		TREAT ECTOPIC PREGNANCY	7/1/2014	RBRVS	$437.54	$437.54	090			Y		Y			M
59150		TREAT ECTOPIC PREGNANCY	7/1/2014	RBRVS	$924.92	$924.92	090			Y		Y			M
59151		TREAT ECTOPIC PREGNANCY	7/1/2014	RBRVS	$900.02	$900.02	090			Y		Y			M
59160		D & C AFTER DELIVERY	7/1/2014	RBRVS	$241.54	$207.80	010			Y					M
59200		INSERT CERVICAL DILATOR	7/1/2014	RBRVS	$84.99	$54.86	000			Y					M
59300		EPISIOTOMY OR VAGINAL REPAIR	7/1/2014	RBRVS	$227.61	$178.61	000			Y					M
59320		REVISION OF CERVIX	7/1/2014	RBRVS	$183.11	$183.11	000			Y					M
59325		REVISION OF CERVIX	7/1/2014	RBRVS	$253.67	$253.67	000			Y					M
59350		REPAIR OF UTERUS	7/1/2014	RBRVS	$338.73	$338.73	000			Y		Y			M
59400		OBSTETRICAL CARE	7/1/2014	RBRVS	$2,505.14	$2,505.14	MMM			Y					M
59409		OBSTETRICAL CARE	7/1/2014	RBRVS	$987.57	$987.57	MMM			Y					M
59410		OBSTETRICAL CARE	7/1/2014	RBRVS	$1,256.99	$1,256.99	MMM			Y					M
59412		ANTEPARTUM MANIPULATION	7/1/2014	RBRVS	$124.82	$124.82	MMM								M
59414		DELIVER PLACENTA	7/1/2014	RBRVS	$110.97	$110.97	MMM			Y					M
59425		ANTEPARTUM CARE ONLY	7/1/2014	RBRVS	$541.56	$431.92	MMM								M
59426		ANTEPARTUM CARE ONLY	7/1/2014	RBRVS	$968.14	$761.69	MMM								M
59430		CARE AFTER DELIVERY	7/1/2014	RBRVS	$218.72	$168.53	MMM			Y					M
59510		CESAREAN DELIVERY	7/1/2014	RBRVS	$2,771.74	$2,771.74	MMM			Y					M
59514		CESAREAN DELIVERY ONLY	7/1/2014	RBRVS	$1,111.35	$1,111.35	MMM			Y		Y	Y		M
59515		CESAREAN DELIVERY	7/1/2014	RBRVS	$1,522.18	$1,522.18	MMM			Y					M
59525		REMOVE UTERUS AFTER CESAREAN	7/1/2014	RBRVS	$587.35	$587.35	ZZZ					Y	Y		M

Montana Medicaid - Fee Schedule
Psychiatrist 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
59610		VBAC DELIVERY	7/1/2014	RBRVS	$2,629.00	$2,629.00	MMM			Y					M
59612		VBAC DELIVERY ONLY	7/1/2014	RBRVS	$1,109.27	$1,109.27	MMM			Y					M
59614		VBAC CARE AFTER DELIVERY	7/1/2014	RBRVS	$1,378.12	$1,378.12	MMM			Y					M
59618		ATTEMPTED VBAC DELIVERY	7/1/2014	RBRVS	$2,810.30	$2,810.30	MMM			Y					M
59620		ATTEMPTED VBAC DELIVERY ONLY	7/1/2014	RBRVS	$1,148.50	$1,148.50	MMM			Y		Y			M
59622		ATTEMPTED VBAC AFTER CARE	7/1/2014	RBRVS	$1,564.28	$1,564.28	MMM			Y					M
59812		TREATMENT OF MISCARRIAGE	7/1/2014	RBRVS	$337.37	$315.14	090			Y					
59820		CARE OF MISCARRIAGE	7/1/2014	RBRVS	$400.88	$378.29	090			Y					
59821		TREATMENT OF MISCARRIAGE	7/1/2014	RBRVS	$405.33	$380.58	090			Y					
59830		TREAT UTERUS INFECTION	7/1/2014	RBRVS	$466.14	$466.14	090			Y					
59840		ABORTION	7/1/2014	RBRVS	$227.96	$219.36	010			Y					
59841		ABORTION	7/1/2014	RBRVS	$407.23	$386.07	010			Y					
59850		ABORTION	7/1/2014	RBRVS	$355.16	$355.16	090			Y					
59851		ABORTION	7/1/2014	RBRVS	$425.19	$425.19	090			Y					
59852		ABORTION	7/1/2014	RBRVS	$519.68	$519.68	090			Y					
59855		ABORTION	7/1/2014	RBRVS	$444.38	$444.38	090			Y					
59856		ABORTION	7/1/2014	RBRVS	$522.52	$522.52	090			Y					
59857		ABORTION	7/1/2014	RBRVS	$532.95	$532.95	090			Y					
59866		ABORTION (MPR)	7/1/2014	RBRVS	$224.34	$224.34	000			Y		Y	Y		
59870		EVACUATE MOLE OF UTERUS	7/1/2014	RBRVS	$501.65	$501.65	090			Y		Y			
59871		REMOVE CERCLAGE SUTURE	7/1/2014	RBRVS	$143.66	$143.66	000			Y					
59897		FETAL INVAS PX W/US	7/1/2014	FEE SCHED	$1,477.08	$0.00									
59898		LAPARO PROC OB CARE/DELIVER	7/1/2014	FEE SCHED	$324.87	$0.00									
59899		MATERNITY CARE PROCEDURE	7/1/2014	FEE SCHED	$324.87	$0.00									
60000		DRAIN THYROID/TONGUE CYST	7/1/2014	RBRVS	$178.15	$160.22	010		Y	Y					
6005F		CARE LEVEL RATIONALE DOC	7/1/2006	RBRVS	$0.00	$0.00									
6010F		DYSPHAGTEST DONE PRIOREATING	7/1/2007	RBRVS	$0.00	$0.00									
60100		BIOPSY OF THYROID	7/1/2014	RBRVS	$116.01	$82.66	000		Y	Y					
6015F		PT OK FOR PER ORAL INTAKE	7/1/2007	RBRVS	$0.00	$0.00									
6020F		NPO (NOTHING-MOUTH) ORDERED	7/1/2007	RBRVS	$0.00	$0.00									
60200		REMOVE THYROID LESION	7/1/2014	RBRVS	$687.76	$687.76	090		Y	Y		Y	Y		
60210		PARTIAL THYROID EXCISION	7/1/2014	RBRVS	$737.17	$737.17	090		Y	Y		Y	Y		
60212		PARTIAL THYROID EXCISION	7/1/2014	RBRVS	$1,051.52	$1,051.52	090		Y	Y		Y	Y		
60220		PARTIAL REMOVAL OF THYROID	7/1/2014	RBRVS	$740.04	$740.04	090		Y	Y		Y	Y		
60225		PARTIAL REMOVAL OF THYROID	7/1/2014	RBRVS	$970.95	$970.95	090		Y	Y		Y	Y		
60240		REMOVAL OF THYROID	7/1/2014	RBRVS	$960.76	$960.76	090		Y	Y		Y	Y		
60252		REMOVAL OF THYROID	7/1/2014	RBRVS	$1,377.10	$1,377.10	090		Y	Y		Y	Y		
60254		EXTENSIVE THYROID SURGERY	7/1/2014	RBRVS	$1,740.07	$1,740.07	090		Y	Y		Y	Y		
60260		REPEAT THYROID SURGERY	7/1/2014	RBRVS	$1,142.97	$1,142.97	090		Y	Y	Y	Y	Y		
60270		REMOVAL OF THYROID	7/1/2014	RBRVS	$1,430.13	$1,430.13	090		Y	Y		Y	Y		
60271		REMOVAL OF THYROID	7/1/2014	RBRVS	$1,103.23	$1,103.23	090		Y	Y		Y	Y		
60280		REMOVE THYROID DUCT LESION	7/1/2014	RBRVS	$460.87	$460.87	090		Y	Y		Y	Y		
60281		REMOVE THYROID DUCT LESION	7/1/2014	RBRVS	$614.64	$614.64	090		Y	Y		Y	Y		
6030F		MAX STERILE BARRIERS FOLLWD	1/1/2008	RBRVS	$0.00	$0.00									
60300		ASPIR/INJ THYROID CYST	7/1/2014	RBRVS	$120.06	$52.28	000		Y	Y					
6040F		APPRO RAD DS DVCS TECHS DOCD	4/1/2008	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
6045F		RAD EXPOS IN END RPRT FLURO	4/1/2008	RBRVS	$0.00	$0.00									
60500		EXPLORE PARATHYROID GLANDS	7/1/2014	RBRVS	$1,007.49	$1,007.49	090		Y	Y		Y	Y		
60502		RE-EXPLORE PARATHYROIDS	7/1/2014	RBRVS	$1,343.14	$1,343.14	090		Y	Y		Y	Y		
60505		EXPLORE PARATHYROID GLANDS	7/1/2014	RBRVS	$1,447.78	$1,447.78	090		Y	Y		Y	Y		
60512		AUTOTRANSPLANT PARATHYROID	7/1/2014	RBRVS	$254.25	$254.25	ZZZ		Y			Y	Y		
60520		REMOVAL OF THYMUS GLAND	7/1/2014	RBRVS	$1,086.84	$1,086.84	090		Y	Y		Y	Y		
60521		REMOVAL OF THYMUS GLAND	7/1/2014	RBRVS	$1,190.70	$1,190.70	090		Y	Y		Y	Y		
60522		REMOVAL OF THYMUS GLAND	7/1/2014	RBRVS	$1,442.33	$1,442.33	090		Y	Y		Y	Y		
60540		EXPLORE ADRENAL GLAND	7/1/2014	RBRVS	$1,098.03	$1,098.03	090		Y	Y	Y	Y	Y		
60545		EXPLORE ADRENAL GLAND	7/1/2014	RBRVS	$1,264.50	$1,264.50	090		Y	Y	Y	Y	Y		
60600		REMOVE CAROTID BODY LESION	7/1/2014	RBRVS	$1,499.59	$1,499.59	090		Y	Y		Y	Y		
60605		REMOVE CAROTID BODY LESION	7/1/2014	RBRVS	$1,654.87	$1,654.87	090		Y	Y		Y	Y		
60650		LAPAROSCOPY ADRENALECTOMY	7/1/2014	RBRVS	$1,239.00	$1,239.00	090		Y	Y	Y	Y	Y		
60659		LAPARO PROC ENDOCRINE	7/1/2014	FEE SCHED	$1,213.38	$0.00			Y						
60699		ENDOCRINE SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,213.38	$0.00			Y						
6070F		PT ASKED/CNSLD AED EFFECTS	9/1/2011	RBRVS	$0.00	$0.00									
6080F		PT/CAREGIVER QUERIED FALLS	1/1/2011	RBRVS	$0.00	$0.00									
6090F		PT/CAREGIVER COUNSEL SAFETY	1/1/2011	RBRVS	$0.00	$0.00									
6100F		VERIFY PT SITE PXD DOCD	7/1/2011	RBRVS	$0.00	$0.00									
61000		REMOVE CRANIAL CAVITY FLUID	7/1/2014	RBRVS	$91.84	$91.84	000		Y	Y					
61001		REMOVE CRANIAL CAVITY FLUID	7/1/2014	RBRVS	$113.82	$113.82	000		Y	Y					
6101F		SAFETY COUNSELING DEMENTIA	7/1/2011	RBRVS	$0.00	$0.00									
6102F		SAFETY COUNSELING DEM ORDER	7/1/2011	RBRVS	$0.00	$0.00									
61020		REMOVE BRAIN CAVITY FLUID	7/1/2014	RBRVS	$111.13	$111.13	000		Y	Y					
61026		INJECTION INTO BRAIN CANAL	7/1/2014	RBRVS	$112.21	$112.21	000		Y	Y					
61050		REMOVE BRAIN CANAL FLUID	7/1/2014	RBRVS	$88.86	$88.86	000		Y	Y					
61055		INJECTION INTO BRAIN CANAL	7/1/2014	RBRVS	$123.21	$123.21	000		Y						
61070		BRAIN CANAL SHUNT PROCEDURE	7/1/2014	RBRVS	$62.43	$62.43	000		Y	Y					
6110F		COUNSEL PROV DRIVING RISKS	7/1/2011	RBRVS	$0.00	$0.00									
61105		TWIST DRILL HOLE	7/1/2014	RBRVS	$484.25	$484.25	090		Y	Y					
61107		DRILL SKULL FOR IMPLANTATION	7/1/2014	RBRVS	$334.25	$334.25	000		Y						
61108		DRILL SKULL FOR DRAINAGE	7/1/2014	RBRVS	$952.91	$952.91	090		Y	Y					
61120		BURR HOLE FOR PUNCTURE	7/1/2014	RBRVS	$785.19	$785.19	090		Y	Y					
61140		PIERCE SKULL FOR BIOPSY	7/1/2014	RBRVS	$1,327.32	$1,327.32	090		Y	Y		Y			
61150		PIERCE SKULL FOR DRAINAGE	7/1/2014	RBRVS	$1,425.76	$1,425.76	090		Y	Y			Y		
61151		PIERCE SKULL FOR DRAINAGE	7/1/2014	RBRVS	$1,045.89	$1,045.89	090		Y	Y					
61154		PIERCE SKULL & REMOVE CLOT	7/1/2014	RBRVS	$1,337.29	$1,337.29	090		Y	Y	Y	Y	Y		
61156		PIERCE SKULL FOR DRAINAGE	7/1/2014	RBRVS	$1,309.18	$1,309.18	090		Y	Y		Y	Y		
61210		PIERCE SKULL IMPLANT DEVICE	7/1/2014	RBRVS	$390.44	$390.44	000		Y	Y					
61215		INSERT BRAIN-FLUID DEVICE	7/1/2014	RBRVS	$527.75	$527.75	090		Y	Y			Y		
61250		PIERCE SKULL & EXPLORE	7/1/2014	RBRVS	$911.20	$911.20	090		Y	Y	Y	Y	Y		
61253		PIERCE SKULL & EXPLORE	7/1/2014	RBRVS	$855.30	$855.30	090		Y	Y		Y			
61304		OPEN SKULL FOR EXPLORATION	7/1/2014	RBRVS	$1,727.20	$1,727.20	090		Y	Y		Y	Y		
61305		OPEN SKULL FOR EXPLORATION	7/1/2014	RBRVS	$2,117.25	$2,117.25	090		Y	Y		Y	Y		
61312		OPEN SKULL FOR DRAINAGE	7/1/2014	RBRVS	$2,195.46	$2,195.46	090		Y	Y		Y	Y		
61313		OPEN SKULL FOR DRAINAGE	7/1/2014	RBRVS	$2,091.07	$2,091.07	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
61314		OPEN SKULL FOR DRAINAGE	7/1/2014	RBRVS	$1,929.41	$1,929.41	090		Y	Y		Y	Y		
61315		OPEN SKULL FOR DRAINAGE	7/1/2014	RBRVS	$2,183.91	$2,183.91	090		Y	Y		Y	Y		
61316		IMPLT CRAN BONE FLAP TO ABDO	7/1/2014	RBRVS	$93.16	$93.16	ZZZ		Y						
61320		OPEN SKULL FOR DRAINAGE	7/1/2014	RBRVS	$2,007.08	$2,007.08	090		Y	Y		Y	Y		
61321		OPEN SKULL FOR DRAINAGE	7/1/2014	RBRVS	$2,244.51	$2,244.51	090		Y	Y		Y	Y		
61322		DECOMPRESSIVE CRANIOTOMY	7/1/2014	RBRVS	$2,504.53	$2,504.53	090		Y	Y		Y	Y		
61323		DECOMPRESSIVE LOBECTOMY	7/1/2014	RBRVS	$2,515.04	$2,515.04	090		Y	Y			Y		
61330		DECOMPRESS EYE SOCKET	7/1/2014	RBRVS	$1,954.87	$1,954.87	090		Y	Y	Y	Y	Y		
61332		EXPLORE/BIOPSY EYE SOCKET	7/1/2014	RBRVS	$2,183.12	$2,183.12	090		Y	Y	Y	Y	Y		
61333		EXPLORE ORBIT/REMOVE LESION	7/1/2014	RBRVS	$2,232.57	$2,232.57	090		Y	Y	Y	Y	Y		
61340		SUBTEMPORAL DECOMPRESSION	7/1/2014	RBRVS	$1,522.26	$1,522.26	090		Y	Y	Y	Y	Y		
61343		INCISE SKULL (PRESS RELIEF)	7/1/2014	RBRVS	$2,319.78	$2,319.78	090		Y	Y		Y	Y		
61345		RELIEVE CRANIAL PRESSURE	7/1/2014	RBRVS	$2,149.27	$2,149.27	090		Y	Y		Y	Y		
61450		INCISE SKULL FOR SURGERY	7/1/2014	RBRVS	$2,026.77	$2,026.77	090		Y	Y		Y	Y		
61458		INCISE SKULL FOR BRAIN WOUND	7/1/2014	RBRVS	$2,116.35	$2,116.35	090		Y	Y		Y	Y		
61460		INCISE SKULL FOR SURGERY	7/1/2014	RBRVS	$2,217.33	$2,217.33	090		Y	Y		Y	Y		
61480		INCISE SKULL FOR SURGERY	7/1/2014	RBRVS	$1,548.79	$1,548.79	090		Y	Y		Y	Y		
6150F		PT NOTRCVNG1ST ANTITNF TXMNT	1/1/2012	RBRVS	$0.00	$0.00									
61500		REMOVAL OF SKULL LESION	7/1/2014	RBRVS	$1,401.48	$1,401.48	090		Y	Y		Y	Y		
61501		REMOVE INFECTED SKULL BONE	7/1/2014	RBRVS	$1,212.35	$1,212.35	090		Y	Y		Y	Y		
61510		REMOVAL OF BRAIN LESION	7/1/2014	RBRVS	$2,305.33	$2,305.33	090		Y	Y		Y	Y		
61512		REMOVE BRAIN LINING LESION	7/1/2014	RBRVS	$2,691.51	$2,691.51	090		Y	Y		Y	Y		
61514		REMOVAL OF BRAIN ABSCESS	7/1/2014	RBRVS	$2,011.57	$2,011.57	090		Y	Y		Y	Y		
61516		REMOVAL OF BRAIN LESION	7/1/2014	RBRVS	$1,959.28	$1,959.28	090		Y	Y		Y	Y		
61517		IMPLT BRAIN CHEMOTX ADD-ON	7/1/2014	RBRVS	$92.45	$92.45	ZZZ		Y						
61518		REMOVAL OF BRAIN LESION	7/1/2014	RBRVS	$2,913.52	$2,913.52	090		Y	Y		Y	Y		
61519		REMOVE BRAIN LINING LESION	7/1/2014	RBRVS	$3,114.58	$3,114.58	090		Y	Y		Y	Y		
61520		REMOVAL OF BRAIN LESION	7/1/2014	RBRVS	$3,945.17	$3,945.17	090		Y	Y		Y	Y		
61521		REMOVAL OF BRAIN LESION	7/1/2014	RBRVS	$3,358.65	$3,358.65	090		Y	Y		Y	Y		
61522		REMOVAL OF BRAIN ABSCESS	7/1/2014	RBRVS	$2,304.97	$2,304.97	090		Y	Y		Y	Y		
61524		REMOVAL OF BRAIN LESION	7/1/2014	RBRVS	$2,194.45	$2,194.45	090		Y	Y		Y	Y		
61526		REMOVAL OF BRAIN LESION	7/1/2014	RBRVS	$3,851.08	$3,851.08	090		Y	Y			Y		
61530		REMOVAL OF BRAIN LESION	7/1/2014	RBRVS	$3,246.84	$3,246.84	090		Y	Y			Y		
61531		IMPLANT BRAIN ELECTRODES	7/1/2014	RBRVS	$1,284.83	$1,284.83	090		Y	Y		Y	Y		
61533		IMPLANT BRAIN ELECTRODES	7/1/2014	RBRVS	$1,603.77	$1,603.77	090		Y	Y		Y	Y		
61534		REMOVAL OF BRAIN LESION	7/1/2014	RBRVS	$1,731.82	$1,731.82	090		Y	Y		Y	Y		
61535		REMOVE BRAIN ELECTRODES	7/1/2014	RBRVS	$1,050.12	$1,050.12	090		Y	Y		Y	Y		
61536		REMOVAL OF BRAIN LESION	7/1/2014	RBRVS	$2,719.87	$2,719.87	090		Y	Y		Y	Y		
61537		REMOVAL OF BRAIN TISSUE	7/1/2014	RBRVS	$2,601.03	$2,601.03	090		Y	Y		Y	Y		
61538		REMOVAL OF BRAIN TISSUE	7/1/2014	RBRVS	$2,817.05	$2,817.05	090		Y	Y		Y	Y		
61539		REMOVAL OF BRAIN TISSUE	7/1/2014	RBRVS	$2,488.68	$2,488.68	090		Y	Y		Y	Y		
61540		REMOVAL OF BRAIN TISSUE	7/1/2014	RBRVS	$2,300.42	$2,300.42	090		Y	Y		Y	Y		
61541		INCISION OF BRAIN TISSUE	7/1/2014	RBRVS	$2,264.27	$2,264.27	090		Y	Y		Y	Y		
61543		REMOVAL OF BRAIN TISSUE	7/1/2014	RBRVS	$2,289.02	$2,289.02	090		Y	Y		Y	Y		
61544		REMOVE & TREAT BRAIN LESION	7/1/2014	RBRVS	$2,004.97	$2,004.97	090		Y	Y		Y			
61545		EXCISION OF BRAIN TUMOR	7/1/2014	RBRVS	$3,357.50	$3,357.50	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
61546		REMOVAL OF PITUITARY GLAND	7/1/2014	RBRVS	$2,432.13	$2,432.13	090		Y	Y		Y	Y		
61548		REMOVAL OF PITUITARY GLAND	7/1/2014	RBRVS	$1,634.96	$1,634.96	090		Y	Y		Y	Y		
61550		RELEASE OF SKULL SEAMS	7/1/2014	RBRVS	$913.46	$913.46	090		Y	Y		Y	Y		
61552		RELEASE OF SKULL SEAMS	7/1/2014	RBRVS	$1,161.54	$1,161.54	090		Y	Y		Y	Y		
61556		INCISE SKULL/SUTURES	7/1/2014	RBRVS	$1,794.65	$1,794.65	090		Y	Y		Y			
61557		INCISE SKULL/SUTURES	7/1/2014	RBRVS	$1,768.62	$1,768.62	090		Y	Y		Y			
61558		EXCISION OF SKULL/SUTURES	7/1/2014	RBRVS	$1,790.85	$1,790.85	090		Y	Y		Y			
61559		EXCISION OF SKULL/SUTURES	7/1/2014	RBRVS	$1,820.97	$1,820.97	090		Y	Y		Y	Y		
61563		EXCISION OF SKULL TUMOR	7/1/2014	RBRVS	$2,086.33	$2,086.33	090		Y	Y		Y	Y		
61564		EXCISION OF SKULL TUMOR	7/1/2014	RBRVS	$2,535.84	$2,535.84	090		Y	Y	Y	Y	Y		
61566		REMOVAL OF BRAIN TISSUE	7/1/2014	RBRVS	$2,368.77	$2,368.77	090		Y	Y		Y	Y		
61567		INCISION OF BRAIN TISSUE	7/1/2014	RBRVS	$2,701.66	$2,701.66	090		Y	Y		Y	Y		
61570		REMOVE FOREIGN BODY BRAIN	7/1/2014	RBRVS	$1,966.56	$1,966.56	090		Y	Y		Y	Y		
61571		INCISE SKULL FOR BRAIN WOUND	7/1/2014	RBRVS	$2,094.83	$2,094.83	090		Y	Y		Y	Y		
61575		SKULL BASE/BRAINSTEM SURGERY	7/1/2014	RBRVS	$2,549.32	$2,549.32	090		Y	Y		Y	Y		
61576		SKULL BASE/BRAINSTEM SURGERY	7/1/2014	RBRVS	$3,576.32	$3,576.32	090		Y	Y		Y	Y		
61580		CRANIOFACIAL APPROACH SKULL	7/1/2014	RBRVS	$2,586.55	$2,586.55	090		Y	Y	Y		Y	Y	
61581		CRANIOFACIAL APPROACH SKULL	7/1/2014	RBRVS	$2,794.03	$2,794.03	090		Y	Y	Y		Y	Y	
61582		CRANIOFACIAL APPROACH SKULL	7/1/2014	RBRVS	$3,085.82	$3,085.82	090		Y	Y		Y	Y	Y	
61583		CRANIOFACIAL APPROACH SKULL	7/1/2014	RBRVS	$3,049.21	$3,049.21	090		Y	Y		Y	Y	Y	
61584		ORBITOCRANIAL APPROACH/SKULL	7/1/2014	RBRVS	$2,997.00	$2,997.00	090		Y	Y	Y	Y	Y	Y	
61585		ORBITOCRANIAL APPROACH/SKULL	7/1/2014	RBRVS	$3,401.36	$3,401.36	090		Y	Y	Y	Y	Y	Y	
61586		RESECT NASOPHARYNX SKULL	7/1/2014	RBRVS	$2,557.82	$2,557.82	090		Y	Y		Y	Y	Y	
61590		INFRATEMPORAL APPROACH/SKULL	7/1/2014	RBRVS	$3,191.29	$3,191.29	090		Y	Y	Y	Y	Y	Y	
61591		INFRATEMPORAL APPROACH/SKULL	7/1/2014	RBRVS	$3,247.66	$3,247.66	090		Y	Y	Y	Y	Y	Y	
61592		ORBITOCRANIAL APPROACH/SKULL	7/1/2014	RBRVS	$3,338.57	$3,338.57	090		Y	Y	Y	Y	Y	Y	
61595		TRANSTEMPORAL APPROACH/SKULL	7/1/2014	RBRVS	$2,477.53	$2,477.53	090		Y	Y	Y		Y	Y	
61596		TRANSCOCHLEAR APPROACH/SKULL	7/1/2014	RBRVS	$2,565.03	$2,565.03	090		Y	Y	Y	Y	Y	Y	
61597		TRANSCONDYLAR APPROACH/SKULL	7/1/2014	RBRVS	$3,005.18	$3,005.18	090		Y	Y	Y	Y	Y	Y	
61598		TRANSPETROSAL APPROACH/SKULL	7/1/2014	RBRVS	$2,977.06	$2,977.06	090		Y	Y		Y	Y	Y	
61600		RESECT/EXCISE CRANIAL LESION	7/1/2014	RBRVS	$2,239.17	$2,239.17	090		Y	Y		Y	Y	Y	
61601		RESECT/EXCISE CRANIAL LESION	7/1/2014	RBRVS	$2,528.67	$2,528.67	090		Y	Y		Y	Y	Y	
61605		RESECT/EXCISE CRANIAL LESION	7/1/2014	RBRVS	$2,281.05	$2,281.05	090		Y	Y		Y	Y	Y	
61606		RESECT/EXCISE CRANIAL LESION	7/1/2014	RBRVS	$3,157.04	$3,157.04	090		Y	Y		Y	Y	Y	
61607		RESECT/EXCISE CRANIAL LESION	7/1/2014	RBRVS	$3,045.52	$3,045.52	090		Y	Y		Y	Y	Y	
61608		RESECT/EXCISE CRANIAL LESION	7/1/2014	RBRVS	$3,411.61	$3,411.61	090		Y	Y		Y	Y	Y	
61610		TRANSECT ARTERY SINUS	7/1/2014	RBRVS	$1,870.82	$1,870.82	ZZZ		Y			Y	Y	Y	
61611		TRANSECT ARTERY SINUS	7/1/2014	RBRVS	$410.35	$410.35	ZZZ		Y			Y	Y	Y	
61612		TRANSECT ARTERY SINUS	7/1/2014	RBRVS	$1,459.11	$1,459.11	ZZZ		Y			Y	Y	Y	
61613		REMOVE ANEURYSM SINUS	7/1/2014	RBRVS	$3,453.71	$3,453.71	090		Y	Y	Y	Y	Y	Y	
61615		RESECT/EXCISE LESION SKULL	7/1/2014	RBRVS	$2,359.80	$2,359.80	090		Y	Y		Y	Y	Y	
61616		RESECT/EXCISE LESION SKULL	7/1/2014	RBRVS	$3,493.98	$3,493.98	090		Y	Y		Y	Y	Y	
61618		REPAIR DURA	7/1/2014	RBRVS	$1,370.89	$1,370.89	090		Y	Y		Y	Y	Y	
61619		REPAIR DURA	7/1/2014	RBRVS	$1,556.97	$1,556.97	090		Y	Y		Y	Y	Y	
61623		ENDOVASC TEMPORY VESSEL OCCL	7/1/2014	RBRVS	$581.36	$581.36	000		Y	Y					
61624		TRANSCATH OCCLUSION CNS	7/1/2014	RBRVS	$1,161.36	$1,161.36	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
61626		TRANSCATH OCCLUSION NON-CNS	7/1/2014	RBRVS	$897.15	$897.15	000		Y	Y					
61630		INTRACRANIAL ANGIOPLASTY	7/1/2014	RBRVS	$1,335.07	$1,335.07			Y	Y		Y	Y		
61635		INTRACRAN ANGIOPLSTY W/STENT	7/1/2014	RBRVS	$1,454.91	$1,454.91			Y	Y		Y	Y		
61680		INTRACRANIAL VESSEL SURGERY	7/1/2014	RBRVS	$2,375.47	$2,375.47	090		Y	Y		Y	Y		
61682		INTRACRANIAL VESSEL SURGERY	7/1/2014	RBRVS	$4,417.67	$4,417.67	090		Y	Y		Y	Y		
61684		INTRACRANIAL VESSEL SURGERY	7/1/2014	RBRVS	$2,999.98	$2,999.98	090		Y	Y		Y	Y		
61686		INTRACRANIAL VESSEL SURGERY	7/1/2014	RBRVS	$4,752.71	$4,752.71	090		Y	Y		Y	Y		
61690		INTRACRANIAL VESSEL SURGERY	7/1/2014	RBRVS	$2,303.90	$2,303.90	090		Y	Y		Y	Y		
61692		INTRACRANIAL VESSEL SURGERY	7/1/2014	RBRVS	$3,865.06	$3,865.06	090		Y	Y		Y	Y		
61697		BRAIN ANEURYSM REPR COMPLX	7/1/2014	RBRVS	$4,458.98	$4,458.98	090		Y	Y		Y	Y		
61698		BRAIN ANEURYSM REPR COMPLX	7/1/2014	RBRVS	$4,895.39	$4,895.39	090		Y	Y		Y	Y		
61700		BRAIN ANEURYSM REPR SIMPLE	7/1/2014	RBRVS	$3,606.80	$3,606.80	090		Y	Y		Y	Y		
61702		INNER SKULL VESSEL SURGERY	7/1/2014	RBRVS	$4,251.17	$4,251.17	090		Y	Y		Y	Y		
61703		CLAMP NECK ARTERY	7/1/2014	RBRVS	$1,429.95	$1,429.95	090		Y	Y		Y	Y		
61705		REVISE CIRCULATION TO HEAD	7/1/2014	RBRVS	$2,745.37	$2,745.37	090		Y	Y		Y	Y		
61708		REVISE CIRCULATION TO HEAD	7/1/2014	RBRVS	$2,031.72	$2,031.72	090		Y	Y		Y			
61710		REVISE CIRCULATION TO HEAD	7/1/2014	RBRVS	$2,080.24	$2,080.24	090		Y	Y					
61711		FUSION OF SKULL ARTERIES	7/1/2014	RBRVS	$2,751.00	$2,751.00	090		Y	Y		Y	Y		
61720		INCISE SKULL/BRAIN SURGERY	7/1/2014	RBRVS	$1,336.43	$1,336.43	090		Y	Y					
61735		INCISE SKULL/BRAIN SURGERY	7/1/2014	RBRVS	$1,673.80	$1,673.80	090		Y	Y			Y		
61750		INCISE SKULL/BRAIN BIOPSY	7/1/2014	RBRVS	$1,480.80	$1,480.80	090		Y	Y			Y		
61751		BRAIN BIOPSY W/CT/MR GUIDE	7/1/2014	RBRVS	$1,446.16	$1,446.16	090		Y	Y			Y		
61760		IMPLANT BRAIN ELECTRODES	7/1/2014	RBRVS	$1,664.16	$1,664.16	090		Y	Y			Y		
61770		INCISE SKULL FOR TREATMENT	7/1/2014	RBRVS	$1,705.21	$1,705.21	090		Y	Y			Y		
61781		SCAN PROC CRANIAL INTRA	7/1/2014	RBRVS	$247.72	$247.72	ZZZ		Y						
61782		SCAN PROC CRANIAL EXTRA	7/1/2014	RBRVS	$202.14	$202.14	ZZZ		Y						
61783		SCAN PROC SPINAL	7/1/2014	RBRVS	$248.44	$248.44	ZZZ		Y						
61790		TREAT TRIGEMINAL NERVE	7/1/2014	RBRVS	$918.09	$918.09	090		Y	Y	Y				
61791		TREAT TRIGEMINAL TRACT	7/1/2014	RBRVS	$1,169.39	$1,169.39	090		Y	Y	Y				
61796		SRS CRANIAL LESION SIMPLE	7/1/2014	RBRVS	$1,054.32	$1,054.32	090		Y			Y			
61797		SRS CRAN LES SIMPLE ADDL	7/1/2014	RBRVS	$230.33	$230.33	ZZZ		Y			Y			
61798		SRS CRANIAL LESION COMPLEX	7/1/2014	RBRVS	$1,442.33	$1,442.33	090		Y			Y			
61799		SRS CRAN LES COMPLEX ADDL	7/1/2014	RBRVS	$317.40	$317.40	ZZZ		Y			Y			
61800		APPLY SRS HEADFRAME ADD-ON	7/1/2014	RBRVS	$160.51	$160.51	ZZZ		Y			Y			
61850		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$1,032.66	$1,032.66	090		Y	Y		Y			
61860		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$1,648.16	$1,648.16	090		Y	Y		Y			
61863		IMPLANT NEUROELECTRODE	7/1/2014	RBRVS	$1,582.07	$1,582.07	090		Y	Y	Y	Y	Y		
61864		IMPLANT NEUROELECTRDE ADDL	7/1/2014	RBRVS	$301.37	$301.37	ZZZ		Y			Y	Y		
61867		IMPLANT NEUROELECTRODE	7/1/2014	RBRVS	$2,405.35	$2,405.35	090		Y	Y	Y	Y	Y		
61868		IMPLANT NEUROELECTRDE ADDL	7/1/2014	RBRVS	$530.69	$530.69	ZZZ		Y			Y	Y		
61870		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$1,245.27	$1,245.27	090		Y	Y		Y	Y		
61880		REVISE/REMOVE NEUROELECTRODE	7/1/2014	RBRVS	$599.51	$599.51	090		Y	Y	Y	Y	Y		
61885		INSRT/REDO NEUROSTIM 1 ARRAY	7/1/2014	RBRVS	$541.74	$541.74	090		Y	Y	Y				
61886		IMPLANT NEUROSTIM ARRAYS	7/1/2014	RBRVS	$885.60	$885.60	090		Y	Y					
61888		REVISE/REMOVE NEURORECEIVER	7/1/2014	RBRVS	$410.63	$410.63	010		Y	Y	Y				
62000		TREAT SKULL FRACTURE	7/1/2014	RBRVS	$1,083.69	$1,083.69	090		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
62005		TREAT SKULL FRACTURE	7/1/2014	RBRVS	$1,337.15	$1,337.15	090		Y	Y		Y	Y		
62010		TREATMENT OF HEAD INJURY	7/1/2014	RBRVS	$1,612.01	$1,612.01	090		Y	Y		Y	Y		
62100		REPAIR BRAIN FLUID LEAKAGE	7/1/2014	RBRVS	$1,694.21	$1,694.21	090		Y	Y		Y	Y		
62115		REDUCTION OF SKULL DEFECT	7/1/2014	RBRVS	$1,308.75	$1,308.75	090		Y	Y		Y	Y		
62117		REDUCTION OF SKULL DEFECT	7/1/2014	RBRVS	$1,632.63	$1,632.63	090		Y	Y		Y	Y		
62120		REPAIR SKULL CAVITY LESION	7/1/2014	RBRVS	$1,741.00	$1,741.00	090		Y	Y		Y	Y		
62121		INCISE SKULL REPAIR	7/1/2014	RBRVS	$1,795.69	$1,795.69	090		Y	Y		Y	Y		
62140		REPAIR OF SKULL DEFECT	7/1/2014	RBRVS	$1,091.90	$1,091.90	090		Y	Y		Y	Y		
62141		REPAIR OF SKULL DEFECT	7/1/2014	RBRVS	$1,201.96	$1,201.96	090		Y	Y		Y	Y		
62142		REMOVE SKULL PLATE/FLAP	7/1/2014	RBRVS	$933.58	$933.58	090		Y	Y		Y			
62143		REPLACE SKULL PLATE/FLAP	7/1/2014	RBRVS	$1,096.24	$1,096.24	090		Y	Y		Y	Y		
62145		REPAIR OF SKULL & BRAIN	7/1/2014	RBRVS	$1,499.63	$1,499.63	090		Y	Y		Y	Y		
62146		REPAIR OF SKULL WITH GRAFT	7/1/2014	RBRVS	$1,313.91	$1,313.91	090		Y	Y		Y	Y		
62147		REPAIR OF SKULL WITH GRAFT	7/1/2014	RBRVS	$1,534.02	$1,534.02	090		Y	Y		Y	Y		
62148		RETR BONE FLAP TO FIX SKULL	7/1/2014	RBRVS	$134.19	$134.19	ZZZ		Y						
62160		NEUROENDOSCOPY ADD-ON	7/1/2014	RBRVS	$201.53	$201.53	ZZZ		Y						
62161		DISSECT BRAIN W/SCOPE	7/1/2014	RBRVS	$1,598.03	$1,598.03	090		Y	Y		Y	Y		
62162		REMOVE COLLOID CYST W/SCOPE	7/1/2014	RBRVS	$1,990.45	$1,990.45	090		Y	Y		Y	Y		
62163		ZNEUROENDOSCOPY W/FB REMOVAL	7/1/2014	RBRVS	$1,286.44	$1,286.44	090		Y	Y		Y	Y		
62164		REMOVE BRAIN TUMOR W/SCOPE	7/1/2014	RBRVS	$2,200.30	$2,200.30	090		Y	Y		Y	Y		
62165		REMOVE PITUIT TUMOR W/SCOPE	7/1/2014	RBRVS	$1,627.15	$1,627.15	090		Y	Y			Y		
62180		ESTABLISH BRAIN CAVITY SHUNT	7/1/2014	RBRVS	$1,686.14	$1,686.14	090		Y	Y		Y			
62190		ESTABLISH BRAIN CAVITY SHUNT	7/1/2014	RBRVS	$970.73	$970.73	090		Y	Y			Y		
62192		ESTABLISH BRAIN CAVITY SHUNT	7/1/2014	RBRVS	$1,025.27	$1,025.27	090		Y	Y		Y	Y		
62194		REPLACE/IRRIGATE CATHETER	7/1/2014	RBRVS	$444.34	$444.34	010		Y	Y					
62200		ESTABLISH BRAIN CAVITY SHUNT	7/1/2014	RBRVS	$1,448.89	$1,448.89	090		Y	Y		Y	Y		
62201		BRAIN CAVITY SHUNT W/SCOPE	7/1/2014	RBRVS	$1,263.49	$1,263.49	090		Y	Y					
62220		ESTABLISH BRAIN CAVITY SHUNT	7/1/2014	RBRVS	$1,072.64	$1,072.64	090		Y	Y		Y	Y		
62223		ESTABLISH BRAIN CAVITY SHUNT	7/1/2014	RBRVS	$1,107.21	$1,107.21	090		Y	Y		Y	Y		
62225		REPLACE/IRRIGATE CATHETER	7/1/2014	RBRVS	$547.83	$547.83	090		Y	Y					
62230		REPLACE/REVISE BRAIN SHUNT	7/1/2014	RBRVS	$886.35	$886.35	090		Y	Y		Y	Y		
62252		CSF SHUNT REPROGRAM	7/1/2014	RBRVS	$87.86	$87.86			Y						
62252	TC	CSF SHUNT REPROGRAM	7/1/2014	RBRVS	$39.16	$39.16			Y						
62252	26	CSF SHUNT REPROGRAM	7/1/2014	RBRVS	$48.70	$48.70									
62256		REMOVE BRAIN CAVITY SHUNT	7/1/2014	RBRVS	$629.20	$629.20	090		Y	Y		Y			
62258		REPLACE BRAIN CAVITY SHUNT	7/1/2014	RBRVS	$1,185.39	$1,185.39	090		Y	Y		Y	Y		
62263		EPIDURAL LYSIS MULT SESSIONS	7/1/2014	RBRVS	$704.04	$363.37	010		Y	Y					
62264		EPIDURAL LYSIS ON SINGLE DAY	7/1/2014	RBRVS	$431.54	$247.94	010		Y	Y					
62267		INTERDISCAL PERQ ASPIR DX	7/1/2014	RBRVS	$255.25	$167.75	000		Y	Y					
62268		DRAIN SPINAL CORD CYST	7/1/2014	RBRVS	$272.57	$272.57	000		Y	Y					
62269		NEEDLE BIOPSY SPINAL CORD	7/1/2014	RBRVS	$280.03	$280.03	000		Y	Y					
62270		SPINAL FLUID TAP DIAGNOSTIC	7/1/2014	RBRVS	$163.74	$82.69	000		Y	Y					
62272		DRAIN CEREBRO SPINAL FLUID	7/1/2014	RBRVS	$207.74	$89.76	000		Y	Y					
62273		INJECT EPIDURAL PATCH	7/1/2014	RBRVS	$177.90	$118.37	000		Y	Y					
62280		TREAT SPINAL CORD LESION	7/1/2014	RBRVS	$328.08	$180.34	010		Y	Y					
62281		TREAT SPINAL CORD LESION	7/1/2014	RBRVS	$249.33	$166.14	010		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
62282		TREAT SPINAL CANAL LESION	7/1/2014	RBRVS	$293.91	$150.83	010		Y	Y					
62284		INJECTION FOR MYELOGRAM	7/1/2014	RBRVS	$197.52	$90.30	000		Y	Y					
62287		PERCUTANEOUS DISKECTOMY	7/1/2014	RBRVS	$583.76	$583.76	090		Y	Y					
62290		INJECT FOR SPINE DISK X-RAY	7/1/2014	RBRVS	$342.75	$181.38	000		Y	Y					
62291		INJECT FOR SPINE DISK X-RAY	7/1/2014	RBRVS	$330.02	$177.26	000		Y	Y					
62292		INJECTION INTO DISK LESION	7/1/2014	RBRVS	$605.64	$605.64	090		Y	Y					
62294		INJECTION INTO SPINAL ARTERY	7/1/2014	RBRVS	$744.53	$744.53	090		Y	Y					
62302		MYELOGRAPHY LUMBAR INJECTION	1/1/2015	RBRVS	$247.43	$127.30	000		Y	Y					
62303		MYELOGRAPHY LUMBAR INJECTION	1/1/2015	RBRVS	$257.12	$129.10	000		Y	Y					
62304		MYELOGRAPHY LUMBAR INJECTION	1/1/2015	RBRVS	$243.85	$125.15	000		Y	Y					
62305		MYELOGRAPHY LUMBAR INJECTION	1/1/2015	RBRVS	$266.08	$130.53	000		Y	Y					
62310		INJECT SPINE CERV/THORACIC	7/1/2014	RBRVS	$111.42	$74.84	000			Y					
62311		INJECT SPINE LUMBAR/SACRAL	7/1/2014	RBRVS	$109.55	$73.33	000			Y					
62318		INJECT SPINE W/CATH CRV/THRC	7/1/2014	RBRVS	$112.17	$80.25	000			Y					
62319		INJECT SPINE W/CATH LMB/SCRL	7/1/2014	RBRVS	$115.83	$82.12	000			Y					
62350		IMPLANT SPINAL CANAL CATH	7/1/2014	RBRVS	$419.74	$419.74	010			Y			Y		
62351		IMPLANT SPINAL CANAL CATH	7/1/2014	RBRVS	$919.27	$919.27	090			Y		Y	Y		
62355		REMOVE SPINAL CANAL CATHETER	7/1/2014	RBRVS	$276.62	$276.62	010			Y					
62360		INSERT SPINE INFUSION DEVICE	7/1/2014	RBRVS	$325.86	$325.86	010			Y			Y		
62361		IMPLANT SPINE INFUSION PUMP	7/1/2014	RBRVS	$364.45	$364.45	010			Y			Y		
62362		IMPLANT SPINE INFUSION PUMP	7/1/2014	RBRVS	$403.68	$403.68	010			Y			Y		
62365		REMOVE SPINE INFUSION DEVICE	7/1/2014	RBRVS	$304.70	$304.70	010			Y					
62367		ANALYZE SPINE INFUS PUMP	7/1/2014	RBRVS	$42.60	$26.46									
62368		ANALYZE SP INF PUMP W/REPROG	7/1/2014	RBRVS	$57.27	$35.75									
62369		ANAL SP INF PMP W/REPRG&FILL	7/1/2014	RBRVS	$121.82	$36.47									
62370		ANL SP INF PMP W/MDREPRG&FIL	7/1/2014	RBRVS	$128.38	$48.05									
63001		REMOVE SPINE LAMINA 1/2 CRVL	7/1/2014	RBRVS	$1,302.36	$1,302.36	090		Y	Y		Y	Y		
63003		REMOVE SPINE LAMINA 1/2 THRC	7/1/2014	RBRVS	$1,300.93	$1,300.93	090		Y	Y		Y	Y		
63005		REMOVE SPINE LAMINA 1/2 LMBR	7/1/2014	RBRVS	$1,243.34	$1,243.34	090		Y	Y		Y	Y		
63011		REMOVE SPINE LAMINA 1/2 SCRL	7/1/2014	RBRVS	$1,145.08	$1,145.08	090		Y	Y		Y	Y		
63012		REMOVE LAMINA/FACETS LUMBAR	7/1/2014	RBRVS	$1,253.49	$1,253.49	090		Y	Y		Y	Y		
63015		REMOVE SPINE LAMINA >2 CRVCL	7/1/2014	RBRVS	$1,562.64	$1,562.64	090		Y	Y		Y	Y		
63016		REMOVE SPINE LAMINA >2 THRC	7/1/2014	RBRVS	$1,596.09	$1,596.09	090		Y	Y		Y	Y		
63017		REMOVE SPINE LAMINA >2 LMBR	7/1/2014	RBRVS	$1,314.23	$1,314.23	090		Y	Y		Y	Y		
63020		NECK SPINE DISK SURGERY	7/1/2014	RBRVS	$1,230.68	$1,230.68	090		Y	Y	Y	Y	Y		
63030		LOW BACK DISK SURGERY	7/1/2014	RBRVS	$1,018.82	$1,018.82	090		Y	Y	Y	Y	Y		
63035		SPINAL DISK SURGERY ADD-ON	7/1/2014	RBRVS	$203.29	$203.29	ZZZ		Y		Y	Y	Y		
63040		LAMINOTOMY SINGLE CERVICAL	7/1/2014	RBRVS	$1,481.38	$1,481.38	090		Y	Y	Y	Y	Y		
63042		LAMINOTOMY SINGLE LUMBAR	7/1/2014	RBRVS	$1,366.62	$1,366.62	090		Y	Y	Y	Y	Y		
63043		LAMINOTOMY ADDL CERVICAL	7/1/2014	FEE SCHED	$283.80	$0.00			Y						
63044		LAMINOTOMY ADDL LUMBAR	7/1/2014	FEE SCHED	$826.07	$0.00			Y						
63045		REMOVE SPINE LAMINA 1 CRVL	7/1/2014	RBRVS	$1,339.51	$1,339.51	090		Y	Y		Y	Y		
63046		REMOVE SPINE LAMINA 1 THRC	7/1/2014	RBRVS	$1,273.82	$1,273.82	090		Y	Y		Y	Y		
63047		REMOVE SPINE LAMINA 1 LMBR	7/1/2014	RBRVS	$1,158.13	$1,158.13	090		Y	Y		Y	Y		
63048		REMOVE SPINAL LAMINA ADD-ON	7/1/2014	RBRVS	$225.56	$225.56	ZZZ		Y			Y	Y		
63050		CERVICAL LAMINOPLSTY 2/> SEG	7/1/2014	RBRVS	$1,645.51	$1,645.51	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
63051		C-LAMINOPLASTY W/GRAFT/PLATE	7/1/2014	RBRVS	$1,804.55	$1,804.55	090		Y	Y		Y	Y		
63055		DECOMPRESS SPINAL CORD THRC	7/1/2014	RBRVS	$1,714.07	$1,714.07	090		Y	Y		Y	Y		
63056		DECOMPRESS SPINAL CORD LMBR	7/1/2014	RBRVS	$1,557.65	$1,557.65	090		Y	Y		Y	Y		
63057		DECOMPRESS SPINE CORD ADD-ON	7/1/2014	RBRVS	$339.88	$339.88	ZZZ		Y			Y	Y		
63064		DECOMPRESS SPINAL CORD THRC	7/1/2014	RBRVS	$1,866.66	$1,866.66	090		Y	Y		Y	Y		
63066		DECOMPRESS SPINE CORD ADD-ON	7/1/2014	RBRVS	$219.28	$219.28	ZZZ		Y			Y	Y		
63075		NECK SPINE DISK SURGERY	7/1/2014	RBRVS	$1,439.92	$1,439.92	090		Y	Y		Y	Y		
63076		NECK SPINE DISK SURGERY	7/1/2014	RBRVS	$263.86	$263.86	ZZZ		Y			Y	Y		
63077		SPINE DISK SURGERY THORAX	7/1/2014	RBRVS	$1,571.96	$1,571.96	090		Y	Y		Y	Y		
63078		SPINE DISK SURGERY THORAX	7/1/2014	RBRVS	$205.08	$205.08	ZZZ		Y			Y	Y		
63081		REMOVE VERT BODY DCMPRN CRVL	7/1/2014	RBRVS	$1,865.29	$1,865.29	090		Y	Y		Y	Y	Y	
63082		REMOVE VERTEBRAL BODY ADD-ON	7/1/2014	RBRVS	$283.87	$283.87	ZZZ		Y			Y	Y	Y	
63085		REMOVE VERT BODY DCMPRN THRC	7/1/2014	RBRVS	$1,998.87	$1,998.87	090		Y	Y		Y	Y	Y	
63086		REMOVE VERTEBRAL BODY ADD-ON	7/1/2014	RBRVS	$201.07	$201.07	ZZZ		Y			Y	Y	Y	
63087		REMOV VERTBR DCMPRN THRCLMBR	7/1/2014	RBRVS	$2,515.08	$2,515.08	090		Y	Y		Y	Y	Y	
63088		REMOVE VERTEBRAL BODY ADD-ON	7/1/2014	RBRVS	$270.99	$270.99	ZZZ		Y			Y	Y	Y	
63090		REMOVE VERT BODY DCMPRN LMBR	7/1/2014	RBRVS	$2,065.07	$2,065.07	090		Y	Y		Y	Y	Y	
63091		REMOVE VERTEBRAL BODY ADD-ON	7/1/2014	RBRVS	$187.80	$187.80	ZZZ		Y			Y	Y	Y	
63101		REMOVE VERT BODY DCMPRN THRC	7/1/2014	RBRVS	$2,443.43	$2,443.43	090		Y	Y		Y	Y		
63102		REMOVE VERT BODY DCMPRN LMBR	7/1/2014	RBRVS	$2,355.14	$2,355.14	090		Y	Y		Y	Y		
63103		REMOVE VERTEBRAL BODY ADD-ON	7/1/2014	RBRVS	$307.79	$307.79	ZZZ		Y			Y	Y		
63170		INCISE SPINAL CORD TRACT(S)	7/1/2014	RBRVS	$1,676.42	$1,676.42	090		Y	Y		Y	Y		
63172		DRAINAGE OF SPINAL CYST	7/1/2014	RBRVS	$1,485.57	$1,485.57	090		Y	Y		Y	Y		
63173		DRAINAGE OF SPINAL CYST	7/1/2014	RBRVS	$1,818.50	$1,818.50	090		Y	Y		Y	Y		
63180		REVISE SPINAL CORD LIGAMENTS	7/1/2014	RBRVS	$1,563.57	$1,563.57	090		Y	Y		Y	Y		
63182		REVISE SPINAL CORD LIGAMENTS	7/1/2014	RBRVS	$1,549.22	$1,549.22	090		Y	Y		Y	Y		
63185		INCISE SPINE NRV HALF SEGMNT	7/1/2014	RBRVS	$1,262.77	$1,262.77	090		Y	Y		Y	Y		
63190		INCISE SPINE NRV >2 SEGMNTS	7/1/2014	RBRVS	$1,326.00	$1,326.00	090		Y	Y		Y	Y		
63191		INCISE SPINE ACCESSORY NERVE	7/1/2014	RBRVS	$1,328.29	$1,328.29	090		Y	Y	Y	Y	Y		
63194		INCISE SPINE & CORD CERVICAL	7/1/2014	RBRVS	$1,305.99	$1,305.99	090		Y	Y		Y	Y		
63195		INCISE SPINE & CORD THORACIC	7/1/2014	RBRVS	$1,618.58	$1,618.58	090		Y	Y		Y	Y		
63196		INCISE SPINE&CORD 2 TRX CRVL	7/1/2014	RBRVS	$1,412.67	$1,412.67	090		Y	Y		Y	Y		
63197		INCISE SPINE&CORD 2 TRX THRC	7/1/2014	RBRVS	$1,630.77	$1,630.77	090		Y	Y		Y	Y		
63198		INCISE SPIN&CORD 2 STGS CRVL	7/1/2014	RBRVS	$1,663.72	$1,663.72	090		Y	Y		Y	Y		
63199		INCISE SPIN&CORD 2 STGS THRC	7/1/2014	RBRVS	$1,745.70	$1,745.70	090		Y	Y		Y	Y		
63200		RELEASE SPINAL CORD LUMBAR	7/1/2014	RBRVS	$1,621.45	$1,621.45	090		Y	Y		Y			
63250		REVISE SPINAL CORD VSLS CRVL	7/1/2014	RBRVS	$3,132.19	$3,132.19	090		Y	Y		Y	Y		
63251		REVISE SPINAL CORD VSLS THRC	7/1/2014	RBRVS	$3,201.54	$3,201.54	090		Y	Y		Y	Y		
63252		REVISE SPINE CORD VSL THRLMB	7/1/2014	RBRVS	$3,200.83	$3,200.83	090		Y	Y		Y	Y		
63265		EXCISE INTRASPINL LESION CRV	7/1/2014	RBRVS	$1,760.55	$1,760.55	090		Y	Y		Y	Y		
63266		EXCISE INTRSPINL LESION THRC	7/1/2014	RBRVS	$1,817.56	$1,817.56	090		Y	Y		Y	Y		
63267		EXCISE INTRSPINL LESION LMBR	7/1/2014	RBRVS	$1,449.75	$1,449.75	090		Y	Y		Y	Y		
63268		EXCISE INTRSPINL LESION SCRL	7/1/2014	RBRVS	$1,531.40	$1,531.40	090		Y	Y		Y	Y		
63270		EXCISE INTRSPINL LESION CRVL	7/1/2014	RBRVS	$2,188.18	$2,188.18	090		Y	Y		Y	Y		
63271		EXCISE INTRSPINL LESION THRC	7/1/2014	RBRVS	$2,185.60	$2,185.60	090		Y	Y		Y	Y		
63272		EXCISE INTRSPINL LESION LMBR	7/1/2014	RBRVS	$2,009.42	$2,009.42	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
63273		EXCISE INTRSPINL LESION SCRL	7/1/2014	RBRVS	$1,964.41	$1,964.41	090		Y	Y		Y			
63275		BX/EXC XDRL SPINE LESN CRVL	7/1/2014	RBRVS	$1,900.26	$1,900.26	090		Y	Y		Y	Y		
63276		BX/EXC XDRL SPINE LESN THRC	7/1/2014	RBRVS	$1,882.08	$1,882.08	090		Y	Y		Y	Y		
63277		BX/EXC XDRL SPINE LESN LMBR	7/1/2014	RBRVS	$1,634.64	$1,634.64	090		Y	Y		Y	Y		
63278		BX/EXC XDRL SPINE LESN SCRL	7/1/2014	RBRVS	$1,672.30	$1,672.30	090		Y	Y		Y	Y		
63280		BX/EXC IDRL SPINE LESN CRVL	7/1/2014	RBRVS	$2,232.97	$2,232.97	090		Y	Y		Y	Y		
63281		BX/EXC IDRL SPINE LESN THRC	7/1/2014	RBRVS	$2,205.14	$2,205.14	090		Y	Y		Y	Y		
63282		BX/EXC IDRL SPINE LESN LMBR	7/1/2014	RBRVS	$2,083.50	$2,083.50	090		Y	Y		Y	Y		
63283		BX/EXC IDRL SPINE LESN SCRL	7/1/2014	RBRVS	$2,000.45	$2,000.45	090		Y	Y		Y	Y		
63285		BX/EXC IDRL IMED LESN CERVL	7/1/2014	RBRVS	$2,758.53	$2,758.53	090		Y	Y		Y	Y		
63286		BX/EXC IDRL IMED LESN THRC	7/1/2014	RBRVS	$2,715.39	$2,715.39	090		Y	Y		Y	Y		
63287		BX/EXC IDRL IMED LESN THRLMB	7/1/2014	RBRVS	$2,895.77	$2,895.77	090		Y	Y		Y	Y		
63290		BX/EXC XDRL/IDRL LSN ANY LVL	7/1/2014	RBRVS	$2,940.27	$2,940.27	090		Y	Y		Y	Y		
63295		REPAIR LAMINECTOMY DEFECT	7/1/2014	RBRVS	$352.40	$352.40	ZZZ		Y			Y	Y		
63300		REMOVE VERT XDRL BODY CRVCL	7/1/2014	RBRVS	$1,936.80	$1,936.80	090		Y	Y		Y	Y		
63301		REMOVE VERT XDRL BODY THRC	7/1/2014	RBRVS	$2,323.69	$2,323.69	090		Y	Y		Y	Y		
63302		REMOVE VERT XDRL BODY THRLMB	7/1/2014	RBRVS	$2,294.75	$2,294.75	090		Y	Y		Y	Y		
63303		REMOV VERT XDRL BDY LMBR/SAC	7/1/2014	RBRVS	$2,439.13	$2,439.13	090		Y	Y		Y	Y		
63304		REMOVE VERT IDRL BODY CRVCL	7/1/2014	RBRVS	$2,476.35	$2,476.35	090		Y	Y		Y	Y		
63305		REMOVE VERT IDRL BODY THRC	7/1/2014	RBRVS	$2,637.25	$2,637.25	090		Y	Y		Y	Y		
63306		REMOV VERT IDRL BDY THRCLMBR	7/1/2014	RBRVS	$2,298.09	$2,298.09	090		Y	Y		Y	Y		
63307		REMOV VERT IDRL BDY LMBR/SAC	7/1/2014	RBRVS	$2,537.88	$2,537.88	090		Y	Y		Y	Y		
63308		REMOVE VERTEBRAL BODY ADD-ON	7/1/2014	RBRVS	$339.16	$339.16	ZZZ		Y			Y	Y		
63600		REMOVE SPINAL CORD LESION	7/1/2014	RBRVS	$948.46	$948.46	090		Y	Y					
63610		STIMULATION OF SPINAL CORD	7/1/2014	RBRVS	$406.90	$406.90	000		Y	Y					
63615		REMOVE LESION OF SPINAL CORD	7/1/2014	RBRVS	$1,302.44	$1,302.44	090		Y	Y			Y		
63620		SRS SPINAL LESION	7/1/2014	RBRVS	$1,163.23	$1,163.23	090		Y			Y			
63621		SRS SPINAL LESION ADDL	7/1/2014	RBRVS	$263.86	$263.86	ZZZ		Y			Y			
63650		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$1,354.47	$431.43	010		Y	Y					
63655		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$867.45	$867.45	090		Y	Y		Y	Y		
63661		REMOVE SPINE ELTRD PERQ ARAY	7/1/2014	RBRVS	$588.89	$333.93	010		Y	Y		Y	Y		
63662		REMOVE SPINE ELTRD PLATE	7/1/2014	RBRVS	$801.26	$801.26	090		Y	Y		Y	Y		
63663		REVISE SPINE ELTRD PERQ ARAY	7/1/2014	RBRVS	$818.40	$480.95	010		Y	Y		Y	Y		
63664		REVISE SPINE ELTRD PLATE	7/1/2014	RBRVS	$829.59	$829.59	090		Y	Y		Y	Y		
63685		INSRT/REDO SPINE N GENERATOR	7/1/2014	RBRVS	$379.00	$379.00	010		Y	Y		Y	Y		
63688		REVISE/REMOVE NEURORECEIVER	7/1/2014	RBRVS	$383.34	$383.34	010		Y	Y					
63700		REPAIR OF SPINAL HERNIATION	7/1/2014	RBRVS	$1,332.13	$1,332.13	090		Y	Y		Y	Y		
63702		REPAIR OF SPINAL HERNIATION	7/1/2014	RBRVS	$1,465.28	$1,465.28	090		Y	Y		Y	Y		
63704		REPAIR OF SPINAL HERNIATION	7/1/2014	RBRVS	$1,733.80	$1,733.80	090		Y	Y		Y	Y		
63706		REPAIR OF SPINAL HERNIATION	7/1/2014	RBRVS	$1,898.03	$1,898.03	090		Y	Y		Y	Y		
63707		REPAIR SPINAL FLUID LEAKAGE	7/1/2014	RBRVS	$960.08	$960.08	090		Y	Y		Y	Y		
63709		REPAIR SPINAL FLUID LEAKAGE	7/1/2014	RBRVS	$1,157.92	$1,157.92	090		Y	Y		Y	Y		
63710		GRAFT REPAIR OF SPINE DEFECT	7/1/2014	RBRVS	$1,162.47	$1,162.47	090		Y	Y		Y	Y		
63740		INSTALL SPINAL SHUNT	7/1/2014	RBRVS	$992.32	$992.32	090		Y	Y		Y	Y		
63741		INSTALL SPINAL SHUNT	7/1/2014	RBRVS	$681.16	$681.16	090		Y	Y		Y	Y		
63744		REVISION OF SPINAL SHUNT	7/1/2014	RBRVS	$718.02	$718.02	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
63746		REMOVAL OF SPINAL SHUNT	7/1/2014	RBRVS	$628.84	$628.84	090		Y	Y					
64400		N BLOCK INJ TRIGEMINAL	7/1/2014	RBRVS	$127.23	$72.01	000			Y	Y				
64402		N BLOCK INJ FACIAL	7/1/2014	RBRVS	$125.80	$77.74	000			Y	Y				
64405		N BLOCK INJ OCCIPITAL	7/1/2014	RBRVS	$103.28	$65.62	000			Y	Y				
64408		N BLOCK INJ VAGUS	7/1/2014	RBRVS	$102.02	$76.56	000			Y	Y				
64410		N BLOCK INJ PHRENIC	7/1/2014	RBRVS	$132.07	$80.08	000			Y	Y				
64412		N BLOCK INJ SPINAL ACCESSOR	7/1/2014	RBRVS	$141.32	$76.06	000			Y	Y				
64413		N BLOCK INJ CERVICAL PLEXUS	7/1/2014	RBRVS	$127.34	$84.31	000			Y	Y				
64415		N BLOCK INJ BRACHIAL PLEXUS	7/1/2014	RBRVS	$120.78	$67.70	000			Y	Y				
64416		N BLOCK CONT INFUSE B PLEX	7/1/2014	RBRVS	$81.80	$81.80	000			Y	Y				
64417		N BLOCK INJ AXILLARY	7/1/2014	RBRVS	$131.89	$73.08	000			Y	Y				
64418		N BLOCK INJ SUPRASCAPULAR	7/1/2014	RBRVS	$145.16	$78.10	000			Y	Y				
64420		N BLOCK INJ INTERCOST SNG	7/1/2014	RBRVS	$115.40	$71.29	000			Y					
64421		N BLOCK INJ INTERCOST MLT	7/1/2014	RBRVS	$156.74	$98.29	000			Y	Y				
64425		N BLOCK INJ ILIO-ING/HYPOGI	7/1/2014	RBRVS	$137.02	$98.65	000			Y	Y				
64430		N BLOCK INJ PUDENDAL	7/1/2014	RBRVS	$140.61	$85.02	000			Y	Y				
64435		N BLOCK INJ PARACERVICAL	7/1/2014	RBRVS	$139.42	$88.86	000			Y	Y				
64445		N BLOCK INJ SCIATIC SNG	7/1/2014	RBRVS	$137.88	$75.13	000			Y	Y				
64446		N BLK INJ SCIATIC CONT INF	7/1/2014	RBRVS	$82.16	$82.16	000			Y	Y				
64447		N BLOCK INJ FEM SINGLE	7/1/2014	RBRVS	$120.78	$68.42	000			Y	Y				
64448		N BLOCK INJ FEM CONT INF	7/1/2014	RBRVS	$73.44	$73.44	000			Y	Y				
64449		N BLOCK INJ LUMBAR PLEXUS	7/1/2014	RBRVS	$85.74	$85.74	000			Y	Y				
64450		N BLOCK OTHER PERIPHERAL	7/1/2014	RBRVS	$81.40	$47.34	000			Y	Y				
64455		N BLOCK INJ PLANTAR DIGIT	7/1/2014	RBRVS	$49.59	$37.04	000			Y	Y				
64479		INJ FORAMEN EPIDURAL C/T	7/1/2014	RBRVS	$246.11	$141.04	000			Y	Y				
64480		INJ FORAMEN EPIDURAL ADD-ON	7/1/2014	RBRVS	$118.27	$68.78	ZZZ				Y				
64483		INJ FORAMEN EPIDURAL L/S	7/1/2014	RBRVS	$226.46	$117.44	000			Y	Y				
64484		INJ FORAMEN EPIDURAL ADD-ON	7/1/2014	RBRVS	$90.12	$54.61	ZZZ				Y				
64486		TAP BLOCK UNIL BY INJECTION	1/1/2015	RBRVS	$125.80	$65.91	000			Y	Y				
64487		TAP BLOCK UNI BY INFUSION	1/1/2015	RBRVS	$153.84	$75.66	000			Y	Y				
64488		TAP BLOCK BI INJECTION	1/1/2015	RBRVS	$154.48	$81.69	000			Y					
64489		TAP BLOCK BI BY INFUSION	1/1/2015	RBRVS	$214.80	$91.08	000			Y					
64490		INJ PARAVERT F JNT C/T 1 LEV	7/1/2014	RBRVS	$197.62	$112.99	000			Y	Y	Y			
64491		INJ PARAVERT F JNT C/T 2 LEV	7/1/2014	RBRVS	$97.11	$63.76	ZZZ				Y	Y			
64492		INJ PARAVERT F JNT C/T 3 LEV	7/1/2014	RBRVS	$97.83	$64.48	ZZZ				Y	Y			
64493		INJ PARAVERT F JNT L/S 1 LEV	7/1/2014	RBRVS	$178.26	$95.42	000			Y	Y	Y			
64494		INJ PARAVERT F JNT L/S 2 LEV	7/1/2014	RBRVS	$89.04	$54.26	ZZZ				Y	Y			
64495		INJ PARAVERT F JNT L/S 3 LEV	7/1/2014	RBRVS	$89.40	$54.97	ZZZ				Y	Y			
64505		N BLOCK SPENOPALATINE GANGL	7/1/2014	RBRVS	$106.04	$88.83	000			Y	Y				
64508		N BLOCK CAROTID SINUS S/P	7/1/2014	RBRVS	$68.06	$81.69	000			Y	Y				
64510		N BLOCK STELLATE GANGLION	7/1/2014	RBRVS	$129.71	$76.63	000			Y	Y				
64517		N BLOCK INJ HYPOGAS PLXS	7/1/2014	RBRVS	$179.59	$124.72	000			Y					
64520		N BLOCK LUMBAR/THORACIC	7/1/2014	RBRVS	$188.55	$83.48	000			Y	Y				
64530		N BLOCK INJ CELIAC PELUS	7/1/2014	RBRVS	$195.11	$96.14	000			Y					
64550		APPLY NEUROSTIMULATOR	7/1/2014	RBRVS	$16.21	$9.40	000		Y						
64553		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$214.77	$161.69	010		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
64555		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$207.31	$155.31	010		Y	Y					
64561		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$813.45	$412.53	010		Y	Y	Y				
64565		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$189.63	$135.48	010		Y	Y					
64566		NEUROELTRD STIM POST TIBIAL	7/1/2014	RBRVS	$121.14	$31.13	000		Y	Y					
64568		INC FOR VAGUS N ELECT IMPL	7/1/2014	RBRVS	$635.73	$635.73	090		Y	Y	Y				
64569		REVISE/REPL VAGUS N ELTRD	7/1/2014	RBRVS	$817.54	$817.54	090		Y	Y	Y		Y	Y	
64570		REMOVE VAGUS N ELTRD	7/1/2014	RBRVS	$727.81	$727.81	090		Y	Y	Y		Y	Y	
64575		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$317.68	$317.68	090		Y	Y					
64580		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$309.44	$309.44	090		Y	Y		Y			
64581		IMPLANT NEUROELECTRODES	7/1/2014	RBRVS	$693.86	$693.86	090		Y	Y					
64585		REVISE/REMOVE NEUROELECTRODE	7/1/2014	RBRVS	$249.69	$148.57	010		Y	Y					
64590		INSRT/REDO PERPH N GENERATOR	7/1/2014	RBRVS	$268.09	$165.17	010		Y	Y			Y		
64595		REVISE/REMOVE NEURORECEIVER	7/1/2014	RBRVS	$248.33	$130.35	010		Y	Y					
64600		INJECTION TREATMENT OF NERVE	7/1/2014	RBRVS	$393.53	$223.55	010		Y	Y					
64605		INJECTION TREATMENT OF NERVE	7/1/2014	RBRVS	$752.67	$377.21	010		Y	Y	Y				
64610		INJECTION TREATMENT OF NERVE	7/1/2014	RBRVS	$762.74	$509.21	010		Y	Y	Y				
64611		CHEMODENERV SALIV GLANDS	7/1/2014	RBRVS	$116.04	$102.06	010		Y	Y					
64612		DESTROY NERVE FACE MUSCLE	7/1/2014	RBRVS	$142.47	$128.49	010		Y	Y	Y				
64615		CHEMODENERV MUSC MIGRAINE	7/1/2014	RBRVS	$149.32	$133.18	010		Y	Y					
64616		CHEMODENERV MUSC NECK DYSTON	7/1/2014	RBRVS	$142.62	$126.15	010		Y	Y	Y				
64617		CHEMODENER MUSCLE LARYNX EMG	7/1/2014	RBRVS	$218.41	$132.46	010		Y	Y	Y				
64620		INJECTION TREATMENT OF NERVE	7/1/2014	RBRVS	$211.79	$179.87	010		Y	Y					
64630		INJECTION TREATMENT OF NERVE	7/1/2014	RBRVS	$233.59	$195.94	010		Y	Y					
64632		N BLOCK INJ COMMON DIGIT	7/1/2014	RBRVS	$88.11	$71.97	010		Y	Y	Y				
64633		DESTROY CERV/THOR FACET JNT	7/1/2014	RBRVS	$442.98	$237.86	010		Y	Y	Y				
64634		DESTROY C/TH FACET JNT ADDL	7/1/2014	RBRVS	$200.74	$72.01	ZZZ		Y		Y				
64635		DESTROY LUMB/SAC FACET JNT	7/1/2014	RBRVS	$436.81	$234.20	010		Y	Y	Y				
64636		DESTROY L/S FACET JNT ADDL	7/1/2014	RBRVS	$181.27	$62.93	ZZZ		Y		Y				
64640		INJECTION TREATMENT OF NERVE	7/1/2014	RBRVS	$136.20	$96.75	010		Y	Y	Y				
64642		CHEMODENERV 1 EXTREMITY 1-4	7/1/2014	RBRVS	$160.69	$124.94	000		Y	Y					
64643		CHEMODENERV 1 EXTREM 1-4 EA	7/1/2014	RBRVS	$105.87	$83.77	ZZZ		Y						
64644		CHEMODENERV 1 EXTREM 5/> MUS	7/1/2014	RBRVS	$183.31	$136.31	000		Y	Y					
64645		CHEMODENERV 1 EXTREM 5/> EA	7/1/2014	RBRVS	$129.44	$96.10	ZZZ		Y						
64646		CHEMODENERV TRUNK MUSC 1-5	7/1/2014	RBRVS	$172.86	$135.10	000		Y	Y					
64647		CHEMODENERV TRUNK MUSC 6/>	7/1/2014	RBRVS	$200.13	$155.94	000		Y	Y					
64650		CHEMODENERV ECCRINE GLANDS	7/1/2014	RBRVS	$77.74	$42.96	000		Y	Y					
64653		CHEMODENERV ECCRINE GLANDS	7/1/2014	RBRVS	$98.90	$56.95	000		Y	Y					
64680		INJECTION TREATMENT OF NERVE	7/1/2014	RBRVS	$319.80	$174.93	010		Y	Y					
64681		INJECTION TREATMENT OF NERVE	7/1/2014	RBRVS	$346.69	$197.16	010		Y	Y					
64702		REVISE FINGER/TOE NERVE	7/1/2014	RBRVS	$512.69	$512.69	090		Y	Y					
64704		REVISE HAND/FOOT NERVE	7/1/2014	RBRVS	$329.41	$329.41	090		Y	Y		Y	Y		
64708		REVISE ARM/LEG NERVE	7/1/2014	RBRVS	$512.55	$512.55	090		Y	Y		Y	Y		
64712		REVISION OF SCIATIC NERVE	7/1/2014	RBRVS	$583.08	$583.08	090		Y	Y	Y	Y	Y		
64713		REVISION OF ARM NERVE(S)	7/1/2014	RBRVS	$757.00	$757.00	090		Y	Y	Y	Y	Y		
64714		REVISE LOW BACK NERVE(S)	7/1/2014	RBRVS	$660.22	$660.22	090		Y	Y	Y	Y	Y		
64716		REVISION OF CRANIAL NERVE	7/1/2014	RBRVS	$559.34	$559.34	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
64718		REVISE ULNAR NERVE AT ELBOW	7/1/2014	RBRVS	$613.35	$613.35	090		Y	Y	Y				
64719		REVISE ULNAR NERVE AT WRIST	7/1/2014	RBRVS	$411.57	$411.57	090		Y	Y	Y				
64721		CARPAL TUNNEL SURGERY	7/1/2014	RBRVS	$441.97	$439.11	090		Y	Y	Y				
64722		RELIEVE PRESSURE ON NERVE(S)	7/1/2014	RBRVS	$380.55	$380.55	090		Y	Y		Y	Y		
64726		RELEASE FOOT/TOE NERVE	7/1/2014	RBRVS	$280.82	$280.82	090		Y	Y					
64727		INTERNAL NERVE REVISION	7/1/2014	RBRVS	$191.99	$191.99	ZZZ		Y						
64732		INCISION OF BROW NERVE	7/1/2014	RBRVS	$431.36	$431.36	090		Y	Y	Y	Y			
64734		INCISION OF CHEEK NERVE	7/1/2014	RBRVS	$402.06	$402.06	090		Y	Y	Y				
64736		INCISION OF CHIN NERVE	7/1/2014	RBRVS	$457.11	$457.11	090		Y	Y	Y	Y			
64738		INCISION OF JAW NERVE	7/1/2014	RBRVS	$506.63	$506.63	090		Y	Y	Y	Y			
64740		INCISION OF TONGUE NERVE	7/1/2014	RBRVS	$475.75	$475.75	090		Y	Y	Y	Y			
64742		INCISION OF FACIAL NERVE	7/1/2014	RBRVS	$521.30	$521.30	090		Y	Y	Y	Y			
64744		INCISE NERVE BACK OF HEAD	7/1/2014	RBRVS	$514.30	$514.30	090		Y	Y	Y				
64746		INCISE DIAPHRAGM NERVE	7/1/2014	RBRVS	$453.38	$453.38	090		Y	Y	Y	Y	Y		
64755		INCISION OF STOMACH NERVES	7/1/2014	RBRVS	$954.13	$954.13	090		Y	Y		Y	Y		
64760		INCISION OF VAGUS NERVE	7/1/2014	RBRVS	$531.23	$531.23	090		Y	Y		Y	Y		
64763		INCISE HIP/THIGH NERVE	7/1/2014	RBRVS	$526.21	$526.21	090		Y	Y	Y	Y	Y		
64766		INCISE HIP/THIGH NERVE	7/1/2014	RBRVS	$580.72	$580.72	090		Y	Y	Y	Y			
64771		SEVER CRANIAL NERVE	7/1/2014	RBRVS	$605.14	$605.14	090		Y	Y		Y			
64772		INCISION OF SPINAL NERVE	7/1/2014	RBRVS	$582.19	$582.19	090		Y	Y		Y	Y		
64774		REMOVE SKIN NERVE LESION	7/1/2014	RBRVS	$432.29	$432.29	090		Y	Y					
64776		REMOVE DIGIT NERVE LESION	7/1/2014	RBRVS	$405.65	$405.65	090		Y	Y					
64778		DIGIT NERVE SURGERY ADD-ON	7/1/2014	RBRVS	$163.02	$163.02	ZZZ		Y						
64782		REMOVE LIMB NERVE LESION	7/1/2014	RBRVS	$467.04	$467.04	090		Y	Y			Y		
64783		LIMB NERVE SURGERY ADD-ON	7/1/2014	RBRVS	$225.24	$225.24	ZZZ		Y						
64784		REMOVE NERVE LESION	7/1/2014	RBRVS	$766.15	$766.15	090		Y	Y					
64786		REMOVE SCIATIC NERVE LESION	7/1/2014	RBRVS	$1,126.97	$1,126.97	090		Y	Y	Y	Y			
64787		IMPLANT NERVE END	7/1/2014	RBRVS	$253.78	$253.78	ZZZ		Y						
64788		REMOVE SKIN NERVE LESION	7/1/2014	RBRVS	$412.39	$412.39	090		Y	Y					
64790		REMOVAL OF NERVE LESION	7/1/2014	RBRVS	$861.14	$861.14	090		Y	Y			Y		
64792		REMOVAL OF NERVE LESION	7/1/2014	RBRVS	$1,248.93	$1,248.93	090		Y	Y		Y	Y		
64795		BIOPSY OF NERVE	7/1/2014	RBRVS	$204.01	$204.01	000		Y	Y					
64802		SYMPATHECTOMY CERVICAL	7/1/2014	RBRVS	$698.88	$698.88	090		Y	Y	Y	Y	Y		
64804		REMOVE SYMPATHETIC NERVES	7/1/2014	RBRVS	$1,063.61	$1,063.61	090		Y	Y	Y	Y	Y		
64809		REMOVE SYMPATHETIC NERVES	7/1/2014	RBRVS	$742.84	$742.84	090		Y	Y	Y	Y	Y		
64818		REMOVE SYMPATHETIC NERVES	7/1/2014	RBRVS	$674.42	$674.42	090		Y	Y	Y	Y	Y		
64820		SYMPATHECTOMY DIGITAL ARTERY	7/1/2014	RBRVS	$756.00	$756.00	090		Y	Y					
64821		REMOVE SYMPATHETIC NERVES	7/1/2014	RBRVS	$725.45	$725.45	090		Y	Y	Y				
64822		REMOVE SYMPATHETIC NERVES	7/1/2014	RBRVS	$725.45	$725.45	090		Y	Y	Y				
64823		SYMPATHECTOMY SUPFC PALMAR	7/1/2014	RBRVS	$828.01	$828.01	090		Y	Y	Y				
64831		REPAIR OF DIGIT NERVE	7/1/2014	RBRVS	$709.20	$709.20	090		Y	Y	Y				
64832		REPAIR NERVE ADD-ON	7/1/2014	RBRVS	$353.94	$353.94	ZZZ		Y						
64834		REPAIR OF HAND OR FOOT NERVE	7/1/2014	RBRVS	$770.70	$770.70	090		Y	Y	Y				
64835		REPAIR OF HAND OR FOOT NERVE	7/1/2014	RBRVS	$846.40	$846.40	090		Y	Y	Y	Y			
64836		REPAIR OF HAND OR FOOT NERVE	7/1/2014	RBRVS	$846.40	$846.40	090		Y	Y	Y	Y			
64837		REPAIR NERVE ADD-ON	7/1/2014	RBRVS	$379.76	$379.76	ZZZ		Y			Y			

Montana Medicaid - Fee Schedule
Psychiatrist 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
64840		REPAIR OF LEG NERVE	7/1/2014	RBRVS	$956.74	$956.74	090		Y	Y	Y	Y			
64856		REPAIR/TRANSPOSE NERVE	7/1/2014	RBRVS	$1,051.74	$1,051.74	090		Y	Y			Y		
64857		REPAIR ARM/LEG NERVE	7/1/2014	RBRVS	$1,100.87	$1,100.87	090		Y	Y		Y	Y		
64858		REPAIR SCIATIC NERVE	7/1/2014	RBRVS	$1,118.98	$1,118.98	090		Y	Y	Y	Y	Y		
64859		NERVE SURGERY	7/1/2014	RBRVS	$270.38	$270.38	ZZZ		Y			Y	Y		
64861		REPAIR OF ARM NERVES	7/1/2014	RBRVS	$1,429.74	$1,429.74	090		Y	Y	Y	Y	Y		
64862		REPAIR OF LOW BACK NERVES	7/1/2014	RBRVS	$1,438.52	$1,438.52	090		Y	Y	Y	Y			
64864		REPAIR OF FACIAL NERVE	7/1/2014	RBRVS	$908.30	$908.30	090		Y	Y		Y	Y		
64865		REPAIR OF FACIAL NERVE	7/1/2014	RBRVS	$1,158.35	$1,158.35	090		Y	Y		Y	Y		
64866		FUSION OF FACIAL/OTHER NERVE	7/1/2014	RBRVS	$1,202.10	$1,202.10	090		Y	Y		Y	Y		
64868		FUSION OF FACIAL/OTHER NERVE	7/1/2014	RBRVS	$1,061.53	$1,061.53	090		Y	Y		Y	Y		
64872		SUBSEQUENT REPAIR OF NERVE	7/1/2014	RBRVS	$124.11	$124.11	ZZZ		Y			Y	Y		
64874		REPAIR & REVISE NERVE ADD-ON	7/1/2014	RBRVS	$175.64	$175.64	ZZZ		Y			Y	Y		
64876		REPAIR NERVE/SHORTEN BONE	7/1/2014	RBRVS	$193.36	$193.36	ZZZ		Y			Y	Y		
64885		NERVE GRAFT HEAD/NECK </4 CM	7/1/2014	RBRVS	$1,187.50	$1,187.50	090		Y	Y		Y	Y		
64886		NERVE GRAFT HEAD/NECK >4 CM	7/1/2014	RBRVS	$1,353.39	$1,353.39	090		Y	Y		Y	Y		
64890		NERVE GRAFT HAND/FOOT </4 CM	7/1/2014	RBRVS	$1,158.10	$1,158.10	090		Y	Y		Y			
64891		NERVE GRAFT HAND/FOOT >4 CM	7/1/2014	RBRVS	$1,234.34	$1,234.34	090		Y	Y		Y			
64892		NERVE GRAFT ARM/LEG <4 CM	7/1/2014	RBRVS	$1,126.43	$1,126.43	090		Y	Y		Y	Y		
64893		NERVE GRAFT ARM/LEG >4 CM	7/1/2014	RBRVS	$1,203.39	$1,203.39	090		Y	Y		Y			
64895		NERVE GRAFT HAND/FOOT </4 CM	7/1/2014	RBRVS	$1,416.18	$1,416.18	090		Y	Y		Y	Y		
64896		NERVE GRAFT HAND/FOOT >4 CM	7/1/2014	RBRVS	$1,670.22	$1,670.22	090		Y	Y		Y	Y		
64897		NERVE GRAFT ARM/LEG </4 CM	7/1/2014	RBRVS	$1,365.62	$1,365.62	090		Y	Y		Y			
64898		NERVE GRAFT ARM/LEG >4 CM	7/1/2014	RBRVS	$1,434.87	$1,434.87	090		Y	Y		Y	Y		
64901		NERVE GRAFT ADD-ON	7/1/2014	RBRVS	$615.90	$615.90	ZZZ		Y			Y	Y		
64902		NERVE GRAFT ADD-ON	7/1/2014	RBRVS	$712.72	$712.72	ZZZ		Y			Y			
64905		NERVE PEDICLE TRANSFER	7/1/2014	RBRVS	$1,085.12	$1,085.12	090		Y	Y		Y	Y		
64907		NERVE PEDICLE TRANSFER	7/1/2014	RBRVS	$1,259.19	$1,259.19	090		Y	Y		Y	Y		
64910		NERVE REPAIR W/ALLOGRAFT	7/1/2014	RBRVS	$855.26	$855.26	090		Y	Y		Y	Y		
64911		NEURORRAPHY W/VEIN AUTOGRAFT	7/1/2014	RBRVS	$1,072.54	$1,072.54	090		Y	Y		Y	Y		
64999		NERVOUS SYSTEM SURGERY	7/1/2014	FEE SCHED	$623.64	$0.00			Y						
65091		REVISE EYE	7/1/2014	RBRVS	$681.63	$681.63	090			Y	Y		Y		
65093		REVISE EYE WITH IMPLANT	7/1/2014	RBRVS	$672.34	$672.34	090			Y	Y		Y		
65101		REMOVAL OF EYE	7/1/2014	RBRVS	$789.53	$789.53	090			Y	Y				
65103		REMOVE EYE/INSERT IMPLANT	7/1/2014	RBRVS	$824.92	$824.92	090			Y	Y		Y		
65105		REMOVE EYE/ATTACH IMPLANT	7/1/2014	RBRVS	$911.45	$911.45	090			Y	Y	Y	Y		
65110		REMOVAL OF EYE	7/1/2014	RBRVS	$1,277.87	$1,277.87	090			Y	Y	Y	Y		
65112		REMOVE EYE/REVISE SOCKET	7/1/2014	RBRVS	$1,483.21	$1,483.21	090			Y	Y	Y	Y		
65114		REMOVE EYE/REVISE SOCKET	7/1/2014	RBRVS	$1,556.61	$1,556.61	090			Y	Y	Y	Y		
65125		REVISE OCULAR IMPLANT	7/1/2014	RBRVS	$476.97	$313.45	090			Y	Y		Y		
65130		INSERT OCULAR IMPLANT	7/1/2014	RBRVS	$785.01	$785.01	090			Y	Y		Y		
65135		INSERT OCULAR IMPLANT	7/1/2014	RBRVS	$796.59	$796.59	090			Y	Y				
65140		ATTACH OCULAR IMPLANT	7/1/2014	RBRVS	$841.74	$841.74	090			Y	Y				
65150		REVISE OCULAR IMPLANT	7/1/2014	RBRVS	$585.63	$585.63	090			Y	Y				
65155		REINSERT OCULAR IMPLANT	7/1/2014	RBRVS	$909.05	$909.05	090			Y	Y				
65175		REMOVAL OF OCULAR IMPLANT	7/1/2014	RBRVS	$683.85	$683.85	090			Y	Y		Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
65205		REMOVE FOREIGN BODY FROM EYE	7/1/2014	RBRVS	$59.42	$47.59	000			Y	Y				
65210		REMOVE FOREIGN BODY FROM EYE	7/1/2014	RBRVS	$72.01	$56.95	000			Y	Y				
65220		REMOVE FOREIGN BODY FROM EYE	7/1/2014	RBRVS	$60.17	$44.75	000			Y	Y				
65222		REMOVE FOREIGN BODY FROM EYE	7/1/2014	RBRVS	$71.00	$56.66	000			Y	Y				
65235		REMOVE FOREIGN BODY FROM EYE	7/1/2014	RBRVS	$744.67	$744.67	090			Y	Y				
65260		REMOVE FOREIGN BODY FROM EYE	7/1/2014	RBRVS	$975.36	$975.36	090			Y	Y	Y			
65265		REMOVE FOREIGN BODY FROM EYE	7/1/2014	RBRVS	$1,182.56	$1,182.56	090			Y	Y	Y	Y		
65270		REPAIR OF EYE WOUND	7/1/2014	RBRVS	$274.08	$148.93	010			Y	Y				
65272		REPAIR OF EYE WOUND	7/1/2014	RBRVS	$508.60	$358.35	090			Y	Y				
65273		REPAIR OF EYE WOUND	7/1/2014	RBRVS	$388.29	$388.29	090			Y	Y		Y		
65275		REPAIR OF EYE WOUND	7/1/2014	RBRVS	$602.63	$487.88	090			Y	Y				
65280		REPAIR OF EYE WOUND	7/1/2014	RBRVS	$730.97	$730.97	090			Y	Y				
65285		REPAIR OF EYE WOUND	7/1/2014	RBRVS	$1,195.82	$1,195.82	090			Y	Y				
65286		REPAIR OF EYE WOUND	7/1/2014	RBRVS	$730.18	$522.91	090			Y	Y				
65290		REPAIR OF EYE SOCKET WOUND	7/1/2014	RBRVS	$532.20	$532.20	090			Y	Y		Y		
65400		REMOVAL OF EYE LESION	7/1/2014	RBRVS	$710.14	$634.11	090			Y	Y				
65410		BIOPSY OF CORNEA	7/1/2014	RBRVS	$153.12	$115.11	000			Y	Y				
65420		REMOVAL OF EYE LESION	7/1/2014	RBRVS	$526.03	$390.12	090			Y	Y				
65426		REMOVAL OF EYE LESION	7/1/2014	RBRVS	$675.96	$503.47	090			Y	Y				
65430		CORNEAL SMEAR	7/1/2014	RBRVS	$121.39	$110.63	000			Y	Y				
65435		CURETTE/TREAT CORNEA	7/1/2014	RBRVS	$84.81	$74.77	000			Y	Y				
65436		CURETTE/TREAT CORNEA	7/1/2014	RBRVS	$413.90	$398.48	090			Y	Y				
65450		TREATMENT OF CORNEAL LESION	7/1/2014	RBRVS	$339.09	$336.22	090			Y	Y				
65600		REVISION OF CORNEA	7/1/2014	RBRVS	$411.82	$361.97	090			Y	Y				
65710		CORNEAL TRANSPLANT	7/1/2014	RBRVS	$1,164.37	$1,164.37	090			Y	Y	Y	Y		
65730		CORNEAL TRANSPLANT	7/1/2014	RBRVS	$1,293.15	$1,293.15	090			Y	Y	Y	Y		
65750		CORNEAL TRANSPLANT	7/1/2014	RBRVS	$1,297.13	$1,297.13	090			Y	Y	Y	Y		
65755		CORNEAL TRANSPLANT	7/1/2014	RBRVS	$1,295.30	$1,295.30	090			Y	Y	Y	Y		
65756		CORNEAL TRNSPL ENDOTHELIAL	7/1/2014	RBRVS	$1,209.20	$1,209.20	090			Y	Y	Y	Y		
65757		PREP CORNEAL ENDO ALLOGRAFT	7/1/2014	FEE SCHED	$416.37	$0.00									
65770		REVISE CORNEA WITH IMPLANT	7/1/2014	RBRVS	$1,661.64	$1,661.64	090			Y	Y	Y			
65772		CORRECTION OF ASTIGMATISM	7/1/2014	RBRVS	$469.48	$425.37	090			Y	Y				
65775		CORRECTION OF ASTIGMATISM	7/1/2014	RBRVS	$561.50	$561.50	090			Y	Y				
65778		COVER EYE W/MEMBRANE	7/1/2014	RBRVS	$1,391.30	$76.67	010			Y	Y				
65779		COVER EYE W/MEMBRANE SUTURE	7/1/2014	RBRVS	$1,242.15	$301.19	010			Y	Y				
65780		OCULAR RECONST TRANSPLANT	7/1/2014	RBRVS	$930.17	$930.17	090			Y	Y		Y		
65781		OCULAR RECONST TRANSPLANT	7/1/2014	RBRVS	$1,359.49	$1,359.49	090			Y	Y	Y	Y		
65782		OCULAR RECONST TRANSPLANT	7/1/2014	RBRVS	$1,251.62	$1,251.62	090			Y	Y		Y		
65800		DRAINAGE OF EYE	7/1/2014	RBRVS	$125.69	$98.44	000			Y	Y				
65810		DRAINAGE OF EYE	7/1/2014	RBRVS	$490.28	$490.28	090			Y	Y				
65815		DRAINAGE OF EYE	7/1/2014	RBRVS	$671.19	$511.61	090			Y	Y				
65820		RELIEVE INNER EYE PRESSURE	7/1/2014	RBRVS	$761.99	$761.99	090			Y	Y				
65850		INCISION OF EYE	7/1/2014	RBRVS	$903.82	$903.82	090			Y	Y		Y		
65855		LASER SURGERY OF EYE	7/1/2014	RBRVS	$357.13	$317.33	010			Y	Y				
65860		INCISE INNER EYE ADHESIONS	7/1/2014	RBRVS	$356.38	$301.15	090			Y	Y				
65865		INCISE INNER EYE ADHESIONS	7/1/2014	RBRVS	$480.20	$480.20	090			Y	Y		Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
65870		INCISE INNER EYE ADHESIONS	7/1/2014	RBRVS	$632.32	$632.32	090			Y	Y		Y		
65875		INCISE INNER EYE ADHESIONS	7/1/2014	RBRVS	$661.98	$661.98	090			Y	Y		Y		
65880		INCISE INNER EYE ADHESIONS	7/1/2014	RBRVS	$675.39	$675.39	090			Y	Y				
65900		REMOVE EYE LESION	7/1/2014	RBRVS	$981.09	$981.09	090			Y	Y	Y			
65920		REMOVE IMPLANT OF EYE	7/1/2014	RBRVS	$825.96	$825.96	090			Y	Y		Y		
65930		REMOVE BLOOD CLOT FROM EYE	7/1/2014	RBRVS	$684.71	$684.71	090			Y	Y		Y		
66020		INJECTION TREATMENT OF EYE	7/1/2014	RBRVS	$188.55	$133.69	010			Y	Y				
66030		INJECTION TREATMENT OF EYE	7/1/2014	RBRVS	$170.62	$115.76	010			Y	Y				
66130		REMOVE EYE LESION	7/1/2014	RBRVS	$750.98	$624.75	090			Y	Y				
66150		GLAUCOMA SURGERY	7/1/2014	RBRVS	$890.98	$890.98	090			Y	Y		Y		
66155		GLAUCOMA SURGERY	7/1/2014	RBRVS	$890.26	$890.26	090			Y	Y				
66160		GLAUCOMA SURGERY	7/1/2014	RBRVS	$1,005.41	$1,005.41	090			Y	Y		Y		
66170		GLAUCOMA SURGERY	7/1/2014	RBRVS	$1,256.68	$1,256.68	090			Y	Y	Y	Y		
66172		INCISION OF EYE	7/1/2014	RBRVS	$1,584.29	$1,584.29	090			Y	Y	Y	Y		
66174		TRANSLUM DIL EYE CANAL	7/1/2014	RBRVS	$1,019.79	$1,019.79	090			Y	Y	Y	Y		
66175		TRNSLUM DIL EYE CANAL W/STNT	7/1/2014	RBRVS	$1,168.28	$1,168.28	090		Y	Y	Y	Y	Y		
66179		AQUEOUS SHUNT EYE W/O GRAFT	1/1/2015	RBRVS	$919.56	$1,102.44	090			Y	Y	Y			
66180		IMPLANT EYE SHUNT	7/1/2014	RBRVS	$1,227.31	$1,227.31	090			Y	Y	Y	Y		
66183		INSERT ANT DRAINAGE DEVICE	7/1/2014	RBRVS	$1,236.42	$1,236.42	090			Y	Y	Y	Y		
66184		REVISION OF AQUEOUS SHUNT	1/1/2015	RBRVS	$641.32	$803.77	090			Y	Y	Y			
66185		REVISE EYE SHUNT	7/1/2014	RBRVS	$803.77	$803.77	090			Y	Y	Y			
66220		REPAIR EYE LESION	7/1/2014	RBRVS	$782.11	$782.11	090			Y	Y	Y	Y		
66225		REPAIR/GRAFT EYE LESION	7/1/2014	RBRVS	$1,013.44	$1,013.44	090			Y	Y		Y		
66250		FOLLOW-UP SURGERY OF EYE	7/1/2014	RBRVS	$794.33	$603.92	090			Y	Y				
66500		INCISION OF IRIS	7/1/2014	RBRVS	$359.42	$359.42	090			Y	Y		Y		
66505		INCISION OF IRIS	7/1/2014	RBRVS	$394.03	$394.03	090			Y	Y				
66600		REMOVE IRIS AND LESION	7/1/2014	RBRVS	$848.81	$848.81	090			Y	Y				
66605		REMOVAL OF IRIS	7/1/2014	RBRVS	$1,077.31	$1,077.31	090			Y	Y				
66625		REMOVAL OF IRIS	7/1/2014	RBRVS	$450.90	$450.90	090			Y	Y				
66630		REMOVAL OF IRIS	7/1/2014	RBRVS	$608.29	$608.29	090			Y	Y				
66635		REMOVAL OF IRIS	7/1/2014	RBRVS	$585.70	$585.70	090			Y	Y				
66680		REPAIR IRIS & CILIARY BODY	7/1/2014	RBRVS	$562.82	$562.82	090			Y	Y		Y		
66682		REPAIR IRIS & CILIARY BODY	7/1/2014	RBRVS	$685.68	$685.68	090			Y	Y				
66700		DESTRUCTION CILIARY BODY	7/1/2014	RBRVS	$462.16	$405.86	090			Y	Y				
66710		CILIARY TRANSSLERAL THERAPY	7/1/2014	RBRVS	$473.42	$427.16	090			Y	Y				
66711		CILIARY ENDOSCOPIC ABLATION	7/1/2014	RBRVS	$654.05	$654.05	090			Y	Y				
66720		DESTRUCTION CILIARY BODY	7/1/2014	RBRVS	$490.82	$440.97	090			Y	Y				
66740		DESTRUCTION CILIARY BODY	7/1/2014	RBRVS	$443.73	$399.98	090			Y	Y				
66761		REVISION OF IRIS	7/1/2014	RBRVS	$309.87	$249.62	010			Y	Y				
66762		REVISION OF IRIS	7/1/2014	RBRVS	$493.68	$445.63	090			Y	Y				
66770		REMOVAL OF INNER EYE LESION	7/1/2014	RBRVS	$535.96	$492.21	090			Y	Y				
66820		INCISION SECONDARY CATARACT	7/1/2014	RBRVS	$414.40	$414.40	090			Y	Y				
66821		AFTER CATARACT LASER SURGERY	7/1/2014	RBRVS	$345.83	$327.90	090			Y	Y				
66825		REPOSITION INTRAOCULAR LENS	7/1/2014	RBRVS	$794.12	$794.12	090			Y	Y				
66830		REMOVAL OF LENS LESION	7/1/2014	RBRVS	$726.38	$726.38	090			Y	Y				
66840		REMOVAL OF LENS MATERIAL	7/1/2014	RBRVS	$756.47	$756.47	090			Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
66850		REMOVAL OF LENS MATERIAL	7/1/2014	RBRVS	$836.65	$836.65	090			Y	Y				
66852		REMOVAL OF LENS MATERIAL	7/1/2014	RBRVS	$908.87	$908.87	090			Y	Y		Y		
66920		EXTRACTION OF LENS	7/1/2014	RBRVS	$768.55	$768.55	090			Y	Y		Y		
66930		EXTRACTION OF LENS	7/1/2014	RBRVS	$873.51	$873.51	090			Y	Y				
66940		EXTRACTION OF LENS	7/1/2014	RBRVS	$837.47	$837.47	090			Y	Y		Y		
66982		CATARACT SURGERY COMPLEX	7/1/2014	RBRVS	$848.48	$848.48	090			Y	Y				
66983		CATARACT SURG W/IOL 1 STAGE	7/1/2014	RBRVS	$764.89	$764.89	090			Y	Y				
66984		CATARACT SURG W/IOL 1 STAGE	7/1/2014	RBRVS	$681.38	$681.38	090			Y	Y				
66985		INSERT LENS PROSTHESIS	7/1/2014	RBRVS	$808.39	$808.39	090			Y	Y		Y		
66986		EXCHANGE LENS PROSTHESIS	7/1/2014	RBRVS	$954.16	$954.16	090			Y	Y		Y		
66990		OPHTHALMIC ENDOSCOPE ADD-ON	7/1/2014	RBRVS	$92.77	$92.77	ZZZ								
66999		EYE SURGERY PROCEDURE	7/1/2014	FEE SCHED	$722.11	$0.00									
67005		PARTIAL REMOVAL OF EYE FLUID	7/1/2014	RBRVS	$514.52	$514.52	090			Y	Y		Y		
67010		PARTIAL REMOVAL OF EYE FLUID	7/1/2014	RBRVS	$572.15	$572.15	090			Y	Y		Y		
67015		RELEASE OF EYE FLUID	7/1/2014	RBRVS	$609.87	$609.87	090			Y	Y		Y		
67025		REPLACE EYE FLUID	7/1/2014	RBRVS	$772.35	$679.12	090			Y	Y		Y		
67027		IMPLANT EYE DRUG SYSTEM	7/1/2014	RBRVS	$917.30	$917.30	090		Y	Y	Y	Y	Y		
67028		INJECTION EYE DRUG	7/1/2014	RBRVS	$107.62	$106.18	000			Y	Y				
67030		INCISE INNER EYE STRANDS	7/1/2014	RBRVS	$540.63	$540.63	090			Y	Y		Y		
67031		LASER SURGERY EYE STRANDS	7/1/2014	RBRVS	$405.29	$373.73	090			Y	Y				
67036		REMOVAL OF INNER EYE FLUID	7/1/2014	RBRVS	$1,012.94	$1,012.94	090			Y	Y	Y	Y		
67039		LASER TREATMENT OF RETINA	7/1/2014	RBRVS	$1,328.94	$1,328.94	090			Y	Y	Y	Y		
67040		LASER TREATMENT OF RETINA	7/1/2014	RBRVS	$1,499.09	$1,499.09	090			Y	Y	Y	Y		
67041		VIT FOR MACULAR PUCKER	7/1/2014	RBRVS	$1,403.06	$1,403.06	090			Y	Y	Y	Y		
67042		VIT FOR MACULAR HOLE	7/1/2014	RBRVS	$1,604.66	$1,604.66	090			Y	Y	Y	Y		
67043		VIT FOR MEMBRANE DISSECT	7/1/2014	RBRVS	$1,722.25	$1,722.25	090			Y	Y	Y	Y		
67101		REPAIR DETACHED RETINA	7/1/2014	RBRVS	$832.45	$723.80	090			Y	Y				
67105		REPAIR DETACHED RETINA	7/1/2014	RBRVS	$753.96	$679.37	090			Y	Y				
67107		REPAIR DETACHED RETINA	7/1/2014	RBRVS	$1,309.79	$1,309.79	090			Y	Y	Y	Y		
67108		REPAIR DETACHED RETINA	7/1/2014	RBRVS	$1,698.15	$1,698.15	090			Y	Y	Y	Y		
67110		REPAIR DETACHED RETINA	7/1/2014	RBRVS	$906.04	$813.16	090			Y	Y				
67112		REREPAIR DETACHED RETINA	7/1/2014	RBRVS	$1,402.70	$1,402.70	090			Y	Y	Y	Y		
67113		REPAIR RETINAL DETACH CPLX	7/1/2014	RBRVS	$1,848.19	$1,848.19	090			Y	Y	Y	Y		
67115		RELEASE ENCIRCLING MATERIAL	7/1/2014	RBRVS	$522.27	$522.27	090			Y	Y				
67120		REMOVE EYE IMPLANT MATERIAL	7/1/2014	RBRVS	$703.25	$604.99	090			Y	Y		Y		
67121		REMOVE EYE IMPLANT MATERIAL	7/1/2014	RBRVS	$977.97	$977.97	090			Y	Y	Y	Y		
67141		TREATMENT OF RETINA	7/1/2014	RBRVS	$558.41	$522.91	090			Y	Y				
67145		TREATMENT OF RETINA	7/1/2014	RBRVS	$552.06	$523.74	090			Y	Y				
67208		TREATMENT OF RETINAL LESION	7/1/2014	RBRVS	$609.76	$589.32	090			Y	Y				
67210		TREATMENT OF RETINAL LESION	7/1/2014	RBRVS	$546.83	$529.26	090			Y	Y				
67218		TREATMENT OF RETINAL LESION	7/1/2014	RBRVS	$1,413.28	$1,413.28	090			Y	Y				
67220		TREATMENT OF CHOROID LESION	7/1/2014	RBRVS	$570.46	$536.75	090			Y	Y				
67221		OCULAR PHOTODYNAMIC THER	7/1/2014	RBRVS	$301.08	$228.28	000			Y					
67225		EYE PHOTODYNAMIC THER ADD-ON	7/1/2014	RBRVS	$30.30	$28.87	ZZZ								
67227		TREATMENT OF RETINAL LESION	7/1/2014	RBRVS	$620.88	$582.15	090			Y	Y				
67228		TREATMENT OF RETINAL LESION	7/1/2014	RBRVS	$1,064.40	$1,012.40	090			Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
67229		TR RETINAL LES PRETERM INF	7/1/2014	RBRVS	$1,133.00	$1,133.00	090			Y	Y				
67250		REINFORCE EYE WALL	7/1/2014	RBRVS	$832.17	$832.17	090			Y	Y		Y		
67255		REINFORCE/GRAFT EYE WALL	7/1/2014	RBRVS	$906.68	$906.68	090			Y	Y	Y	Y		
67299		EYE SURGERY PROCEDURE	7/1/2014	FEE SCHED	$715.78	$0.00									
67311		REVISE EYE MUSCLE	7/1/2014	RBRVS	$639.96	$639.96	090			Y	Y				
67312		REVISE TWO EYE MUSCLES	7/1/2014	RBRVS	$775.36	$775.36	090			Y	Y		Y		
67314		REVISE EYE MUSCLE	7/1/2014	RBRVS	$720.21	$720.21	090			Y	Y				
67316		REVISE TWO EYE MUSCLES	7/1/2014	RBRVS	$871.76	$871.76	090			Y	Y				
67318		REVISE EYE MUSCLE(S)	7/1/2014	RBRVS	$718.31	$718.31	090			Y	Y		Y		
67320		REVISE EYE MUSCLE(S) ADD-ON	7/1/2014	RBRVS	$330.23	$330.23	ZZZ								
67331		EYE SURGERY FOLLOW-UP ADD-ON	7/1/2014	RBRVS	$333.68	$333.68	ZZZ				Y		Y		
67332		REREVISE EYE MUSCLES ADD-ON	7/1/2014	RBRVS	$362.44	$362.44	ZZZ				Y		Y		
67334		REVISE EYE MUSCLE W/SUTURE	7/1/2014	RBRVS	$309.26	$309.26	ZZZ				Y		Y		
67335		EYE SUTURE DURING SURGERY	7/1/2014	RBRVS	$162.23	$162.23	ZZZ				Y		Y		
67340		REVISE EYE MUSCLE ADD-ON	7/1/2014	RBRVS	$367.78	$367.78	ZZZ					Y			
67343		RELEASE EYE TISSUE	7/1/2014	RBRVS	$707.95	$707.95	090			Y	Y		Y		
67345		DESTROY NERVE OF EYE MUSCLE	7/1/2014	RBRVS	$264.18	$239.80	010			Y	Y				
67346		BIOPSY EYE MUSCLE	7/1/2014	RBRVS	$214.66	$214.66	000			Y	Y				
67399		UNLISTED PX EXTRAOCULAR MUSC	7/1/2014	FEE SCHED	$715.78	$0.00									
67400		EXPLORE/BIOPSY EYE SOCKET	7/1/2014	RBRVS	$995.72	$995.72	090			Y	Y		Y		
67405		EXPLORE/DRAIN EYE SOCKET	7/1/2014	RBRVS	$824.28	$824.28	090			Y	Y				
67412		EXPLORE/TREAT EYE SOCKET	7/1/2014	RBRVS	$909.19	$909.19	090			Y	Y		Y		
67413		EXPLORE/TREAT EYE SOCKET	7/1/2014	RBRVS	$916.40	$916.40	090			Y	Y	Y			
67414		EXPLR/DECOMPRESS EYE SOCKET	7/1/2014	RBRVS	$1,389.61	$1,389.61	090			Y	Y	Y	Y		
67415		ASPIRATION ORBITAL CONTENTS	7/1/2014	RBRVS	$111.81	$111.81	000			Y	Y				
67420		EXPLORE/TREAT EYE SOCKET	7/1/2014	RBRVS	$1,748.18	$1,748.18	090			Y	Y	Y	Y		
67430		EXPLORE/TREAT EYE SOCKET	7/1/2014	RBRVS	$1,268.44	$1,268.44	090			Y	Y	Y			
67440		EXPLORE/DRAIN EYE SOCKET	7/1/2014	RBRVS	$1,260.91	$1,260.91	090			Y	Y	Y	Y		
67445		EXPLR/DECOMPRESS EYE SOCKET	7/1/2014	RBRVS	$1,520.68	$1,520.68	090			Y	Y	Y	Y		
67450		EXPLORE/BIOPSY EYE SOCKET	7/1/2014	RBRVS	$1,303.15	$1,303.15	090			Y	Y	Y	Y		
67500		INJECT/TREAT EYE SOCKET	7/1/2014	RBRVS	$80.61	$74.52	000			Y	Y				
67505		INJECT/TREAT EYE SOCKET	7/1/2014	RBRVS	$97.93	$90.40	000			Y	Y				
67515		INJECT/TREAT EYE SOCKET	7/1/2014	RBRVS	$105.46	$97.93	000			Y	Y				
67550		INSERT EYE SOCKET IMPLANT	7/1/2014	RBRVS	$1,033.59	$1,033.59	090			Y	Y		Y		
67560		REVISE EYE SOCKET IMPLANT	7/1/2014	RBRVS	$1,031.62	$1,031.62	090			Y	Y				
67570		DECOMPRESS OPTIC NERVE	7/1/2014	RBRVS	$1,324.06	$1,324.06	090			Y	Y	Y	Y		
67599		ORBIT SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,319.64	$0.00									
67700		DRAINAGE OF EYELID ABSCESS	7/1/2014	RBRVS	$273.83	$123.21	010			Y	Y				
67710		INCISION OF EYELID	7/1/2014	RBRVS	$230.40	$104.89	010			Y	Y				
67715		INCISION OF EYELID FOLD	7/1/2014	RBRVS	$244.60	$116.94	010			Y	Y				
67800		REMOVE EYELID LESION	7/1/2014	RBRVS	$134.40	$111.45	010			Y					
67801		REMOVE EYELID LESIONS	7/1/2014	RBRVS	$173.49	$145.52	010			Y					
67805		REMOVE EYELID LESIONS	7/1/2014	RBRVS	$215.48	$178.91	010			Y					
67808		REMOVE EYELID LESION(S)	7/1/2014	RBRVS	$397.40	$397.40	090			Y					
67810		BIOPSY OF EYELID	7/1/2014	RBRVS	$172.77	$74.88	000			Y	Y				
67820		REVISE EYELASHES	7/1/2014	RBRVS	$53.72	$57.30	000			Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
67825		REVISE EYELASHES	7/1/2014	RBRVS	$137.09	$130.28	010			Y	Y				
67830		REVISE EYELASHES	7/1/2014	RBRVS	$276.27	$148.96	010			Y	Y				
67835		REVISE EYELASHES	7/1/2014	RBRVS	$476.15	$476.15	090			Y	Y				
67840		REMOVE EYELID LESION	7/1/2014	RBRVS	$284.51	$168.69	010			Y	Y				
67850		TREAT EYELID LESION	7/1/2014	RBRVS	$217.96	$140.50	010			Y	Y				
67875		CLOSURE OF EYELID BY SUTURE	7/1/2014	RBRVS	$178.15	$105.00	000			Y	Y				
67880		REVISION OF EYELID	7/1/2014	RBRVS	$483.36	$394.07	090			Y	Y				
67882		REVISION OF EYELID	7/1/2014	RBRVS	$601.23	$510.86	090			Y	Y				
67900		REPAIR BROW DEFECT	7/1/2014	RBRVS	$674.99	$545.90	090	Y		Y	Y				
67901		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$802.04	$624.54	090	Y		Y	Y				
67902		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$785.15	$785.15	090	Y		Y	Y		Y		
67903		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$632.21	$524.27	090	Y		Y	Y		Y		
67904		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$778.48	$645.80	090	Y		Y	Y		Y		
67906		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$518.46	$518.46	090	Y		Y	Y				
67908		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$526.96	$458.83	090	Y		Y	Y				
67909		REVISE EYELID DEFECT	7/1/2014	RBRVS	$568.13	$472.03	090	Y		Y	Y				
67911		REVISE EYELID DEFECT	7/1/2014	RBRVS	$607.15	$607.15	090	Y		Y	Y				
67912		CORRECTION EYELID W/IMPLANT	7/1/2014	RBRVS	$905.72	$515.56	090		Y	Y	Y				
67914		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$489.38	$348.81	090	Y		Y	Y				
67915		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$299.97	$206.37	090	Y		Y	Y				
67916		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$619.66	$460.44	090	Y		Y	Y				
67917		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$636.34	$493.61	090	Y		Y	Y				
67921		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$481.13	$333.03	090	Y		Y	Y				
67922		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$297.39	$205.94	090	Y		Y	Y				
67923		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$622.96	$463.74	090	Y		Y	Y				
67924		REPAIR EYELID DEFECT	7/1/2014	RBRVS	$665.13	$494.44	090	Y		Y	Y				
67930		REPAIR EYELID WOUND	7/1/2014	RBRVS	$384.13	$261.49	010			Y	Y				
67935		REPAIR EYELID WOUND	7/1/2014	RBRVS	$630.71	$480.45	090			Y	Y				
67938		REMOVE EYELID FOREIGN BODY	7/1/2014	RBRVS	$247.97	$122.46	010			Y	Y				
67950		REVISION OF EYELID	7/1/2014	RBRVS	$604.35	$497.13	090			Y	Y		Y		
67961		REVISION OF EYELID	7/1/2014	RBRVS	$608.29	$489.96	090			Y	Y				
67966		REVISION OF EYELID	7/1/2014	RBRVS	$820.80	$711.79	090			Y	Y				
67971		RECONSTRUCTION OF EYELID	7/1/2014	RBRVS	$786.73	$786.73	090			Y	Y		Y		
67973		RECONSTRUCTION OF EYELID	7/1/2014	RBRVS	$1,014.44	$1,014.44	090			Y	Y	Y	Y		
67974		RECONSTRUCTION OF EYELID	7/1/2014	RBRVS	$1,013.37	$1,013.37	090			Y	Y	Y	Y		
67975		RECONSTRUCTION OF EYELID	7/1/2014	RBRVS	$743.38	$743.38	090			Y	Y				
67999		REVISION OF EYELID	7/1/2014	FEE SCHED	$796.36	$0.00									
68020		INCISE/DRAIN EYELID LINING	7/1/2014	RBRVS	$125.19	$116.94	010			Y	Y				
68040		TREATMENT OF EYELID LESIONS	7/1/2014	RBRVS	$69.39	$57.56	000			Y	Y				
68100		BIOPSY OF EYELID LINING	7/1/2014	RBRVS	$175.03	$103.31	000			Y	Y				
68110		REMOVE EYELID LINING LESION	7/1/2014	RBRVS	$236.10	$160.08	010			Y	Y				
68115		REMOVE EYELID LINING LESION	7/1/2014	RBRVS	$319.51	$193.29	010			Y	Y				
68130		REMOVE EYELID LINING LESION	7/1/2014	RBRVS	$544.14	$418.99	090			Y	Y				
68135		REMOVE EYELID LINING LESION	7/1/2014	RBRVS	$164.27	$158.90	010			Y	Y				
68200		TREAT EYELID BY INJECTION	7/1/2014	RBRVS	$43.86	$37.40	000			Y	Y				
68320		REVISE/GRAFT EYELID LINING	7/1/2014	RBRVS	$764.28	$581.40	090			Y	Y		Y		

Montana Medicaid - Fee Schedule
Psychiatrist 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
68325		REVISE/GRAFT EYELID LINING	7/1/2014	RBRVS	$713.51	$713.51	090			Y	Y		Y		
68326		REVISE/GRAFT EYELID LINING	7/1/2014	RBRVS	$699.66	$699.66	090			Y	Y				
68328		REVISE/GRAFT EYELID LINING	7/1/2014	RBRVS	$768.26	$768.26	090			Y	Y				
68330		REVISE EYELID LINING	7/1/2014	RBRVS	$639.74	$498.45	090			Y	Y				
68335		REVISE/GRAFT EYELID LINING	7/1/2014	RBRVS	$702.57	$702.57	090			Y	Y		Y		
68340		SEPARATE EYELID ADHESIONS	7/1/2014	RBRVS	$576.16	$432.01	090			Y	Y				
68360		REVISE EYELID LINING	7/1/2014	RBRVS	$563.79	$445.09	090			Y	Y				
68362		REVISE EYELID LINING	7/1/2014	RBRVS	$712.79	$712.79	090			Y	Y		Y		
68371		HARVEST EYE TISSUE ALOGRAFT	7/1/2014	RBRVS	$419.71	$419.71	010			Y	Y				
68399		EYELID LINING SURGERY	7/1/2014	FEE SCHED	$639.88	$0.00									
68400		INCISE/DRAIN TEAR GLAND	7/1/2014	RBRVS	$294.20	$142.87	010			Y	Y				
68420		INCISE/DRAIN TEAR SAC	7/1/2014	RBRVS	$328.41	$177.08	010			Y	Y				
68440		INCISE TEAR DUCT OPENING	7/1/2014	RBRVS	$108.33	$105.46	010			Y	Y				
68500		REMOVAL OF TEAR GLAND	7/1/2014	RBRVS	$1,077.31	$1,077.31	090			Y	Y				
68505		PARTIAL REMOVAL TEAR GLAND	7/1/2014	RBRVS	$1,052.17	$1,052.17	090			Y	Y				
68510		BIOPSY OF TEAR GLAND	7/1/2014	RBRVS	$475.58	$323.53	000			Y	Y				
68520		REMOVAL OF TEAR SAC	7/1/2014	RBRVS	$719.71	$719.71	090			Y	Y				
68525		BIOPSY OF TEAR SAC	7/1/2014	RBRVS	$292.08	$292.08	000			Y	Y		Y		
68530		CLEARANCE OF TEAR DUCT	7/1/2014	RBRVS	$449.83	$281.29	010			Y	Y				
68540		REMOVE TEAR GLAND LESION	7/1/2014	RBRVS	$974.96	$974.96	090			Y	Y		Y		
68550		REMOVE TEAR GLAND LESION	7/1/2014	RBRVS	$1,195.03	$1,195.03	090			Y	Y				
68700		REPAIR TEAR DUCTS	7/1/2014	RBRVS	$654.19	$654.19	090			Y	Y				
68705		REVISE TEAR DUCT OPENING	7/1/2014	RBRVS	$249.01	$179.44	010			Y	Y				
68720		CREATE TEAR SAC DRAIN	7/1/2014	RBRVS	$808.36	$808.36	090			Y	Y	Y	Y		
68745		CREATE TEAR DUCT DRAIN	7/1/2014	RBRVS	$824.31	$824.31	090			Y	Y	Y	Y		
68750		CREATE TEAR DUCT DRAIN	7/1/2014	RBRVS	$849.52	$849.52	090			Y	Y	Y	Y		
68760		CLOSE TEAR DUCT OPENING	7/1/2014	RBRVS	$212.08	$157.57	010			Y	Y				
68761		CLOSE TEAR DUCT OPENING	7/1/2014	RBRVS	$154.38	$126.41	010			Y	Y				
68770		CLOSE TEAR SYSTEM FISTULA	7/1/2014	RBRVS	$682.27	$682.27	090			Y	Y				
68801		DILATE TEAR DUCT OPENING	7/1/2014	RBRVS	$129.28	$112.42	010			Y	Y				
68810		PROBE NASOLACRIMAL DUCT	7/1/2014	RBRVS	$253.92	$199.78	010			Y	Y				
68811		PROBE NASOLACRIMAL DUCT	7/1/2014	RBRVS	$221.83	$221.83	010			Y	Y				
68815		PROBE NASOLACRIMAL DUCT	7/1/2014	RBRVS	$465.89	$276.19	010			Y	Y				
68816		PROBE NL DUCT W/BALLOON	7/1/2014	RBRVS	$757.87	$269.45	010			Y	Y				
68840		EXPLORE/IRRIGATE TEAR DUCTS	7/1/2014	RBRVS	$135.84	$125.08	010			Y	Y				
68850		INJECTION FOR TEAR SAC X-RAY	7/1/2014	RBRVS	$61.39	$56.73	000			Y	Y				
68899		TEAR DUCT SYSTEM SURGERY	7/1/2014	FEE SCHED	$136.68	$0.00									
69000		DRAIN EXTERNAL EAR LESION	7/1/2014	RBRVS	$193.46	$124.61	010		Y	Y	Y				
69005		DRAIN EXTERNAL EAR LESION	7/1/2014	RBRVS	$222.19	$163.74	010		Y	Y	Y				
69020		DRAIN OUTER EAR CANAL LESION	7/1/2014	RBRVS	$239.94	$147.78	010		Y	Y	Y				
69100		BIOPSY OF EXTERNAL EAR	7/1/2014	RBRVS	$100.69	$50.85	000		Y	Y					
69105		BIOPSY OF EXTERNAL EAR CANAL	7/1/2014	RBRVS	$144.41	$66.23	000		Y	Y	Y				
69110		REMOVE EXTERNAL EAR PARTIAL	7/1/2014	RBRVS	$468.83	$334.72	090		Y	Y	Y				
69120		REMOVAL OF EXTERNAL EAR	7/1/2014	RBRVS	$421.14	$421.14	090		Y	Y					
69140		REMOVE EAR CANAL LESION(S)	7/1/2014	RBRVS	$906.36	$906.36	090		Y	Y	Y				
69145		REMOVE EAR CANAL LESION(S)	7/1/2014	RBRVS	$410.38	$259.77	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
69150		EXTENSIVE EAR CANAL SURGERY	7/1/2014	RBRVS	$1,091.83	$1,091.83	090		Y	Y			Y		
69155		EXTENSIVE EAR/NECK SURGERY	7/1/2014	RBRVS	$1,738.31	$1,738.31	090		Y	Y		Y	Y		
69200		CLEAR OUTER EAR CANAL	7/1/2014	RBRVS	$126.12	$60.50	000		Y	Y	Y				
69205		CLEAR OUTER EAR CANAL	7/1/2014	RBRVS	$105.61	$105.61	010		Y	Y	Y				
69210		REMOVE IMPACTED EAR WAX	7/1/2014	RBRVS	$50.63	$34.50	000		Y	Y					
69220		CLEAN OUT MASTOID CAVITY	7/1/2014	RBRVS	$141.54	$64.80	000		Y	Y	Y				
69222		CLEAN OUT MASTOID CAVITY	7/1/2014	RBRVS	$226.92	$141.93	010		Y	Y	Y				
69310		REBUILD OUTER EAR CANAL	7/1/2014	RBRVS	$1,128.80	$1,128.80	090		Y	Y	Y				
69320		REBUILD OUTER EAR CANAL	7/1/2014	RBRVS	$1,582.39	$1,582.39	090		Y	Y	Y	Y			
69399		OUTER EAR SURGERY PROCEDURE	7/1/2014	FEE SCHED	$578.16	$0.00			Y						
69420		INCISION OF EARDRUM	7/1/2014	RBRVS	$197.88	$125.44	010		Y	Y	Y				
69421		INCISION OF EARDRUM	7/1/2014	RBRVS	$154.77	$154.77	010		Y	Y	Y				
69424		REMOVE VENTILATING TUBE	7/1/2014	RBRVS	$131.50	$64.80	000		Y	Y	Y				
69433		CREATE EARDRUM OPENING	7/1/2014	RBRVS	$209.96	$138.60	010		Y	Y	Y				
69436		CREATE EARDRUM OPENING	7/1/2014	RBRVS	$167.14	$167.14	010		Y	Y	Y				
69440		EXPLORATION OF MIDDLE EAR	7/1/2014	RBRVS	$718.53	$718.53	090		Y	Y	Y				
69450		EARDRUM REVISION	7/1/2014	RBRVS	$566.37	$566.37	090		Y	Y	Y				
69501		MASTOIDECTOMY	7/1/2014	RBRVS	$763.32	$763.32	090		Y	Y	Y				
69502		MASTOIDECTOMY	7/1/2014	RBRVS	$1,015.09	$1,015.09	090		Y	Y	Y				
69505		REMOVE MASTOID STRUCTURES	7/1/2014	RBRVS	$1,247.17	$1,247.17	090		Y	Y	Y				
69511		EXTENSIVE MASTOID SURGERY	7/1/2014	RBRVS	$1,277.66	$1,277.66	090		Y	Y	Y				
69530		EXTENSIVE MASTOID SURGERY	7/1/2014	RBRVS	$1,715.29	$1,715.29	090		Y	Y	Y	Y			
69535		REMOVE PART OF TEMPORAL BONE	7/1/2014	RBRVS	$2,795.11	$2,795.11	090		Y	Y	Y		Y		
69540		REMOVE EAR LESION	7/1/2014	RBRVS	$215.70	$131.79	010		Y	Y	Y				
69550		REMOVE EAR LESION	7/1/2014	RBRVS	$1,078.60	$1,078.60	090		Y	Y	Y	Y			
69552		REMOVE EAR LESION	7/1/2014	RBRVS	$1,629.94	$1,629.94	090		Y	Y	Y	Y			
69554		REMOVE EAR LESION	7/1/2014	RBRVS	$2,624.52	$2,624.52	090		Y	Y	Y	Y	Y		
69601		MASTOID SURGERY REVISION	7/1/2014	RBRVS	$1,091.61	$1,091.61	090		Y	Y	Y				
69602		MASTOID SURGERY REVISION	7/1/2014	RBRVS	$1,135.29	$1,135.29	090		Y	Y	Y				
69603		MASTOID SURGERY REVISION	7/1/2014	RBRVS	$1,305.91	$1,305.91	090		Y	Y	Y				
69604		MASTOID SURGERY REVISION	7/1/2014	RBRVS	$1,160.32	$1,160.32	090		Y	Y	Y				
69605		MASTOID SURGERY REVISION	7/1/2014	RBRVS	$1,618.00	$1,618.00	090		Y	Y	Y	Y			
69610		REPAIR OF EARDRUM	7/1/2014	RBRVS	$399.19	$304.52	010		Y	Y	Y				
69620		REPAIR OF EARDRUM	7/1/2014	RBRVS	$713.97	$507.06	090		Y	Y	Y				
69631		REPAIR EARDRUM STRUCTURES	7/1/2014	RBRVS	$920.99	$920.99	090		Y	Y	Y				
69632		REBUILD EARDRUM STRUCTURES	7/1/2014	RBRVS	$1,124.28	$1,124.28	090		Y	Y	Y				
69633		REBUILD EARDRUM STRUCTURES	7/1/2014	RBRVS	$1,087.31	$1,087.31	090		Y	Y	Y				
69635		REPAIR EARDRUM STRUCTURES	7/1/2014	RBRVS	$1,277.12	$1,277.12	090		Y	Y	Y				
69636		REBUILD EARDRUM STRUCTURES	7/1/2014	RBRVS	$1,429.38	$1,429.38	090		Y	Y	Y				
69637		REBUILD EARDRUM STRUCTURES	7/1/2014	RBRVS	$1,424.90	$1,424.90	090		Y	Y	Y				
69641		REVISE MIDDLE EAR & MASTOID	7/1/2014	RBRVS	$1,086.34	$1,086.34	090		Y	Y	Y				
69642		REVISE MIDDLE EAR & MASTOID	7/1/2014	RBRVS	$1,394.77	$1,394.77	090		Y	Y	Y				
69643		REVISE MIDDLE EAR & MASTOID	7/1/2014	RBRVS	$1,276.80	$1,276.80	090		Y	Y	Y				
69644		REVISE MIDDLE EAR & MASTOID	7/1/2014	RBRVS	$1,532.66	$1,532.66	090		Y	Y	Y				
69645		REVISE MIDDLE EAR & MASTOID	7/1/2014	RBRVS	$1,507.30	$1,507.30	090		Y	Y	Y				
69646		REVISE MIDDLE EAR & MASTOID	7/1/2014	RBRVS	$1,599.75	$1,599.75	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
69650		RELEASE MIDDLE EAR BONE	7/1/2014	RBRVS	$837.98	$837.98	090		Y	Y	Y				
69660		REVISE MIDDLE EAR BONE	7/1/2014	RBRVS	$966.57	$966.57	090		Y	Y	Y				
69661		REVISE MIDDLE EAR BONE	7/1/2014	RBRVS	$1,258.87	$1,258.87	090		Y	Y	Y				
69662		REVISE MIDDLE EAR BONE	7/1/2014	RBRVS	$1,205.79	$1,205.79	090		Y	Y	Y				
69666		REPAIR MIDDLE EAR STRUCTURES	7/1/2014	RBRVS	$843.10	$843.10	090		Y	Y	Y				
69667		REPAIR MIDDLE EAR STRUCTURES	7/1/2014	RBRVS	$844.54	$844.54	090		Y	Y	Y				
69670		REMOVE MASTOID AIR CELLS	7/1/2014	RBRVS	$984.29	$984.29	090		Y	Y	Y	Y			
69676		REMOVE MIDDLE EAR NERVE	7/1/2014	RBRVS	$866.59	$866.59	090		Y	Y	Y				
69700		CLOSE MASTOID FISTULA	7/1/2014	RBRVS	$715.05	$715.05	090		Y	Y	Y				
69711		REMOVE/REPAIR HEARING AID	7/1/2014	RBRVS	$899.19	$899.19	090		Y	Y	Y	Y			
69714		IMPLANT TEMPLE BONE W/STIMUL	7/1/2014	RBRVS	$1,122.92	$1,122.92	090		Y	Y	Y				
69715		TEMPLE BNE IMPLNT W/STIMULAT	7/1/2014	RBRVS	$1,387.46	$1,387.46	090		Y	Y	Y				
69717		TEMPLE BONE IMPLANT REVISION	7/1/2014	RBRVS	$1,178.72	$1,178.72	090		Y	Y	Y				
69718		REVISE TEMPLE BONE IMPLANT	7/1/2014	RBRVS	$1,401.98	$1,401.98	090		Y	Y	Y				
69720		RELEASE FACIAL NERVE	7/1/2014	RBRVS	$1,244.66	$1,244.66	090		Y	Y	Y		Y		
69725		RELEASE FACIAL NERVE	7/1/2014	RBRVS	$1,965.09	$1,965.09	090		Y	Y	Y	Y			
69740		REPAIR FACIAL NERVE	7/1/2014	RBRVS	$1,219.17	$1,219.17	090		Y	Y	Y	Y			
69745		REPAIR FACIAL NERVE	7/1/2014	RBRVS	$1,296.45	$1,296.45	090		Y	Y	Y	Y			
69799		MIDDLE EAR SURGERY PROCEDURE	7/1/2014	FEE SCHED	$343.05	$0.00			Y						
69801		INCISE INNER EAR	7/1/2014	RBRVS	$203.43	$132.07	000		Y	Y	Y				
69805		EXPLORE INNER EAR	7/1/2014	RBRVS	$1,101.22	$1,101.22	090		Y	Y	Y	Y			
69806		EXPLORE INNER EAR	7/1/2014	RBRVS	$988.55	$988.55	090		Y	Y	Y				
69820		ESTABLISH INNER EAR WINDOW	7/1/2014	RBRVS	$894.17	$894.17	090		Y	Y	Y	Y			
69840		REVISE INNER EAR WINDOW	7/1/2014	RBRVS	$919.67	$919.67	090		Y	Y	Y	Y			
69905		REMOVE INNER EAR	7/1/2014	RBRVS	$957.86	$957.86	090		Y	Y	Y				
69910		REMOVE INNER EAR & MASTOID	7/1/2014	RBRVS	$1,062.68	$1,062.68	090		Y	Y	Y				
69915		INCISE INNER EAR NERVE	7/1/2014	RBRVS	$1,610.08	$1,610.08	090		Y	Y	Y	Y	Y		
69930		IMPLANT COCHLEAR DEVICE	7/1/2014	RBRVS	$1,279.41	$1,279.41	090		Y	Y	Y				
69949		INNER EAR SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,273.75	$0.00			Y						
69950		INCISE INNER EAR NERVE	7/1/2014	RBRVS	$1,863.97	$1,863.97	090		Y	Y	Y	Y	Y		
69955		RELEASE FACIAL NERVE	7/1/2014	RBRVS	$2,068.26	$2,068.26	090		Y	Y	Y	Y	Y		
69960		RELEASE INNER EAR CANAL	7/1/2014	RBRVS	$2,012.68	$2,012.68	090		Y	Y	Y	Y	Y		
69970		REMOVE INNER EAR LESION	7/1/2014	RBRVS	$2,240.43	$2,240.43	090		Y	Y	Y	Y	Y		
69979		TEMPORAL BONE SURGERY	7/1/2014	FEE SCHED	$1,178.99	$0.00			Y						
69990		MICROSURGERY ADD-ON	7/1/2014	RBRVS	$229.25	$229.25	ZZZ		Y			Y			
70010		CONTRAST X-RAY OF BRAIN	7/1/2014	RBRVS	$67.24	$67.24									
70015		CONTRAST X-RAY OF BRAIN	7/1/2014	RBRVS	$155.38	$155.38									
70015	TC	CONTRAST X-RAY OF BRAIN	7/1/2014	RBRVS	$94.02	$94.02									
70015	26	CONTRAST X-RAY OF BRAIN	7/1/2014	RBRVS	$61.39	$61.39									
70030		X-RAY EYE FOR FOREIGN BODY	7/1/2014	RBRVS	$30.23	$30.23					Y				
70030	TC	X-RAY EYE FOR FOREIGN BODY	7/1/2014	RBRVS	$21.59	$21.59					Y				
70030	26	X-RAY EYE FOR FOREIGN BODY	7/1/2014	RBRVS	$8.68	$8.68					Y				
7010F		PT INFO INTO RECALL SYSTEM	1/1/2008	RBRVS	$0.00	$0.00									
70100		X-RAY EXAM OF JAW <4VIEWS	7/1/2014	RBRVS	$35.61	$35.61									
70100	TC	X-RAY EXAM OF JAW <4VIEWS	7/1/2014	RBRVS	$26.25	$26.25									
70100	26	X-RAY EXAM OF JAW <4VIEWS	7/1/2014	RBRVS	$9.40	$9.40									

Montana Medicaid - Fee Schedule
Psychiatrist 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
70110		X-RAY EXAM OF JAW 4/> VIEWS	7/1/2014	RBRVS	$40.99	$40.99									
70110	TC	X-RAY EXAM OF JAW 4/> VIEWS	7/1/2014	RBRVS	$28.04	$28.04									
70110	26	X-RAY EXAM OF JAW 4/> VIEWS	7/1/2014	RBRVS	$12.98	$12.98									
70120		X-RAY EXAM OF MASTOIDS	7/1/2014	RBRVS	$37.04	$37.04					Y				
70120	TC	X-RAY EXAM OF MASTOIDS	7/1/2014	RBRVS	$27.68	$27.68					Y				
70120	26	X-RAY EXAM OF MASTOIDS	7/1/2014	RBRVS	$9.40	$9.40					Y				
70130		X-RAY EXAM OF MASTOIDS	7/1/2014	RBRVS	$59.28	$59.28					Y				
70130	TC	X-RAY EXAM OF MASTOIDS	7/1/2014	RBRVS	$42.03	$42.03					Y				
70130	26	X-RAY EXAM OF MASTOIDS	7/1/2014	RBRVS	$17.28	$17.28					Y				
70134		X-RAY EXAM OF MIDDLE EAR	7/1/2014	RBRVS	$56.77	$56.77									
70134	TC	X-RAY EXAM OF MIDDLE EAR	7/1/2014	RBRVS	$38.44	$38.44									
70134	26	X-RAY EXAM OF MIDDLE EAR	7/1/2014	RBRVS	$18.36	$18.36									
70140		X-RAY EXAM OF FACIAL BONES	7/1/2014	RBRVS	$30.95	$30.95									
70140	TC	X-RAY EXAM OF FACIAL BONES	7/1/2014	RBRVS	$20.51	$20.51									
70140	26	X-RAY EXAM OF FACIAL BONES	7/1/2014	RBRVS	$10.47	$10.47									
70150		X-RAY EXAM OF FACIAL BONES	7/1/2014	RBRVS	$43.86	$43.86									
70150	TC	X-RAY EXAM OF FACIAL BONES	7/1/2014	RBRVS	$30.55	$30.55									
70150	26	X-RAY EXAM OF FACIAL BONES	7/1/2014	RBRVS	$13.34	$13.34									
70160		X-RAY EXAM OF NASAL BONES	7/1/2014	RBRVS	$34.89	$34.89									
70160	TC	X-RAY EXAM OF NASAL BONES	7/1/2014	RBRVS	$25.89	$25.89									
70160	26	X-RAY EXAM OF NASAL BONES	7/1/2014	RBRVS	$9.04	$9.04									
70170		X-RAY EXAM OF TEAR DUCT	7/1/2014	FEE SCHED	$54.28	$0.00									
70170	TC	X-RAY EXAM OF TEAR DUCT	7/1/2014	FEE SCHED	$39.08	$0.00									
70190		X-RAY EXAM OF EYE SOCKETS	7/1/2014	RBRVS	$37.40	$37.40					Y				
70190	TC	X-RAY EXAM OF EYE SOCKETS	7/1/2014	RBRVS	$26.25	$26.25					Y				
70190	26	X-RAY EXAM OF EYE SOCKETS	7/1/2014	RBRVS	$11.19	$11.19					Y				
7020F		MAMMO ASSESS CAT IN DBASE	4/1/2008	RBRVS	$0.00	$0.00									
70200		X-RAY EXAM OF EYE SOCKETS	7/1/2014	RBRVS	$44.93	$44.93									
70200	TC	X-RAY EXAM OF EYE SOCKETS	7/1/2014	RBRVS	$30.55	$30.55									
70200	26	X-RAY EXAM OF EYE SOCKETS	7/1/2014	RBRVS	$14.42	$14.42									
70210		X-RAY EXAM OF SINUSES	7/1/2014	RBRVS	$31.66	$31.66									
70210	TC	X-RAY EXAM OF SINUSES	7/1/2014	RBRVS	$22.66	$22.66									
70210	26	X-RAY EXAM OF SINUSES	7/1/2014	RBRVS	$9.04	$9.04									
70220		X-RAY EXAM OF SINUSES	7/1/2014	RBRVS	$39.91	$39.91									
70220	TC	X-RAY EXAM OF SINUSES	7/1/2014	RBRVS	$26.97	$26.97									
70220	26	X-RAY EXAM OF SINUSES	7/1/2014	RBRVS	$12.98	$12.98									
70240		X-RAY EXAM PITUITARY SADDLE	7/1/2014	RBRVS	$31.66	$31.66									
70240	TC	X-RAY EXAM PITUITARY SADDLE	7/1/2014	RBRVS	$21.59	$21.59									
70240	26	X-RAY EXAM PITUITARY SADDLE	7/1/2014	RBRVS	$10.11	$10.11									
7025F		PT INFOSYS ALARM NEXT MAMMO	4/1/2008	RBRVS	$0.00	$0.00									
70250		X-RAY EXAM OF SKULL	7/1/2014	RBRVS	$38.48	$38.48									
70250	TC	X-RAY EXAM OF SKULL	7/1/2014	RBRVS	$25.53	$25.53									
70250	26	X-RAY EXAM OF SKULL	7/1/2014	RBRVS	$12.98	$12.98									
70260		X-RAY EXAM OF SKULL	7/1/2014	RBRVS	$48.88	$48.88									
70260	TC	X-RAY EXAM OF SKULL	7/1/2014	RBRVS	$31.27	$31.27									
70260	26	X-RAY EXAM OF SKULL	7/1/2014	RBRVS	$17.64	$17.64									

Montana Medicaid - Fee Schedule
Psychiatrist 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
70300		X-RAY EXAM OF TEETH	7/1/2014	RBRVS	$15.53	$15.53									
70300	TC	X-RAY EXAM OF TEETH	7/1/2014	RBRVS	$9.40	$9.40									
70300	26	X-RAY EXAM OF TEETH	7/1/2014	RBRVS	$6.17	$6.17									
70310		X-RAY EXAM OF TEETH	7/1/2014	RBRVS	$39.19	$39.19									
70310	TC	X-RAY EXAM OF TEETH	7/1/2014	RBRVS	$30.91	$30.91									
70310	26	X-RAY EXAM OF TEETH	7/1/2014	RBRVS	$8.32	$8.32									
70320		FULL MOUTH X-RAY OF TEETH	7/1/2014	RBRVS	$54.26	$54.26									
70320	TC	FULL MOUTH X-RAY OF TEETH	7/1/2014	RBRVS	$42.03	$42.03									
70320	26	FULL MOUTH X-RAY OF TEETH	7/1/2014	RBRVS	$12.26	$12.26									
70328		X-RAY EXAM OF JAW JOINT	7/1/2014	RBRVS	$32.74	$32.74									
70328	TC	X-RAY EXAM OF JAW JOINT	7/1/2014	RBRVS	$23.02	$23.02									
70328	26	X-RAY EXAM OF JAW JOINT	7/1/2014	RBRVS	$9.75	$9.75									
70330		X-RAY EXAM OF JAW JOINTS	7/1/2014	RBRVS	$50.31	$50.31									
70330	TC	X-RAY EXAM OF JAW JOINTS	7/1/2014	RBRVS	$37.37	$37.37									
70330	26	X-RAY EXAM OF JAW JOINTS	7/1/2014	RBRVS	$12.98	$12.98									
70332		X-RAY EXAM OF JAW JOINT	7/1/2014	RBRVS	$85.24	$85.24					Y				
70332	TC	X-RAY EXAM OF JAW JOINT	7/1/2014	RBRVS	$53.50	$53.50					Y				
70332	26	X-RAY EXAM OF JAW JOINT	7/1/2014	RBRVS	$31.74	$31.74					Y				
70336		MAGNETIC IMAGE JAW JOINT	7/1/2014	RBRVS	$328.30	$328.30			Y	Y					
70336	TC	MAGNETIC IMAGE JAW JOINT	7/1/2014	RBRVS	$252.88	$252.88			Y	Y					
70336	26	MAGNETIC IMAGE JAW JOINT	7/1/2014	RBRVS	$75.41	$75.41				Y	Y				
70350		X-RAY HEAD FOR ORTHODONTIA	7/1/2014	RBRVS	$21.98	$21.98									
70350	TC	X-RAY HEAD FOR ORTHODONTIA	7/1/2014	RBRVS	$11.91	$11.91									
70350	26	X-RAY HEAD FOR ORTHODONTIA	7/1/2014	RBRVS	$10.11	$10.11									
70355		PANORAMIC X-RAY OF JAWS	7/1/2014	RBRVS	$21.26	$21.26									
70355	TC	PANORAMIC X-RAY OF JAWS	7/1/2014	RBRVS	$10.11	$10.11									
70355	26	PANORAMIC X-RAY OF JAWS	7/1/2014	RBRVS	$11.19	$11.19									
70360		X-RAY EXAM OF NECK	7/1/2014	RBRVS	$29.87	$29.87									
70360	TC	X-RAY EXAM OF NECK	7/1/2014	RBRVS	$21.23	$21.23									
70360	26	X-RAY EXAM OF NECK	7/1/2014	RBRVS	$8.68	$8.68									
70370		THROAT X-RAY & FLUOROSCOPY	7/1/2014	RBRVS	$82.23	$82.23									
70370	TC	THROAT X-RAY & FLUOROSCOPY	7/1/2014	RBRVS	$66.41	$66.41									
70370	26	THROAT X-RAY & FLUOROSCOPY	7/1/2014	RBRVS	$15.85	$15.85									
70371		SPEECH EVALUATION COMPLEX	7/1/2014	RBRVS	$94.56	$94.56			Y						
70371	TC	SPEECH EVALUATION COMPLEX	7/1/2014	RBRVS	$50.99	$50.99			Y						
70371	26	SPEECH EVALUATION COMPLEX	7/1/2014	RBRVS	$43.57	$43.57									
70373		CONTRAST X-RAY OF LARYNX	7/1/2014	RBRVS	$88.68	$88.68									
70373	TC	CONTRAST X-RAY OF LARYNX	7/1/2014	RBRVS	$66.05	$66.05									
70373	26	CONTRAST X-RAY OF LARYNX	7/1/2014	RBRVS	$22.66	$22.66									
70380		X-RAY EXAM OF SALIVARY GLAND	7/1/2014	RBRVS	$39.19	$39.19									
70380	TC	X-RAY EXAM OF SALIVARY GLAND	7/1/2014	RBRVS	$29.84	$29.84									
70380	26	X-RAY EXAM OF SALIVARY GLAND	7/1/2014	RBRVS	$9.40	$9.40									
70390		X-RAY EXAM OF SALIVARY DUCT	7/1/2014	RBRVS	$103.53	$103.53									
70390	TC	X-RAY EXAM OF SALIVARY DUCT	7/1/2014	RBRVS	$83.63	$83.63									
70390	26	X-RAY EXAM OF SALIVARY DUCT	7/1/2014	RBRVS	$19.90	$19.90									
70450		CT HEAD/BRAIN W/O DYE	7/1/2014	RBRVS	$125.44	$125.44			Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
70450	TC	CT HEAD/BRAIN W/O DYE	7/1/2014	RBRVS	$82.19	$82.19			Y	Y					
70450	26	CT HEAD/BRAIN W/O DYE	7/1/2014	RBRVS	$43.28	$43.28				Y					
70460		CT HEAD/BRAIN W/DYE	7/1/2014	RBRVS	$171.41	$171.41			Y	Y					
70460	TC	CT HEAD/BRAIN W/DYE	7/1/2014	RBRVS	$113.75	$113.75			Y	Y					
70460	26	CT HEAD/BRAIN W/DYE	7/1/2014	RBRVS	$57.66	$57.66				Y					
70470		CT HEAD/BRAIN W/O & W/DYE	7/1/2014	RBRVS	$205.94	$205.94			Y	Y					
70470	TC	CT HEAD/BRAIN W/O & W/DYE	7/1/2014	RBRVS	$140.64	$140.64			Y	Y					
70470	26	CT HEAD/BRAIN W/O & W/DYE	7/1/2014	RBRVS	$65.34	$65.34				Y					
70480		CT ORBIT/EAR/FOSSA W/O DYE	7/1/2014	RBRVS	$254.35	$254.35			Y	Y					
70480	TC	CT ORBIT/EAR/FOSSA W/O DYE	7/1/2014	RBRVS	$188.70	$188.70			Y	Y					
70480	26	CT ORBIT/EAR/FOSSA W/O DYE	7/1/2014	RBRVS	$65.70	$65.70				Y					
70481		CT ORBIT/EAR/FOSSA W/DYE	7/1/2014	RBRVS	$296.38	$296.38			Y	Y					
70481	TC	CT ORBIT/EAR/FOSSA W/DYE	7/1/2014	RBRVS	$225.27	$225.27			Y	Y					
70481	26	CT ORBIT/EAR/FOSSA W/DYE	7/1/2014	RBRVS	$71.11	$71.11				Y					
70482		CT ORBIT/EAR/FOSSA W/O&W/DYE	7/1/2014	RBRVS	$327.58	$327.58			Y	Y					
70482	TC	CT ORBIT/EAR/FOSSA W/O&W/DYE	7/1/2014	RBRVS	$253.24	$253.24			Y	Y					
70482	26	CT ORBIT/EAR/FOSSA W/O&W/DYE	7/1/2014	RBRVS	$74.34	$74.34				Y					
70486		CT MAXILLOFACIAL W/O DYE	7/1/2014	RBRVS	$209.42	$209.42			Y	Y					
70486	TC	CT MAXILLOFACIAL W/O DYE	7/1/2014	RBRVS	$151.04	$151.04			Y	Y					
70486	26	CT MAXILLOFACIAL W/O DYE	7/1/2014	RBRVS	$58.38	$58.38				Y					
70487		CT MAXILLOFACIAL W/DYE	7/1/2014	RBRVS	$253.64	$253.64			Y	Y					
70487	TC	CT MAXILLOFACIAL W/DYE	7/1/2014	RBRVS	$186.90	$186.90			Y	Y					
70487	26	CT MAXILLOFACIAL W/DYE	7/1/2014	RBRVS	$66.77	$66.77				Y					
70488		CT MAXILLOFACIAL W/O & W/DYE	7/1/2014	RBRVS	$303.55	$303.55			Y	Y					
70488	TC	CT MAXILLOFACIAL W/O & W/DYE	7/1/2014	RBRVS	$230.65	$230.65			Y	Y					
70488	26	CT MAXILLOFACIAL W/O & W/DYE	7/1/2014	RBRVS	$72.90	$72.90				Y					
70490		CT SOFT TISSUE NECK W/O DYE	7/1/2014	RBRVS	$207.38	$207.38			Y	Y					
70490	TC	CT SOFT TISSUE NECK W/O DYE	7/1/2014	RBRVS	$141.72	$141.72			Y	Y					
70490	26	CT SOFT TISSUE NECK W/O DYE	7/1/2014	RBRVS	$65.70	$65.70				Y					
70491		CT SOFT TISSUE NECK W/DYE	7/1/2014	RBRVS	$248.62	$248.62			Y	Y					
70491	TC	CT SOFT TISSUE NECK W/DYE	7/1/2014	RBRVS	$177.94	$177.94			Y	Y					
70491	26	CT SOFT TISSUE NECK W/DYE	7/1/2014	RBRVS	$70.72	$70.72				Y					
70492		CT SFT TSUE NCK W/O & W/DYE	7/1/2014	RBRVS	$295.31	$295.31			Y	Y					
70492	TC	CT SFT TSUE NCK W/O & W/DYE	7/1/2014	RBRVS	$220.97	$220.97			Y	Y					
70492	26	CT SFT TSUE NCK W/O & W/DYE	7/1/2014	RBRVS	$74.34	$74.34				Y					
70496		CT ANGIOGRAPHY HEAD	7/1/2014	RBRVS	$452.12	$452.12			Y	Y					
70496	TC	CT ANGIOGRAPHY HEAD	7/1/2014	RBRVS	$362.26	$362.26			Y	Y					
70496	26	CT ANGIOGRAPHY HEAD	7/1/2014	RBRVS	$89.90	$89.90				Y					
70498		CT ANGIOGRAPHY NECK	7/1/2014	RBRVS	$469.34	$469.34			Y	Y					
70498	TC	CT ANGIOGRAPHY NECK	7/1/2014	RBRVS	$379.83	$379.83			Y	Y					
70498	26	CT ANGIOGRAPHY NECK	7/1/2014	RBRVS	$89.54	$89.54				Y					
70540		MRI ORBIT/FACE/NECK W/O DYE	7/1/2014	RBRVS	$365.95	$365.95			Y	Y					
70540	TC	MRI ORBIT/FACE/NECK W/O DYE	7/1/2014	RBRVS	$296.63	$296.63			Y	Y					
70540	26	MRI ORBIT/FACE/NECK W/O DYE	7/1/2014	RBRVS	$69.32	$69.32				Y					
70542		MRI ORBIT/FACE/NECK W/DYE	7/1/2014	RBRVS	$418.06	$418.06			Y	Y					
70542	TC	MRI ORBIT/FACE/NECK W/DYE	7/1/2014	RBRVS	$334.65	$334.65			Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
70542	26	MRI ORBIT/FACE/NECK W/DYE	7/1/2014	RBRVS	$83.45	$83.45				Y					
70543		MRI ORBT/FAC/NCK W/O &W/DYE	7/1/2014	RBRVS	$511.72	$511.72			Y	Y					
70543	TC	MRI ORBT/FAC/NCK W/O &W/DYE	7/1/2014	RBRVS	$402.06	$402.06			Y	Y					
70543	26	MRI ORBT/FAC/NCK W/O &W/DYE	7/1/2014	RBRVS	$109.66	$109.66				Y					
70544		MR ANGIOGRAPHY HEAD W/O DYE	7/1/2014	RBRVS	$409.99	$409.99			Y	Y					
70544	TC	MR ANGIOGRAPHY HEAD W/O DYE	7/1/2014	RBRVS	$348.27	$348.27			Y	Y					
70544	26	MR ANGIOGRAPHY HEAD W/O DYE	7/1/2014	RBRVS	$61.75	$61.75				Y					
70545		MR ANGIOGRAPHY HEAD W/DYE	7/1/2014	RBRVS	$404.25	$404.25			Y	Y					
70545	TC	MR ANGIOGRAPHY HEAD W/DYE	7/1/2014	RBRVS	$342.53	$342.53			Y	Y					
70545	26	MR ANGIOGRAPHY HEAD W/DYE	7/1/2014	RBRVS	$61.75	$61.75				Y					
70546		MR ANGIOGRAPH HEAD W/O&W/DYE	7/1/2014	RBRVS	$616.43	$616.43			Y	Y					
70546	TC	MR ANGIOGRAPH HEAD W/O&W/DYE	7/1/2014	RBRVS	$523.63	$523.63			Y	Y					
70546	26	MR ANGIOGRAPH HEAD W/O&W/DYE	7/1/2014	RBRVS	$92.81	$92.81				Y					
70547		MR ANGIOGRAPHY NECK W/O DYE	7/1/2014	RBRVS	$411.06	$411.06			Y	Y					
70547	TC	MR ANGIOGRAPHY NECK W/O DYE	7/1/2014	RBRVS	$349.35	$349.35			Y	Y					
70547	26	MR ANGIOGRAPHY NECK W/O DYE	7/1/2014	RBRVS	$61.75	$61.75				Y					
70548		MR ANGIOGRAPHY NECK W/DYE	7/1/2014	RBRVS	$431.50	$431.50			Y	Y					
70548	TC	MR ANGIOGRAPHY NECK W/DYE	7/1/2014	RBRVS	$369.79	$369.79			Y	Y					
70548	26	MR ANGIOGRAPHY NECK W/DYE	7/1/2014	RBRVS	$61.75	$61.75				Y					
70549		MR ANGIOGRAPH NECK W/O&W/DYE	7/1/2014	RBRVS	$620.31	$620.31			Y	Y					
70549	TC	MR ANGIOGRAPH NECK W/O&W/DYE	7/1/2014	RBRVS	$527.93	$527.93			Y	Y					
70549	26	MR ANGIOGRAPH NECK W/O&W/DYE	7/1/2014	RBRVS	$92.41	$92.41				Y					
70551		MRI BRAIN STEM W/O DYE	7/1/2014	RBRVS	$248.33	$248.33			Y	Y					
70551	TC	MRI BRAIN STEM W/O DYE	7/1/2014	RBRVS	$172.56	$172.56			Y	Y					
70551	26	MRI BRAIN STEM W/O DYE	7/1/2014	RBRVS	$75.77	$75.77				Y					
70552		MRI BRAIN STEM W/DYE	7/1/2014	RBRVS	$337.80	$337.80			Y	Y					
70552	TC	MRI BRAIN STEM W/DYE	7/1/2014	RBRVS	$245.71	$245.71			Y	Y					
70552	26	MRI BRAIN STEM W/DYE	7/1/2014	RBRVS	$92.09	$92.09				Y					
70553		MRI BRAIN STEM W/O & W/DYE	7/1/2014	RBRVS	$398.51	$398.51			Y	Y					
70553	TC	MRI BRAIN STEM W/O & W/DYE	7/1/2014	RBRVS	$280.86	$280.86			Y	Y					
70553	26	MRI BRAIN STEM W/O & W/DYE	7/1/2014	RBRVS	$117.66	$117.66				Y					
70555		FMRI BRAIN BY PHYS/PSYCH	7/1/2014	FEE SCHED	$457.82	$0.00			Y						
70555	TC	FMRI BRAIN BY PHYS/PSYCH	7/1/2014	FEE SCHED	$329.63	$0.00									
70555	26	FMRI BRAIN BY PHYS/PSYCH	7/1/2014	RBRVS	$134.04	$134.04					Y				
70557		MRI BRAIN W/O DYE	7/1/2014	FEE SCHED	$626.11	$0.00			Y						
70557	TC	MRI BRAIN W/O DYE	7/1/2014	FEE SCHED	$450.79	$0.00									
70557	26	MRI BRAIN W/O DYE	7/1/2014	RBRVS	$184.14	$184.14									
70558		MRI BRAIN W/DYE	7/1/2014	FEE SCHED	$576.21	$0.00			Y						
70558	TC	MRI BRAIN W/DYE	7/1/2014	FEE SCHED	$414.87	$0.00									
70558	26	MRI BRAIN W/DYE	7/1/2014	RBRVS	$169.19	$169.19									
70559		MRI BRAIN W/O & W/DYE	7/1/2014	FEE SCHED	$577.42	$0.00			Y						
70559	TC	MRI BRAIN W/O & W/DYE	7/1/2014	FEE SCHED	$415.75	$0.00									
70559	26	MRI BRAIN W/O & W/DYE	7/1/2014	RBRVS	$169.55	$169.55									
71010		CHEST X-RAY 1 VIEW FRONTAL	7/1/2014	RBRVS	$24.13	$24.13									
71010	TC	CHEST X-RAY 1 VIEW FRONTAL	7/1/2014	RBRVS	$14.77	$14.77									
71010	26	CHEST X-RAY 1 VIEW FRONTAL	7/1/2014	RBRVS	$9.40	$9.40									

Montana Medicaid - Fee Schedule
Psychiatrist 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
71015		CHEST X-RAY STEREO FRONTAL	7/1/2014	RBRVS	$30.95	$30.95									
71015	TC	CHEST X-RAY STEREO FRONTAL	7/1/2014	RBRVS	$20.15	$20.15									
71015	26	CHEST X-RAY STEREO FRONTAL	7/1/2014	RBRVS	$10.83	$10.83									
71020		CHEST X-RAY 2VW FRONTAL&LATL	7/1/2014	RBRVS	$31.31	$31.31									
71020	TC	CHEST X-RAY 2VW FRONTAL&LATL	7/1/2014	RBRVS	$20.15	$20.15									
71020	26	CHEST X-RAY 2VW FRONTAL&LATL	7/1/2014	RBRVS	$11.19	$11.19									
71021		CHEST X-RAY FRNT LAT LORDOTC	7/1/2014	RBRVS	$38.48	$38.48									
71021	TC	CHEST X-RAY FRNT LAT LORDOTC	7/1/2014	RBRVS	$24.46	$24.46									
71021	26	CHEST X-RAY FRNT LAT LORDOTC	7/1/2014	RBRVS	$14.06	$14.06									
71022		CHEST X-RAY FRNT LAT OBLIQUE	7/1/2014	RBRVS	$47.80	$47.80									
71022	TC	CHEST X-RAY FRNT LAT OBLIQUE	7/1/2014	RBRVS	$30.91	$30.91									
71022	26	CHEST X-RAY FRNT LAT OBLIQUE	7/1/2014	RBRVS	$16.93	$16.93									
71023		CHEST X-RAY AND FLUOROSCOPY	7/1/2014	RBRVS	$67.52	$67.52									
71023	TC	CHEST X-RAY AND FLUOROSCOPY	7/1/2014	RBRVS	$48.48	$48.48									
71023	26	CHEST X-RAY AND FLUOROSCOPY	7/1/2014	RBRVS	$19.08	$19.08									
71030		CHEST X-RAY 4/> VIEWS	7/1/2014	RBRVS	$47.44	$47.44									
71030	TC	CHEST X-RAY 4/> VIEWS	7/1/2014	RBRVS	$31.99	$31.99									
71030	26	CHEST X-RAY 4/> VIEWS	7/1/2014	RBRVS	$15.49	$15.49									
71034		CHEST X-RAY&FLUORO 4/> VIEWS	7/1/2014	RBRVS	$89.04	$89.04									
71034	TC	CHEST X-RAY&FLUORO 4/> VIEWS	7/1/2014	RBRVS	$66.05	$66.05									
71034	26	CHEST X-RAY&FLUORO 4/> VIEWS	7/1/2014	RBRVS	$23.02	$23.02									
71035		CHEST X-RAY SPECIAL VIEWS	7/1/2014	RBRVS	$37.40	$37.40									
71035	TC	CHEST X-RAY SPECIAL VIEWS	7/1/2014	RBRVS	$28.04	$28.04									
71035	26	CHEST X-RAY SPECIAL VIEWS	7/1/2014	RBRVS	$9.40	$9.40									
71100		X-RAY EXAM RIBS UNI 2 VIEWS	7/1/2014	RBRVS	$33.82	$33.82									
71100	TC	X-RAY EXAM RIBS UNI 2 VIEWS	7/1/2014	RBRVS	$22.30	$22.30									
71100	26	X-RAY EXAM RIBS UNI 2 VIEWS	7/1/2014	RBRVS	$11.55	$11.55									
71101		X-RAY EXAM UNILAT RIBS/CHEST	7/1/2014	RBRVS	$40.99	$40.99									
71101	TC	X-RAY EXAM UNILAT RIBS/CHEST	7/1/2014	RBRVS	$27.33	$27.33									
71101	26	X-RAY EXAM UNILAT RIBS/CHEST	7/1/2014	RBRVS	$13.70	$13.70									
71110		X-RAY EXAM RIBS BIL 3 VIEWS	7/1/2014	RBRVS	$42.06	$42.06									
71110	TC	X-RAY EXAM RIBS BIL 3 VIEWS	7/1/2014	RBRVS	$28.04	$28.04									
71110	26	X-RAY EXAM RIBS BIL 3 VIEWS	7/1/2014	RBRVS	$14.06	$14.06									
71111		X-RAY EXAM RIBS/CHEST4/> VWS	7/1/2014	RBRVS	$54.97	$54.97									
71111	TC	X-RAY EXAM RIBS/CHEST4/> VWS	7/1/2014	RBRVS	$38.44	$38.44									
71111	26	X-RAY EXAM RIBS/CHEST4/> VWS	7/1/2014	RBRVS	$16.57	$16.57									
71120		X-RAY EXAM BREASTBONE 2/>VWS	7/1/2014	RBRVS	$32.74	$32.74									
71120	TC	X-RAY EXAM BREASTBONE 2/>VWS	7/1/2014	RBRVS	$22.30	$22.30									
71120	26	X-RAY EXAM BREASTBONE 2/>VWS	7/1/2014	RBRVS	$10.47	$10.47									
71130		X-RAY STRENOCLAVIC JT 3/>VWS	7/1/2014	RBRVS	$38.48	$38.48									
71130	TC	X-RAY STRENOCLAVIC JT 3/>VWS	7/1/2014	RBRVS	$26.97	$26.97									
71130	26	X-RAY STRENOCLAVIC JT 3/>VWS	7/1/2014	RBRVS	$11.55	$11.55									
71250		CT THORAX W/O DYE	7/1/2014	RBRVS	$193.64	$193.64			Y	Y					
71250	TC	CT THORAX W/O DYE	7/1/2014	RBRVS	$141.72	$141.72			Y	Y					
71250	26	CT THORAX W/O DYE	7/1/2014	RBRVS	$51.93	$51.93				Y					
71260		CT THORAX W/DYE	7/1/2014	RBRVS	$242.52	$242.52			Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
71260	TC	CT THORAX W/DYE	7/1/2014	RBRVS	$178.65	$178.65			Y	Y					
71260	26	CT THORAX W/DYE	7/1/2014	RBRVS	$63.90	$63.90				Y					
71270		CT THORAX W/O & W/DYE	7/1/2014	RBRVS	$292.37	$292.37			Y	Y					
71270	TC	CT THORAX W/O & W/DYE	7/1/2014	RBRVS	$222.05	$222.05			Y	Y					
71270	26	CT THORAX W/O & W/DYE	7/1/2014	RBRVS	$70.36	$70.36				Y					
71275		CT ANGIOGRAPHY CHEST	7/1/2014	RBRVS	$378.32	$378.32			Y	Y					
71275	TC	CT ANGIOGRAPHY CHEST	7/1/2014	RBRVS	$279.78	$279.78			Y	Y					
71275	26	CT ANGIOGRAPHY CHEST	7/1/2014	RBRVS	$98.54	$98.54				Y					
71550		MRI CHEST W/O DYE	7/1/2014	RBRVS	$421.18	$421.18			Y	Y					
71550	TC	MRI CHEST W/O DYE	7/1/2014	RBRVS	$346.48	$346.48			Y	Y					
71550	26	MRI CHEST W/O DYE	7/1/2014	RBRVS	$74.70	$74.70				Y					
71551		MRI CHEST W/DYE	7/1/2014	RBRVS	$476.51	$476.51			Y	Y					
71551	TC	MRI CHEST W/DYE	7/1/2014	RBRVS	$387.72	$387.72			Y	Y					
71551	26	MRI CHEST W/DYE	7/1/2014	RBRVS	$88.83	$88.83				Y					
71552		MRI CHEST W/O & W/DYE	7/1/2014	RBRVS	$599.58	$599.58			Y	Y					
71552	TC	MRI CHEST W/O & W/DYE	7/1/2014	RBRVS	$484.18	$484.18			Y	Y					
71552	26	MRI CHEST W/O & W/DYE	7/1/2014	RBRVS	$115.40	$115.40				Y					
71555		MRI ANGIO CHEST W OR W/O DYE	7/1/2014	RBRVS	$420.57	$420.57			Y	Y					
71555	TC	MRI ANGIO CHEST W OR W/O DYE	7/1/2014	RBRVS	$328.19	$328.19			Y	Y					
71555	26	MRI ANGIO CHEST W OR W/O DYE	7/1/2014	RBRVS	$92.41	$92.41				Y					
72010		X-RAY EXAM SPINE AP&LAT	7/1/2014	RBRVS	$81.29	$81.29									
72010	TC	X-RAY EXAM SPINE AP&LAT	7/1/2014	RBRVS	$57.09	$57.09									
72010	26	X-RAY EXAM SPINE AP&LAT	7/1/2014	RBRVS	$24.21	$24.21									
72020		X-RAY EXAM OF SPINE 1 VIEW	7/1/2014	RBRVS	$23.78	$23.78									
72020	TC	X-RAY EXAM OF SPINE 1 VIEW	7/1/2014	RBRVS	$15.85	$15.85									
72020	26	X-RAY EXAM OF SPINE 1 VIEW	7/1/2014	RBRVS	$7.96	$7.96									
72040		X-RAY EXAM OF NECK SPINE	7/1/2014	RBRVS	$37.19	$37.19									
72040	TC	X-RAY EXAM OF NECK SPINE	7/1/2014	RBRVS	$24.82	$24.82									
72040	26	X-RAY EXAM OF NECK SPINE	7/1/2014	RBRVS	$12.37	$12.37									
72050		X-RAY EXAM OF NECK SPINE	7/1/2014	RBRVS	$50.10	$50.10									
72050	TC	X-RAY EXAM OF NECK SPINE	7/1/2014	RBRVS	$33.42	$33.42									
72050	26	X-RAY EXAM OF NECK SPINE	7/1/2014	RBRVS	$16.67	$16.67									
72052		X-RAY EXAM OF NECK SPINE	7/1/2014	RBRVS	$64.08	$64.08									
72052	TC	X-RAY EXAM OF NECK SPINE	7/1/2014	RBRVS	$44.90	$44.90									
72052	26	X-RAY EXAM OF NECK SPINE	7/1/2014	RBRVS	$19.19	$19.19									
72069		X-RAY EXAM TRUNK SPINE STAND	7/1/2014	RBRVS	$39.70	$39.70									
72069	TC	X-RAY EXAM TRUNK SPINE STAND	7/1/2014	RBRVS	$27.33	$27.33									
72069	26	X-RAY EXAM TRUNK SPINE STAND	7/1/2014	RBRVS	$12.37	$12.37									
72070		X-RAY EXAM THORAC SPINE 2VWS	7/1/2014	RBRVS	$34.53	$34.53									
72070	TC	X-RAY EXAM THORAC SPINE 2VWS	7/1/2014	RBRVS	$23.02	$23.02									
72070	26	X-RAY EXAM THORAC SPINE 2VWS	7/1/2014	RBRVS	$11.55	$11.55									
72072		X-RAY EXAM THORAC SPINE 3VWS	7/1/2014	RBRVS	$38.48	$38.48									
72072	TC	X-RAY EXAM THORAC SPINE 3VWS	7/1/2014	RBRVS	$27.33	$27.33									
72072	26	X-RAY EXAM THORAC SPINE 3VWS	7/1/2014	RBRVS	$11.19	$11.19									
72074		X-RAY EXAM THORAC SPINE4/>VW	7/1/2014	RBRVS	$45.65	$45.65									
72074	TC	X-RAY EXAM THORAC SPINE4/>VW	7/1/2014	RBRVS	$34.50	$34.50									

Montana Medicaid - Fee Schedule
Psychiatrist 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	7/1/2014	RBRVS	$11.19	$11.19									
72080		X-RAY EXAM TRUNK SPINE 2 VWS	7/1/2014	RBRVS	$37.55	$37.55									
72080	TC	X-RAY EXAM TRUNK SPINE 2 VWS	7/1/2014	RBRVS	$25.17	$25.17									
72080	26	X-RAY EXAM TRUNK SPINE 2 VWS	7/1/2014	RBRVS	$12.37	$12.37									
72090		X-RAY EXAM SCLOIOSIS ERECT	7/1/2014	RBRVS	$53.72	$53.72									
72090	TC	X-RAY EXAM SCLOIOSIS ERECT	7/1/2014	RBRVS	$37.72	$37.72									
72090	26	X-RAY EXAM SCLOIOSIS ERECT	7/1/2014	RBRVS	$16.03	$16.03									
72100		X-RAY EXAM L-S SPINE 2/3 VWS	7/1/2014	RBRVS	$37.19	$37.19									
72100	TC	X-RAY EXAM L-S SPINE 2/3 VWS	7/1/2014	RBRVS	$24.82	$24.82									
72100	26	X-RAY EXAM L-S SPINE 2/3 VWS	7/1/2014	RBRVS	$12.37	$12.37									
72110		X-RAY EXAM L-2 SPINE 4/>VWS	7/1/2014	RBRVS	$50.81	$50.81									
72110	TC	X-RAY EXAM L-2 SPINE 4/>VWS	7/1/2014	RBRVS	$34.14	$34.14									
72110	26	X-RAY EXAM L-2 SPINE 4/>VWS	7/1/2014	RBRVS	$16.67	$16.67									
72114		X-RAY EXAM L-S SPINE BENDING	7/1/2014	RBRVS	$66.27	$66.27									
72114	TC	X-RAY EXAM L-S SPINE BENDING	7/1/2014	RBRVS	$48.48	$48.48									
72114	26	X-RAY EXAM L-S SPINE BENDING	7/1/2014	RBRVS	$17.82	$17.82									
72120		X-RAY BEND ONLY L-S SPINE	7/1/2014	RBRVS	$41.85	$41.85									
72120	TC	X-RAY BEND ONLY L-S SPINE	7/1/2014	RBRVS	$29.48	$29.48									
72120	26	X-RAY BEND ONLY L-S SPINE	7/1/2014	RBRVS	$12.37	$12.37									
72125		CT NECK SPINE W/O DYE	7/1/2014	RBRVS	$197.95	$197.95			Y	Y					
72125	TC	CT NECK SPINE W/O DYE	7/1/2014	RBRVS	$143.51	$143.51			Y	Y					
72125	26	CT NECK SPINE W/O DYE	7/1/2014	RBRVS	$54.44	$54.44				Y					
72126		CT NECK SPINE W/DYE	7/1/2014	RBRVS	$242.52	$242.52			Y	Y					
72126	TC	CT NECK SPINE W/DYE	7/1/2014	RBRVS	$179.73	$179.73			Y	Y					
72126	26	CT NECK SPINE W/DYE	7/1/2014	RBRVS	$62.83	$62.83				Y					
72127		CT NECK SPINE W/O & W/DYE	7/1/2014	RBRVS	$288.42	$288.42			Y	Y					
72127	TC	CT NECK SPINE W/O & W/DYE	7/1/2014	RBRVS	$223.48	$223.48			Y	Y					
72127	26	CT NECK SPINE W/O & W/DYE	7/1/2014	RBRVS	$64.98	$64.98				Y					
72128		CT CHEST SPINE W/O DYE	7/1/2014	RBRVS	$194.00	$194.00			Y	Y					
72128	TC	CT CHEST SPINE W/O DYE	7/1/2014	RBRVS	$142.79	$142.79			Y	Y					
72128	26	CT CHEST SPINE W/O DYE	7/1/2014	RBRVS	$51.21	$51.21				Y					
72129		CT CHEST SPINE W/DYE	7/1/2014	RBRVS	$242.52	$242.52			Y	Y					
72129	TC	CT CHEST SPINE W/DYE	7/1/2014	RBRVS	$179.73	$179.73			Y	Y					
72129	26	CT CHEST SPINE W/DYE	7/1/2014	RBRVS	$62.83	$62.83				Y					
72130		CT CHEST SPINE W/O & W/DYE	7/1/2014	RBRVS	$291.65	$291.65			Y	Y					
72130	TC	CT CHEST SPINE W/O & W/DYE	7/1/2014	RBRVS	$226.71	$226.71			Y	Y					
72130	26	CT CHEST SPINE W/O & W/DYE	7/1/2014	RBRVS	$64.98	$64.98				Y					
72131		CT LUMBAR SPINE W/O DYE	7/1/2014	RBRVS	$193.29	$193.29			Y	Y					
72131	TC	CT LUMBAR SPINE W/O DYE	7/1/2014	RBRVS	$142.08	$142.08			Y	Y					
72131	26	CT LUMBAR SPINE W/O DYE	7/1/2014	RBRVS	$51.21	$51.21				Y					
72132		CT LUMBAR SPINE W/DYE	7/1/2014	RBRVS	$241.80	$241.80			Y	Y					
72132	TC	CT LUMBAR SPINE W/DYE	7/1/2014	RBRVS	$179.01	$179.01			Y	Y					
72132	26	CT LUMBAR SPINE W/DYE	7/1/2014	RBRVS	$62.83	$62.83				Y					
72133		CT LUMBAR SPINE W/O & W/DYE	7/1/2014	RBRVS	$288.78	$288.78			Y	Y					
72133	TC	CT LUMBAR SPINE W/O & W/DYE	7/1/2014	RBRVS	$223.84	$223.84			Y	Y					
72133	26	CT LUMBAR SPINE W/O & W/DYE	7/1/2014	RBRVS	$64.98	$64.98				Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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	7/1/2014	RBRVS	$246.61	$246.61			Y	Y					
72141	TC	MRI NECK SPINE W/O DYE	7/1/2014	RBRVS	$170.05	$170.05			Y	Y					
72141	26	MRI NECK SPINE W/O DYE	7/1/2014	RBRVS	$76.56	$76.56				Y					
72142		MRI NECK SPINE W/DYE	7/1/2014	RBRVS	$338.81	$338.81			Y	Y					
72142	TC	MRI NECK SPINE W/DYE	7/1/2014	RBRVS	$247.15	$247.15			Y	Y					
72142	26	MRI NECK SPINE W/DYE	7/1/2014	RBRVS	$91.69	$91.69				Y					
72146		MRI CHEST SPINE W/O DYE	7/1/2014	RBRVS	$246.61	$246.61			Y	Y					
72146	TC	MRI CHEST SPINE W/O DYE	7/1/2014	RBRVS	$170.05	$170.05			Y	Y					
72146	26	MRI CHEST SPINE W/O DYE	7/1/2014	RBRVS	$76.56	$76.56				Y					
72147		MRI CHEST SPINE W/DYE	7/1/2014	RBRVS	$335.58	$335.58			Y	Y					
72147	TC	MRI CHEST SPINE W/DYE	7/1/2014	RBRVS	$243.92	$243.92			Y	Y					
72147	26	MRI CHEST SPINE W/DYE	7/1/2014	RBRVS	$91.69	$91.69				Y					
72148		MRI LUMBAR SPINE W/O DYE	7/1/2014	RBRVS	$247.00	$247.00			Y	Y					
72148	TC	MRI LUMBAR SPINE W/O DYE	7/1/2014	RBRVS	$170.05	$170.05			Y	Y					
72148	26	MRI LUMBAR SPINE W/O DYE	7/1/2014	RBRVS	$76.99	$76.99				Y					
72149		MRI LUMBAR SPINE W/DYE	7/1/2014	RBRVS	$334.57	$334.57			Y	Y					
72149	TC	MRI LUMBAR SPINE W/DYE	7/1/2014	RBRVS	$242.49	$242.49			Y	Y					
72149	26	MRI LUMBAR SPINE W/DYE	7/1/2014	RBRVS	$92.09	$92.09				Y					
72156		MRI NECK SPINE W/O & W/DYE	7/1/2014	RBRVS	$398.87	$398.87			Y	Y					
72156	TC	MRI NECK SPINE W/O & W/DYE	7/1/2014	RBRVS	$281.21	$281.21			Y	Y					
72156	26	MRI NECK SPINE W/O & W/DYE	7/1/2014	RBRVS	$117.66	$117.66				Y					
72157		MRI CHEST SPINE W/O & W/DYE	7/1/2014	RBRVS	$399.23	$399.23			Y	Y					
72157	TC	MRI CHEST SPINE W/O & W/DYE	7/1/2014	RBRVS	$281.57	$281.57			Y	Y					
72157	26	MRI CHEST SPINE W/O & W/DYE	7/1/2014	RBRVS	$117.66	$117.66				Y					
72158		MRI LUMBAR SPINE W/O & W/DYE	7/1/2014	RBRVS	$397.90	$397.90			Y	Y					
72158	TC	MRI LUMBAR SPINE W/O & W/DYE	7/1/2014	RBRVS	$279.42	$279.42			Y	Y					
72158	26	MRI LUMBAR SPINE W/O & W/DYE	7/1/2014	RBRVS	$118.52	$118.52				Y					
72170		X-RAY EXAM OF PELVIS	7/1/2014	RBRVS	$30.01	$30.01									
72170	TC	X-RAY EXAM OF PELVIS	7/1/2014	RBRVS	$20.15	$20.15									
72170	26	X-RAY EXAM OF PELVIS	7/1/2014	RBRVS	$9.86	$9.86									
72190		X-RAY EXAM OF PELVIS	7/1/2014	RBRVS	$44.36	$44.36									
72190	TC	X-RAY EXAM OF PELVIS	7/1/2014	RBRVS	$32.35	$32.35									
72190	26	X-RAY EXAM OF PELVIS	7/1/2014	RBRVS	$12.01	$12.01									
72191		CT ANGIOGRAPH PELV W/O&W/DYE	7/1/2014	RBRVS	$393.38	$393.38			Y	Y					
72191	TC	CT ANGIOGRAPH PELV W/O&W/DYE	7/1/2014	RBRVS	$300.58	$300.58			Y	Y					
72191	26	CT ANGIOGRAPH PELV W/O&W/DYE	7/1/2014	RBRVS	$92.81	$92.81				Y					
72192		CT PELVIS W/O DYE	7/1/2014	RBRVS	$153.12	$153.12			Y	Y					
72192	TC	CT PELVIS W/O DYE	7/1/2014	RBRVS	$97.61	$97.61			Y	Y					
72192	26	CT PELVIS W/O DYE	7/1/2014	RBRVS	$55.51	$55.51				Y					
72193		CT PELVIS W/DYE	7/1/2014	RBRVS	$238.58	$238.58			Y	Y					
72193	TC	CT PELVIS W/DYE	7/1/2014	RBRVS	$178.65	$178.65			Y	Y					
72193	26	CT PELVIS W/DYE	7/1/2014	RBRVS	$59.96	$59.96				Y					
72194		CT PELVIS W/O & W/DYE	7/1/2014	RBRVS	$279.10	$279.10			Y	Y					
72194	TC	CT PELVIS W/O & W/DYE	7/1/2014	RBRVS	$216.67	$216.67			Y	Y					
72194	26	CT PELVIS W/O & W/DYE	7/1/2014	RBRVS	$62.47	$62.47				Y					
72195		MRI PELVIS W/O DYE	7/1/2014	RBRVS	$382.91	$382.91			Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
72195	TC	MRI PELVIS W/O DYE	7/1/2014	RBRVS	$307.03	$307.03			Y	Y					
72195	26	MRI PELVIS W/O DYE	7/1/2014	RBRVS	$75.92	$75.92				Y					
72196		MRI PELVIS W/DYE	7/1/2014	RBRVS	$429.53	$429.53			Y	Y					
72196	TC	MRI PELVIS W/DYE	7/1/2014	RBRVS	$340.38	$340.38			Y	Y					
72196	26	MRI PELVIS W/DYE	7/1/2014	RBRVS	$89.18	$89.18				Y					
72197		MRI PELVIS W/O & W/DYE	7/1/2014	RBRVS	$524.27	$524.27			Y	Y					
72197	TC	MRI PELVIS W/O & W/DYE	7/1/2014	RBRVS	$408.88	$408.88			Y	Y					
72197	26	MRI PELVIS W/O & W/DYE	7/1/2014	RBRVS	$115.40	$115.40				Y					
72198		MR ANGIO PELVIS W/O & W/DYE	7/1/2014	RBRVS	$425.59	$425.59			Y	Y					
72198	TC	MR ANGIO PELVIS W/O & W/DYE	7/1/2014	RBRVS	$333.93	$333.93			Y	Y					
72198	26	MR ANGIO PELVIS W/O & W/DYE	7/1/2014	RBRVS	$91.69	$91.69				Y					
72200		X-RAY EXAM SI JOINTS	7/1/2014	RBRVS	$30.59	$30.59									
72200	TC	X-RAY EXAM SI JOINTS	7/1/2014	RBRVS	$21.59	$21.59									
72200	26	X-RAY EXAM SI JOINTS	7/1/2014	RBRVS	$9.04	$9.04									
72202		X-RAY EXAM SI JOINTS 3/> VWS	7/1/2014	RBRVS	$35.97	$35.97									
72202	TC	X-RAY EXAM SI JOINTS 3/> VWS	7/1/2014	RBRVS	$26.25	$26.25									
72202	26	X-RAY EXAM SI JOINTS 3/> VWS	7/1/2014	RBRVS	$9.75	$9.75									
72220		X-RAY EXAM SACRUM TAILBONE	7/1/2014	RBRVS	$29.87	$29.87									
72220	TC	X-RAY EXAM SACRUM TAILBONE	7/1/2014	RBRVS	$20.87	$20.87									
72220	26	X-RAY EXAM SACRUM TAILBONE	7/1/2014	RBRVS	$9.04	$9.04									
72240		MYELOGRAPHY NECK SPINE	7/1/2014	RBRVS	$132.32	$132.32									
72240	TC	MYELOGRAPHY NECK SPINE	7/1/2014	RBRVS	$85.78	$85.78									
72240	26	MYELOGRAPHY NECK SPINE	7/1/2014	RBRVS	$46.55	$46.55									
72255		MYELOGRAPHY THORACIC SPINE	7/1/2014	RBRVS	$125.80	$125.80									
72255	TC	MYELOGRAPHY THORACIC SPINE	7/1/2014	RBRVS	$78.96	$78.96									
72255	26	MYELOGRAPHY THORACIC SPINE	7/1/2014	RBRVS	$46.87	$46.87									
72265		MYELOGRAPHY L-S SPINE	7/1/2014	RBRVS	$129.02	$129.02									
72265	TC	MYELOGRAPHY L-S SPINE	7/1/2014	RBRVS	$86.49	$86.49									
72265	26	MYELOGRAPHY L-S SPINE	7/1/2014	RBRVS	$42.57	$42.57									
72270		MYELOGPHY 2/> SPINE REGIONS	7/1/2014	RBRVS	$200.56	$200.56									
72270	TC	MYELOGPHY 2/> SPINE REGIONS	7/1/2014	RBRVS	$132.40	$132.40									
72270	26	MYELOGPHY 2/> SPINE REGIONS	7/1/2014	RBRVS	$68.21	$68.21									
72275		EPIDUROGRAPHY	7/1/2014	RBRVS	$118.62	$118.62			Y						
72275	TC	EPIDUROGRAPHY	7/1/2014	RBRVS	$77.89	$77.89			Y						
72275	26	EPIDUROGRAPHY	7/1/2014	RBRVS	$40.77	$40.77									
72285		DISCOGRAPHY CERV/THOR SPINE	7/1/2014	RBRVS	$117.26	$117.26			Y						
72285	TC	DISCOGRAPHY CERV/THOR SPINE	7/1/2014	RBRVS	$54.94	$54.94			Y						
72285	26	DISCOGRAPHY CERV/THOR SPINE	7/1/2014	RBRVS	$62.32	$62.32									
72295		X-RAY OF LOWER SPINE DISK	7/1/2014	RBRVS	$101.41	$101.41									
72295	TC	X-RAY OF LOWER SPINE DISK	7/1/2014	RBRVS	$57.09	$57.09									
72295	26	X-RAY OF LOWER SPINE DISK	7/1/2014	RBRVS	$44.36	$44.36									
73000		X-RAY EXAM OF COLLAR BONE	7/1/2014	RBRVS	$29.87	$29.87					Y				
73000	TC	X-RAY EXAM OF COLLAR BONE	7/1/2014	RBRVS	$21.23	$21.23					Y				
73000	26	X-RAY EXAM OF COLLAR BONE	7/1/2014	RBRVS	$8.68	$8.68					Y				
73010		X-RAY EXAM OF SHOULDER BLADE	7/1/2014	RBRVS	$33.24	$33.24					Y				
73010	TC	X-RAY EXAM OF SHOULDER BLADE	7/1/2014	RBRVS	$23.02	$23.02					Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
73010	26	X-RAY EXAM OF SHOULDER BLADE	7/1/2014	RBRVS	$10.22	$10.22					Y				
73020		X-RAY EXAM OF SHOULDER	7/1/2014	RBRVS	$24.49	$24.49					Y				
73020	TC	X-RAY EXAM OF SHOULDER	7/1/2014	RBRVS	$16.57	$16.57					Y				
73020	26	X-RAY EXAM OF SHOULDER	7/1/2014	RBRVS	$7.96	$7.96					Y				
73030		X-RAY EXAM OF SHOULDER	7/1/2014	RBRVS	$32.17	$32.17					Y				
73030	TC	X-RAY EXAM OF SHOULDER	7/1/2014	RBRVS	$21.59	$21.59					Y				
73030	26	X-RAY EXAM OF SHOULDER	7/1/2014	RBRVS	$10.58	$10.58					Y				
73040		CONTRAST X-RAY OF SHOULDER	7/1/2014	RBRVS	$107.87	$107.87					Y				
73040	TC	CONTRAST X-RAY OF SHOULDER	7/1/2014	RBRVS	$79.32	$79.32					Y				
73040	26	CONTRAST X-RAY OF SHOULDER	7/1/2014	RBRVS	$28.58	$28.58					Y				
73050		X-RAY EXAM OF SHOULDERS	7/1/2014	RBRVS	$41.13	$41.13									
73050	TC	X-RAY EXAM OF SHOULDERS	7/1/2014	RBRVS	$29.48	$29.48									
73050	26	X-RAY EXAM OF SHOULDERS	7/1/2014	RBRVS	$11.65	$11.65									
73060		X-RAY EXAM OF HUMERUS	7/1/2014	RBRVS	$29.87	$29.87					Y				
73060	TC	X-RAY EXAM OF HUMERUS	7/1/2014	RBRVS	$20.87	$20.87					Y				
73060	26	X-RAY EXAM OF HUMERUS	7/1/2014	RBRVS	$9.04	$9.04					Y				
73070		X-RAY EXAM OF ELBOW	7/1/2014	RBRVS	$29.15	$29.15					Y				
73070	TC	X-RAY EXAM OF ELBOW	7/1/2014	RBRVS	$20.87	$20.87					Y				
73070	26	X-RAY EXAM OF ELBOW	7/1/2014	RBRVS	$8.32	$8.32					Y				
73080		X-RAY EXAM OF ELBOW	7/1/2014	RBRVS	$34.53	$34.53					Y				
73080	TC	X-RAY EXAM OF ELBOW	7/1/2014	RBRVS	$25.53	$25.53					Y				
73080	26	X-RAY EXAM OF ELBOW	7/1/2014	RBRVS	$9.04	$9.04					Y				
73085		CONTRAST X-RAY OF ELBOW	7/1/2014	RBRVS	$104.25	$104.25					Y				
73085	TC	CONTRAST X-RAY OF ELBOW	7/1/2014	RBRVS	$74.66	$74.66					Y				
73085	26	CONTRAST X-RAY OF ELBOW	7/1/2014	RBRVS	$29.58	$29.58					Y				
73090		X-RAY EXAM OF FOREARM	7/1/2014	RBRVS	$28.80	$28.80					Y				
73090	TC	X-RAY EXAM OF FOREARM	7/1/2014	RBRVS	$20.15	$20.15					Y				
73090	26	X-RAY EXAM OF FOREARM	7/1/2014	RBRVS	$8.68	$8.68					Y				
73092		X-RAY EXAM OF ARM INFANT	7/1/2014	RBRVS	$29.15	$29.15					Y				
73092	TC	X-RAY EXAM OF ARM INFANT	7/1/2014	RBRVS	$20.87	$20.87					Y				
73092	26	X-RAY EXAM OF ARM INFANT	7/1/2014	RBRVS	$8.32	$8.32					Y				
73100		X-RAY EXAM OF WRIST	7/1/2014	RBRVS	$32.53	$32.53					Y				
73100	TC	X-RAY EXAM OF WRIST	7/1/2014	RBRVS	$23.02	$23.02					Y				
73100	26	X-RAY EXAM OF WRIST	7/1/2014	RBRVS	$9.50	$9.50					Y				
73110		X-RAY EXAM OF WRIST	7/1/2014	RBRVS	$38.84	$38.84					Y				
73110	TC	X-RAY EXAM OF WRIST	7/1/2014	RBRVS	$29.84	$29.84					Y				
73110	26	X-RAY EXAM OF WRIST	7/1/2014	RBRVS	$9.04	$9.04					Y				
73115		CONTRAST X-RAY OF WRIST	7/1/2014	RBRVS	$113.60	$113.60					Y				
73115	TC	CONTRAST X-RAY OF WRIST	7/1/2014	RBRVS	$84.34	$84.34					Y				
73115	26	CONTRAST X-RAY OF WRIST	7/1/2014	RBRVS	$29.30	$29.30					Y				
73120		X-RAY EXAM OF HAND	7/1/2014	RBRVS	$28.44	$28.44					Y				
73120	TC	X-RAY EXAM OF HAND	7/1/2014	RBRVS	$19.79	$19.79					Y				
73120	26	X-RAY EXAM OF HAND	7/1/2014	RBRVS	$8.68	$8.68					Y				
73130		X-RAY EXAM OF HAND	7/1/2014	RBRVS	$33.82	$33.82					Y				
73130	TC	X-RAY EXAM OF HAND	7/1/2014	RBRVS	$24.82	$24.82					Y				
73130	26	X-RAY EXAM OF HAND	7/1/2014	RBRVS	$9.04	$9.04					Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
73140		X-RAY EXAM OF FINGER(S)	7/1/2014	RBRVS	$34.17	$34.17					Y				
73140	TC	X-RAY EXAM OF FINGER(S)	7/1/2014	RBRVS	$26.97	$26.97					Y				
73140	26	X-RAY EXAM OF FINGER(S)	7/1/2014	RBRVS	$7.24	$7.24					Y				
73200		CT UPPER EXTREMITY W/O DYE	7/1/2014	RBRVS	$193.75	$193.75			Y	Y	Y				
73200	TC	CT UPPER EXTREMITY W/O DYE	7/1/2014	RBRVS	$141.72	$141.72			Y	Y	Y				
73200	26	CT UPPER EXTREMITY W/O DYE	7/1/2014	RBRVS	$52.07	$52.07				Y	Y				
73201		CT UPPER EXTREMITY W/DYE	7/1/2014	RBRVS	$236.78	$236.78			Y	Y	Y				
73201	TC	CT UPPER EXTREMITY W/DYE	7/1/2014	RBRVS	$176.86	$176.86			Y	Y	Y				
73201	26	CT UPPER EXTREMITY W/DYE	7/1/2014	RBRVS	$59.96	$59.96				Y	Y				
73202		CT UPPR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$301.69	$301.69			Y	Y	Y				
73202	TC	CT UPPR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$239.26	$239.26			Y	Y	Y				
73202	26	CT UPPR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$62.47	$62.47				Y	Y				
73206		CT ANGIO UPR EXTRM W/O&W/DYE	7/1/2014	RBRVS	$339.41	$339.41			Y	Y					
73206	TC	CT ANGIO UPR EXTRM W/O&W/DYE	7/1/2014	RBRVS	$247.86	$247.86			Y	Y					
73206	26	CT ANGIO UPR EXTRM W/O&W/DYE	7/1/2014	RBRVS	$91.55	$91.55				Y					
73218		MRI UPPER EXTREMITY W/O DYE	7/1/2014	RBRVS	$371.98	$371.98			Y	Y	Y				
73218	TC	MRI UPPER EXTREMITY W/O DYE	7/1/2014	RBRVS	$302.73	$302.73			Y	Y	Y				
73218	26	MRI UPPER EXTREMITY W/O DYE	7/1/2014	RBRVS	$69.28	$69.28				Y	Y				
73219		MRI UPPER EXTREMITY W/DYE	7/1/2014	RBRVS	$423.08	$423.08			Y	Y	Y				
73219	TC	MRI UPPER EXTREMITY W/DYE	7/1/2014	RBRVS	$339.31	$339.31			Y	Y	Y				
73219	26	MRI UPPER EXTREMITY W/DYE	7/1/2014	RBRVS	$83.80	$83.80				Y	Y				
73220		MRI UPPR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$518.89	$518.89			Y	Y	Y				
73220	TC	MRI UPPR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$408.88	$408.88			Y	Y	Y				
73220	26	MRI UPPR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$110.02	$110.02				Y	Y				
73221		MRI JOINT UPR EXTREM W/O DYE	7/1/2014	RBRVS	$258.12	$258.12			Y	Y	Y				
73221	TC	MRI JOINT UPR EXTREM W/O DYE	7/1/2014	RBRVS	$187.26	$187.26			Y	Y	Y				
73221	26	MRI JOINT UPR EXTREM W/O DYE	7/1/2014	RBRVS	$70.90	$70.90				Y	Y				
73222		MRI JOINT UPR EXTREM W/DYE	7/1/2014	RBRVS	$395.11	$395.11			Y	Y	Y				
73222	TC	MRI JOINT UPR EXTREM W/DYE	7/1/2014	RBRVS	$311.34	$311.34			Y	Y	Y				
73222	26	MRI JOINT UPR EXTREM W/DYE	7/1/2014	RBRVS	$83.80	$83.80				Y	Y				
73223		MRI JOINT UPR EXTR W/O&W/DYE	7/1/2014	RBRVS	$489.49	$489.49			Y	Y	Y				
73223	TC	MRI JOINT UPR EXTR W/O&W/DYE	7/1/2014	RBRVS	$379.47	$379.47			Y	Y	Y				
73223	26	MRI JOINT UPR EXTR W/O&W/DYE	7/1/2014	RBRVS	$110.02	$110.02				Y	Y				
73500		X-RAY EXAM OF HIP	7/1/2014	RBRVS	$28.22	$28.22									
73500	TC	X-RAY EXAM OF HIP	7/1/2014	RBRVS	$18.36	$18.36									
73500	26	X-RAY EXAM OF HIP	7/1/2014	RBRVS	$9.86	$9.86									
73510		X-RAY EXAM OF HIP	7/1/2014	RBRVS	$40.77	$40.77									
73510	TC	X-RAY EXAM OF HIP	7/1/2014	RBRVS	$28.76	$28.76									
73510	26	X-RAY EXAM OF HIP	7/1/2014	RBRVS	$12.01	$12.01									
73520		X-RAY EXAM OF HIPS	7/1/2014	RBRVS	$42.92	$42.92									
73520	TC	X-RAY EXAM OF HIPS	7/1/2014	RBRVS	$28.40	$28.40									
73520	26	X-RAY EXAM OF HIPS	7/1/2014	RBRVS	$14.52	$14.52									
73525		CONTRAST X-RAY OF HIP	7/1/2014	RBRVS	$105.72	$105.72					Y				
73525	TC	CONTRAST X-RAY OF HIP	7/1/2014	RBRVS	$76.09	$76.09					Y				
73525	26	CONTRAST X-RAY OF HIP	7/1/2014	RBRVS	$29.66	$29.66					Y				
73530		X-RAY EXAM OF HIP	7/1/2014	FEE SCHED	$51.86	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
73530	TC	X-RAY EXAM OF HIP	7/1/2014	FEE SCHED	$37.34	$0.00									
73540		X-RAY EXAM OF PELVIS & HIPS	7/1/2014	RBRVS	$44.72	$44.72									
73540	TC	X-RAY EXAM OF PELVIS & HIPS	7/1/2014	RBRVS	$33.42	$33.42									
73540	26	X-RAY EXAM OF PELVIS & HIPS	7/1/2014	RBRVS	$11.30	$11.30									
73550		X-RAY EXAM OF THIGH	7/1/2014	RBRVS	$29.66	$29.66					Y				
73550	TC	X-RAY EXAM OF THIGH	7/1/2014	RBRVS	$19.79	$19.79					Y				
73550	26	X-RAY EXAM OF THIGH	7/1/2014	RBRVS	$9.86	$9.86					Y				
73560		X-RAY EXAM OF KNEE 1 OR 2	7/1/2014	RBRVS	$31.81	$31.81					Y				
73560	TC	X-RAY EXAM OF KNEE 1 OR 2	7/1/2014	RBRVS	$21.95	$21.95					Y				
73560	26	X-RAY EXAM OF KNEE 1 OR 2	7/1/2014	RBRVS	$9.86	$9.86					Y				
73562		X-RAY EXAM OF KNEE 3	7/1/2014	RBRVS	$38.62	$38.62					Y				
73562	TC	X-RAY EXAM OF KNEE 3	7/1/2014	RBRVS	$28.04	$28.04					Y				
73562	26	X-RAY EXAM OF KNEE 3	7/1/2014	RBRVS	$10.58	$10.58					Y				
73564		X-RAY EXAM KNEE 4 OR MORE	7/1/2014	RBRVS	$44.72	$44.72					Y				
73564	TC	X-RAY EXAM KNEE 4 OR MORE	7/1/2014	RBRVS	$32.35	$32.35					Y				
73564	26	X-RAY EXAM KNEE 4 OR MORE	7/1/2014	RBRVS	$12.37	$12.37					Y				
73565		X-RAY EXAM OF KNEES	7/1/2014	RBRVS	$36.83	$36.83									
73565	TC	X-RAY EXAM OF KNEES	7/1/2014	RBRVS	$26.61	$26.61									
73565	26	X-RAY EXAM OF KNEES	7/1/2014	RBRVS	$10.22	$10.22									
73580		CONTRAST X-RAY OF KNEE JOINT	7/1/2014	RBRVS	$129.81	$129.81					Y				
73580	TC	CONTRAST X-RAY OF KNEE JOINT	7/1/2014	RBRVS	$99.76	$99.76					Y				
73580	26	CONTRAST X-RAY OF KNEE JOINT	7/1/2014	RBRVS	$30.05	$30.05					Y				
73590		X-RAY EXAM OF LOWER LEG	7/1/2014	RBRVS	$28.44	$28.44					Y				
73590	TC	X-RAY EXAM OF LOWER LEG	7/1/2014	RBRVS	$19.44	$19.44					Y				
73590	26	X-RAY EXAM OF LOWER LEG	7/1/2014	RBRVS	$9.04	$9.04					Y				
73592		X-RAY EXAM OF LEG INFANT	7/1/2014	RBRVS	$29.15	$29.15					Y				
73592	TC	X-RAY EXAM OF LEG INFANT	7/1/2014	RBRVS	$20.87	$20.87					Y				
73592	26	X-RAY EXAM OF LEG INFANT	7/1/2014	RBRVS	$8.32	$8.32					Y				
73600		X-RAY EXAM OF ANKLE	7/1/2014	RBRVS	$29.51	$29.51					Y				
73600	TC	X-RAY EXAM OF ANKLE	7/1/2014	RBRVS	$20.87	$20.87					Y				
73600	26	X-RAY EXAM OF ANKLE	7/1/2014	RBRVS	$8.68	$8.68					Y				
73610		X-RAY EXAM OF ANKLE	7/1/2014	RBRVS	$34.53	$34.53					Y				
73610	TC	X-RAY EXAM OF ANKLE	7/1/2014	RBRVS	$25.53	$25.53					Y				
73610	26	X-RAY EXAM OF ANKLE	7/1/2014	RBRVS	$9.04	$9.04					Y				
73615		CONTRAST X-RAY OF ANKLE	7/1/2014	RBRVS	$105.72	$105.72					Y				
73615	TC	CONTRAST X-RAY OF ANKLE	7/1/2014	RBRVS	$76.09	$76.09					Y				
73615	26	CONTRAST X-RAY OF ANKLE	7/1/2014	RBRVS	$29.66	$29.66					Y				
73620		X-RAY EXAM OF FOOT	7/1/2014	RBRVS	$28.08	$28.08					Y				
73620	TC	X-RAY EXAM OF FOOT	7/1/2014	RBRVS	$20.15	$20.15					Y				
73620	26	X-RAY EXAM OF FOOT	7/1/2014	RBRVS	$7.96	$7.96					Y				
73630		X-RAY EXAM OF FOOT	7/1/2014	RBRVS	$32.38	$32.38					Y				
73630	TC	X-RAY EXAM OF FOOT	7/1/2014	RBRVS	$23.74	$23.74					Y				
73630	26	X-RAY EXAM OF FOOT	7/1/2014	RBRVS	$8.68	$8.68					Y				
73650		X-RAY EXAM OF HEEL	7/1/2014	RBRVS	$29.15	$29.15					Y				
73650	TC	X-RAY EXAM OF HEEL	7/1/2014	RBRVS	$20.87	$20.87					Y				
73650	26	X-RAY EXAM OF HEEL	7/1/2014	RBRVS	$8.32	$8.32					Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
73660		X-RAY EXAM OF TOE(S)	7/1/2014	RBRVS	$31.31	$31.31					Y				
73660	TC	X-RAY EXAM OF TOE(S)	7/1/2014	RBRVS	$24.46	$24.46					Y				
73660	26	X-RAY EXAM OF TOE(S)	7/1/2014	RBRVS	$6.89	$6.89					Y				
73700		CT LOWER EXTREMITY W/O DYE	7/1/2014	RBRVS	$193.75	$193.75			Y	Y	Y				
73700	TC	CT LOWER EXTREMITY W/O DYE	7/1/2014	RBRVS	$141.72	$141.72			Y	Y	Y				
73700	26	CT LOWER EXTREMITY W/O DYE	7/1/2014	RBRVS	$52.07	$52.07				Y	Y				
73701		CT LOWER EXTREMITY W/DYE	7/1/2014	RBRVS	$239.65	$239.65			Y	Y	Y				
73701	TC	CT LOWER EXTREMITY W/DYE	7/1/2014	RBRVS	$179.73	$179.73			Y	Y	Y				
73701	26	CT LOWER EXTREMITY W/DYE	7/1/2014	RBRVS	$59.96	$59.96				Y	Y				
73702		CT LWR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$299.18	$299.18			Y	Y	Y				
73702	TC	CT LWR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$236.75	$236.75			Y	Y	Y				
73702	26	CT LWR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$62.47	$62.47				Y	Y				
73706		CT ANGIO LWR EXTR W/O&W/DYE	7/1/2014	RBRVS	$377.61	$377.61			Y	Y	Y				
73706	TC	CT ANGIO LWR EXTR W/O&W/DYE	7/1/2014	RBRVS	$280.50	$280.50			Y	Y	Y				
73706	26	CT ANGIO LWR EXTR W/O&W/DYE	7/1/2014	RBRVS	$97.11	$97.11				Y	Y				
73718		MRI LOWER EXTREMITY W/O DYE	7/1/2014	RBRVS	$372.05	$372.05			Y	Y	Y				
73718	TC	MRI LOWER EXTREMITY W/O DYE	7/1/2014	RBRVS	$302.73	$302.73			Y	Y	Y				
73718	26	MRI LOWER EXTREMITY W/O DYE	7/1/2014	RBRVS	$69.32	$69.32				Y	Y				
73719		MRI LOWER EXTREMITY W/DYE	7/1/2014	RBRVS	$424.51	$424.51			Y	Y	Y				
73719	TC	MRI LOWER EXTREMITY W/DYE	7/1/2014	RBRVS	$340.74	$340.74			Y	Y	Y				
73719	26	MRI LOWER EXTREMITY W/DYE	7/1/2014	RBRVS	$83.80	$83.80				Y	Y				
73720		MRI LWR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$521.76	$521.76			Y	Y	Y				
73720	TC	MRI LWR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$412.10	$412.10			Y	Y	Y				
73720	26	MRI LWR EXTREMITY W/O&W/DYE	7/1/2014	RBRVS	$109.66	$109.66				Y	Y				
73721		MRI JNT OF LWR EXTRE W/O DYE	7/1/2014	RBRVS	$258.48	$258.48			Y	Y	Y				
73721	TC	MRI JNT OF LWR EXTRE W/O DYE	7/1/2014	RBRVS	$187.62	$187.62			Y	Y	Y				
73721	26	MRI JNT OF LWR EXTRE W/O DYE	7/1/2014	RBRVS	$70.90	$70.90				Y	Y				
73722		MRI JOINT OF LWR EXTR W/DYE	7/1/2014	RBRVS	$400.56	$400.56			Y	Y	Y				
73722	TC	MRI JOINT OF LWR EXTR W/DYE	7/1/2014	RBRVS	$316.36	$316.36			Y	Y	Y				
73722	26	MRI JOINT OF LWR EXTR W/DYE	7/1/2014	RBRVS	$84.20	$84.20				Y	Y				
73723		MRI JOINT LWR EXTR W/O&W/DYE	7/1/2014	RBRVS	$490.92	$490.92			Y	Y	Y				
73723	TC	MRI JOINT LWR EXTR W/O&W/DYE	7/1/2014	RBRVS	$380.90	$380.90			Y	Y	Y				
73723	26	MRI JOINT LWR EXTR W/O&W/DYE	7/1/2014	RBRVS	$110.02	$110.02				Y	Y				
73725		MR ANG LWR EXT W OR W/O DYE	7/1/2014	RBRVS	$426.66	$426.66			Y	Y	Y				
73725	TC	MR ANG LWR EXT W OR W/O DYE	7/1/2014	RBRVS	$333.93	$333.93			Y	Y	Y				
73725	26	MR ANG LWR EXT W OR W/O DYE	7/1/2014	RBRVS	$92.77	$92.77				Y	Y				
74000		X-RAY EXAM OF ABDOMEN	7/1/2014	RBRVS	$25.21	$25.21									
74000	TC	X-RAY EXAM OF ABDOMEN	7/1/2014	RBRVS	$15.85	$15.85									
74000	26	X-RAY EXAM OF ABDOMEN	7/1/2014	RBRVS	$9.40	$9.40									
74010		X-RAY EXAM OF ABDOMEN	7/1/2014	RBRVS	$39.91	$39.91									
74010	TC	X-RAY EXAM OF ABDOMEN	7/1/2014	RBRVS	$28.04	$28.04									
74010	26	X-RAY EXAM OF ABDOMEN	7/1/2014	RBRVS	$11.91	$11.91									
74020		X-RAY EXAM OF ABDOMEN	7/1/2014	RBRVS	$41.71	$41.71									
74020	TC	X-RAY EXAM OF ABDOMEN	7/1/2014	RBRVS	$28.04	$28.04									
74020	26	X-RAY EXAM OF ABDOMEN	7/1/2014	RBRVS	$13.70	$13.70									
74022		X-RAY EXAM SERIES ABDOMEN	7/1/2014	RBRVS	$50.31	$50.31									

Montana Medicaid - Fee Schedule
Psychiatrist 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
74022	TC	X-RAY EXAM SERIES ABDOMEN	7/1/2014	RBRVS	$34.14	$34.14									
74022	26	X-RAY EXAM SERIES ABDOMEN	7/1/2014	RBRVS	$16.21	$16.21									
74150		CT ABDOMEN W/O DYE	7/1/2014	RBRVS	$156.82	$156.82			Y	Y					
74150	TC	CT ABDOMEN W/O DYE	7/1/2014	RBRVS	$95.46	$95.46			Y	Y					
74150	26	CT ABDOMEN W/O DYE	7/1/2014	RBRVS	$61.39	$61.39				Y					
74160		CT ABDOMEN W/DYE	7/1/2014	RBRVS	$243.24	$243.24			Y	Y					
74160	TC	CT ABDOMEN W/DYE	7/1/2014	RBRVS	$177.94	$177.94			Y	Y					
74160	26	CT ABDOMEN W/DYE	7/1/2014	RBRVS	$65.34	$65.34				Y					
74170		CT ABDOMEN W/O & W/DYE	7/1/2014	RBRVS	$280.96	$280.96			Y	Y					
74170	TC	CT ABDOMEN W/O & W/DYE	7/1/2014	RBRVS	$209.14	$209.14			Y	Y					
74170	26	CT ABDOMEN W/O & W/DYE	7/1/2014	RBRVS	$71.83	$71.83				Y					
74174		CT ANGIO ABD&PELV W/O&W/DYE	7/1/2014	RBRVS	$549.84	$549.84			Y	Y					
74174	TC	CT ANGIO ABD&PELV W/O&W/DYE	7/1/2014	RBRVS	$437.21	$437.21			Y	Y					
74174	26	CT ANGIO ABD&PELV W/O&W/DYE	7/1/2014	RBRVS	$112.64	$112.64				Y					
74175		CT ANGIO ABDOM W/O & W/DYE	7/1/2014	RBRVS	$391.59	$391.59			Y	Y					
74175	TC	CT ANGIO ABDOM W/O & W/DYE	7/1/2014	RBRVS	$294.12	$294.12			Y	Y					
74175	26	CT ANGIO ABDOM W/O & W/DYE	7/1/2014	RBRVS	$97.47	$97.47				Y					
74176		CT ABD & PELVIS W/O CONTRAST	7/1/2014	RBRVS	$219.75	$219.75			Y	Y					
74176	TC	CT ABD & PELVIS W/O CONTRAST	7/1/2014	RBRVS	$130.24	$130.24			Y	Y					
74176	26	CT ABD & PELVIS W/O CONTRAST	7/1/2014	RBRVS	$89.54	$89.54				Y					
74177		CT ABD & PELV W/CONTRAST	7/1/2014	RBRVS	$328.41	$328.41			Y	Y					
74177	TC	CT ABD & PELV W/CONTRAST	7/1/2014	RBRVS	$234.95	$234.95			Y	Y					
74177	26	CT ABD & PELV W/CONTRAST	7/1/2014	RBRVS	$93.49	$93.49				Y					
74178		CT ABD & PELV 1/> REGNS	7/1/2014	RBRVS	$382.27	$382.27			Y	Y					
74178	TC	CT ABD & PELV 1/> REGNS	7/1/2014	RBRVS	$279.06	$279.06			Y	Y					
74178	26	CT ABD & PELV 1/> REGNS	7/1/2014	RBRVS	$103.21	$103.21				Y					
74181		MRI ABDOMEN W/O DYE	7/1/2014	RBRVS	$341.21	$341.21			Y	Y					
74181	TC	MRI ABDOMEN W/O DYE	7/1/2014	RBRVS	$266.51	$266.51			Y	Y					
74181	26	MRI ABDOMEN W/O DYE	7/1/2014	RBRVS	$74.70	$74.70				Y					
74182		MRI ABDOMEN W/DYE	7/1/2014	RBRVS	$470.05	$470.05			Y	Y					
74182	TC	MRI ABDOMEN W/DYE	7/1/2014	RBRVS	$381.26	$381.26			Y	Y					
74182	26	MRI ABDOMEN W/DYE	7/1/2014	RBRVS	$88.83	$88.83				Y					
74183		MRI ABDOMEN W/O & W/DYE	7/1/2014	RBRVS	$526.07	$526.07			Y	Y					
74183	TC	MRI ABDOMEN W/O & W/DYE	7/1/2014	RBRVS	$410.67	$410.67			Y	Y					
74183	26	MRI ABDOMEN W/O & W/DYE	7/1/2014	RBRVS	$115.40	$115.40				Y					
74185		MRI ANGIO ABDOM W ORW/O DYE	7/1/2014	RBRVS	$426.66	$426.66			Y	Y					
74185	TC	MRI ANGIO ABDOM W ORW/O DYE	7/1/2014	RBRVS	$334.65	$334.65			Y	Y					
74185	26	MRI ANGIO ABDOM W ORW/O DYE	7/1/2014	RBRVS	$92.05	$92.05				Y					
74190		X-RAY EXAM OF PERITONEUM	7/1/2014	FEE SCHED	$85.07	$0.00			Y						
74190	TC	X-RAY EXAM OF PERITONEUM	7/1/2014	FEE SCHED	$61.25	$0.00									
74190	26	X-RAY EXAM OF PERITONEUM	7/1/2014	RBRVS	$24.64	$24.64									
74210		CONTRST X-RAY EXAM OF THROAT	7/1/2014	RBRVS	$80.43	$80.43			Y						
74210	TC	CONTRST X-RAY EXAM OF THROAT	7/1/2014	RBRVS	$62.47	$62.47			Y						
74210	26	CONTRST X-RAY EXAM OF THROAT	7/1/2014	RBRVS	$18.00	$18.00									
74220		CONTRAST X-RAY ESOPHAGUS	7/1/2014	RBRVS	$94.20	$94.20			Y						
74220	TC	CONTRAST X-RAY ESOPHAGUS	7/1/2014	RBRVS	$70.36	$70.36			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
74220	26	CONTRAST X-RAY ESOPHAGUS	7/1/2014	RBRVS	$23.85	$23.85									
74230		CINE/VID X-RAY THROAT/ESOPH	7/1/2014	RBRVS	$94.20	$94.20			Y						
74230	TC	CINE/VID X-RAY THROAT/ESOPH	7/1/2014	RBRVS	$66.77	$66.77			Y						
74230	26	CINE/VID X-RAY THROAT/ESOPH	7/1/2014	RBRVS	$27.43	$27.43									
74235		REMOVE ESOPHAGUS OBSTRUCTION	7/1/2014	FEE SCHED	$236.57	$0.00			Y						
74235	TC	REMOVE ESOPHAGUS OBSTRUCTION	7/1/2014	FEE SCHED	$170.33	$0.00									
74235	26	REMOVE ESOPHAGUS OBSTRUCTION	7/1/2014	RBRVS	$59.42	$59.42									
74240		X-RAY UPPER GI DELAY W/O KUB	7/1/2014	RBRVS	$117.91	$117.91			Y						
74240	TC	X-RAY UPPER GI DELAY W/O KUB	7/1/2014	RBRVS	$82.19	$82.19			Y						
74240	26	X-RAY UPPER GI DELAY W/O KUB	7/1/2014	RBRVS	$35.75	$35.75									
74241		X-RAYUPPER GI DELAY W/KUB	7/1/2014	RBRVS	$122.53	$122.53			Y						
74241	TC	X-RAYUPPER GI DELAY W/KUB	7/1/2014	RBRVS	$87.57	$87.57			Y						
74241	26	X-RAYUPPER GI DELAY W/KUB	7/1/2014	RBRVS	$34.96	$34.96									
74245		X-RAY UPPER GI&SMALL INTEST	7/1/2014	RBRVS	$183.24	$183.24			Y						
74245	TC	X-RAY UPPER GI&SMALL INTEST	7/1/2014	RBRVS	$136.70	$136.70			Y						
74245	26	X-RAY UPPER GI&SMALL INTEST	7/1/2014	RBRVS	$46.55	$46.55									
74246		CONTRST X-RAY UPPR GI TRACT	7/1/2014	RBRVS	$132.61	$132.61			Y						
74246	TC	CONTRST X-RAY UPPR GI TRACT	7/1/2014	RBRVS	$97.25	$97.25			Y						
74246	26	CONTRST X-RAY UPPR GI TRACT	7/1/2014	RBRVS	$35.39	$35.39									
74247		CONTRST X-RAY UPPR GI TRACT	7/1/2014	RBRVS	$147.31	$147.31			Y						
74247	TC	CONTRST X-RAY UPPR GI TRACT	7/1/2014	RBRVS	$111.95	$111.95			Y						
74247	26	CONTRST X-RAY UPPR GI TRACT	7/1/2014	RBRVS	$35.39	$35.39									
74249		CONTRST X-RAY UPPR GI TRACT	7/1/2014	RBRVS	$197.59	$197.59			Y						
74249	TC	CONTRST X-RAY UPPR GI TRACT	7/1/2014	RBRVS	$151.04	$151.04			Y						
74249	26	CONTRST X-RAY UPPR GI TRACT	7/1/2014	RBRVS	$46.55	$46.55									
74250		X-RAY EXAM OF SMALL BOWEL	7/1/2014	RBRVS	$111.42	$111.42			Y						
74250	TC	X-RAY EXAM OF SMALL BOWEL	7/1/2014	RBRVS	$87.21	$87.21			Y						
74250	26	X-RAY EXAM OF SMALL BOWEL	7/1/2014	RBRVS	$24.21	$24.21									
74251		X-RAY EXAM OF SMALL BOWEL	7/1/2014	RBRVS	$424.51	$424.51			Y						
74251	TC	X-RAY EXAM OF SMALL BOWEL	7/1/2014	RBRVS	$389.15	$389.15			Y						
74251	26	X-RAY EXAM OF SMALL BOWEL	7/1/2014	RBRVS	$35.39	$35.39									
74260		X-RAY EXAM OF SMALL BOWEL	7/1/2014	RBRVS	$352.04	$352.04			Y						
74260	TC	X-RAY EXAM OF SMALL BOWEL	7/1/2014	RBRVS	$326.40	$326.40			Y						
74260	26	X-RAY EXAM OF SMALL BOWEL	7/1/2014	RBRVS	$25.64	$25.64									
74261		CT COLONOGRAPHY DX	7/1/2014	RBRVS	$486.62	$486.62			Y	Y					
74261	TC	CT COLONOGRAPHY DX	7/1/2014	RBRVS	$364.05	$364.05			Y	Y					
74261	26	CT COLONOGRAPHY DX	7/1/2014	RBRVS	$122.57	$122.57				Y					
74262		CT COLONOGRAPHY DX W/DYE	7/1/2014	RBRVS	$534.42	$534.42			Y	Y					
74262	TC	CT COLONOGRAPHY DX W/DYE	7/1/2014	RBRVS	$406.72	$406.72			Y	Y					
74262	26	CT COLONOGRAPHY DX W/DYE	7/1/2014	RBRVS	$127.70	$127.70				Y					
74270		CONTRAST X-RAY EXAM OF COLON	7/1/2014	RBRVS	$162.02	$162.02			Y						
74270	TC	CONTRAST X-RAY EXAM OF COLON	7/1/2014	RBRVS	$126.66	$126.66			Y						
74270	26	CONTRAST X-RAY EXAM OF COLON	7/1/2014	RBRVS	$35.39	$35.39									
74280		CONTRAST X-RAY EXAM OF COLON	7/1/2014	RBRVS	$226.28	$226.28			Y						
74280	TC	CONTRAST X-RAY EXAM OF COLON	7/1/2014	RBRVS	$175.79	$175.79			Y						
74280	26	CONTRAST X-RAY EXAM OF COLON	7/1/2014	RBRVS	$50.49	$50.49									

Montana Medicaid - Fee Schedule
Psychiatrist 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
74283		CONTRAST X-RAY EXAM OF COLON	7/1/2014	RBRVS	$208.35	$208.35			Y						
74283	TC	CONTRAST X-RAY EXAM OF COLON	7/1/2014	RBRVS	$107.29	$107.29			Y						
74283	26	CONTRAST X-RAY EXAM OF COLON	7/1/2014	RBRVS	$101.05	$101.05									
74290		CONTRAST X-RAY GALLBLADDER	7/1/2014	RBRVS	$71.83	$71.83			Y						
74290	TC	CONTRAST X-RAY GALLBLADDER	7/1/2014	RBRVS	$55.65	$55.65			Y						
74290	26	CONTRAST X-RAY GALLBLADDER	7/1/2014	RBRVS	$16.21	$16.21									
74300		X-RAY BILE DUCTS/PANCREAS	7/1/2014	FEE SCHED	$64.11	$0.00			Y						
74300	TC	X-RAY BILE DUCTS/PANCREAS	7/1/2014	FEE SCHED	$46.16	$0.00									
74300	26	X-RAY BILE DUCTS/PANCREAS	7/1/2014	RBRVS	$18.83	$18.83									
74301		X-RAYS AT SURGERY ADD-ON	7/1/2014	FEE SCHED	$38.36	$0.00			Y						
74301	TC	X-RAYS AT SURGERY ADD-ON	7/1/2014	FEE SCHED	$27.62	$0.00									
74301	26	X-RAYS AT SURGERY ADD-ON	7/1/2014	RBRVS	$11.30	$11.30	ZZZ								
74305		X-RAY BILE DUCTS/PANCREAS	7/1/2014	FEE SCHED	$75.25	$0.00			Y						
74305	TC	X-RAY BILE DUCTS/PANCREAS	7/1/2014	FEE SCHED	$54.18	$0.00									
74305	26	X-RAY BILE DUCTS/PANCREAS	7/1/2014	RBRVS	$21.77	$21.77									
74320		CONTRAST X-RAY OF BILE DUCTS	7/1/2014	RBRVS	$99.58	$99.58			Y						
74320	TC	CONTRAST X-RAY OF BILE DUCTS	7/1/2014	RBRVS	$72.51	$72.51			Y						
74320	26	CONTRAST X-RAY OF BILE DUCTS	7/1/2014	RBRVS	$27.07	$27.07									
74327		X-RAY BILE STONE REMOVAL	7/1/2014	RBRVS	$143.44	$143.44			Y						
74327	TC	X-RAY BILE STONE REMOVAL	7/1/2014	RBRVS	$105.14	$105.14			Y						
74327	26	X-RAY BILE STONE REMOVAL	7/1/2014	RBRVS	$38.30	$38.30									
74328		X-RAY BILE DUCT ENDOSCOPY	7/1/2014	FEE SCHED	$22.00	$0.00			Y						
74328	TC	X-RAY BILE DUCT ENDOSCOPY	7/1/2014	FEE SCHED	$15.84	$0.00									
74328	26	X-RAY BILE DUCT ENDOSCOPY	7/1/2014	RBRVS	$36.86	$36.86									
74329		X-RAY FOR PANCREAS ENDOSCOPY	7/1/2014	FEE SCHED	$128.07	$0.00			Y						
74329	TC	X-RAY FOR PANCREAS ENDOSCOPY	7/1/2014	FEE SCHED	$93.31	$0.00									
74329	26	X-RAY FOR PANCREAS ENDOSCOPY	7/1/2014	RBRVS	$37.22	$37.22									
74330		X-RAY BILE/PANC ENDOSCOPY	7/1/2014	FEE SCHED	$162.64	$0.00			Y						
74330	TC	X-RAY BILE/PANC ENDOSCOPY	7/1/2014	FEE SCHED	$20.24	$0.00									
74330	26	X-RAY BILE/PANC ENDOSCOPY	7/1/2014	RBRVS	$47.77	$47.77									
74340		X-RAY GUIDE FOR GI TUBE	7/1/2014	FEE SCHED	$96.11	$0.00			Y						
74340	TC	X-RAY GUIDE FOR GI TUBE	7/1/2014	FEE SCHED	$69.20	$0.00									
74340	26	X-RAY GUIDE FOR GI TUBE	7/1/2014	RBRVS	$28.22	$28.22									
74355		X-RAY GUIDE INTESTINAL TUBE	7/1/2014	FEE SCHED	$136.93	$0.00			Y						
74355	TC	X-RAY GUIDE INTESTINAL TUBE	7/1/2014	FEE SCHED	$110.02	$0.00									
74355	26	X-RAY GUIDE INTESTINAL TUBE	7/1/2014	RBRVS	$39.88	$39.88									
74360		X-RAY GUIDE GI DILATION	7/1/2014	FEE SCHED	$102.21	$0.00			Y						
74360	TC	X-RAY GUIDE GI DILATION	7/1/2014	FEE SCHED	$73.59	$0.00									
74360	26	X-RAY GUIDE GI DILATION	7/1/2014	RBRVS	$28.94	$28.94									
74363		X-RAY BILE DUCT DILATION	7/1/2014	FEE SCHED	$155.43	$0.00			Y						
74363	TC	X-RAY BILE DUCT DILATION	7/1/2014	FEE SCHED	$111.91	$0.00									
74363	26	X-RAY BILE DUCT DILATION	7/1/2014	RBRVS	$45.65	$45.65									
74400		CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$116.08	$116.08			Y						
74400	TC	CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$90.80	$90.80			Y						
74400	26	CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$25.28	$25.28									
74410		CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$113.93	$113.93			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
74410	TC	CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$89.00	$89.00			Y						
74410	26	CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$24.92	$24.92									
74415		CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$141.54	$141.54			Y						
74415	TC	CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$116.26	$116.26			Y						
74415	26	CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$25.28	$25.28									
74420		CONTRST X-RAY URINARY TRACT	7/1/2014	FEE SCHED	$64.11	$0.00			Y						
74420	TC	CONTRST X-RAY URINARY TRACT	7/1/2014	FEE SCHED	$21.12	$0.00									
74420	26	CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$18.83	$18.83									
74425		CONTRST X-RAY URINARY TRACT	7/1/2014	FEE SCHED	$62.89	$0.00			Y						
74425	TC	CONTRST X-RAY URINARY TRACT	7/1/2014	FEE SCHED	$45.28	$0.00									
74425	26	CONTRST X-RAY URINARY TRACT	7/1/2014	RBRVS	$18.47	$18.47									
74430		CONTRAST X-RAY BLADDER	7/1/2014	RBRVS	$42.06	$42.06			Y						
74430	TC	CONTRAST X-RAY BLADDER	7/1/2014	RBRVS	$26.25	$26.25			Y						
74430	26	CONTRAST X-RAY BLADDER	7/1/2014	RBRVS	$15.85	$15.85									
74440		X-RAY MALE GENITAL TRACT	7/1/2014	RBRVS	$84.16	$84.16			Y						
74440	TC	X-RAY MALE GENITAL TRACT	7/1/2014	RBRVS	$64.62	$64.62			Y						
74440	26	X-RAY MALE GENITAL TRACT	7/1/2014	RBRVS	$19.54	$19.54									
74445		X-RAY EXAM OF PENIS	7/1/2014	FEE SCHED	$201.89	$0.00			Y						
74445	TC	X-RAY EXAM OF PENIS	7/1/2014	FEE SCHED	$145.36	$0.00									
74445	26	X-RAY EXAM OF PENIS	7/1/2014	RBRVS	$59.06	$59.06									
74450		X-RAY URETHRA/BLADDER	7/1/2014	FEE SCHED	$59.21	$0.00			Y						
74450	TC	X-RAY URETHRA/BLADDER	7/1/2014	FEE SCHED	$42.63	$0.00									
74450	26	X-RAY URETHRA/BLADDER	7/1/2014	RBRVS	$17.39	$17.39									
74455		X-RAY URETHRA/BLADDER	7/1/2014	RBRVS	$85.45	$85.45			Y						
74455	TC	X-RAY URETHRA/BLADDER	7/1/2014	RBRVS	$68.92	$68.92			Y						
74455	26	X-RAY URETHRA/BLADDER	7/1/2014	RBRVS	$16.57	$16.57									
74470		X-RAY EXAM OF KIDNEY LESION	7/1/2014	FEE SCHED	$94.86	$0.00			Y						
74470	TC	X-RAY EXAM OF KIDNEY LESION	7/1/2014	FEE SCHED	$28.16	$0.00									
74470	26	X-RAY EXAM OF KIDNEY LESION	7/1/2014	RBRVS	$27.50	$27.50									
74475		X-RAY CONTROL CATH INSERT	7/1/2014	RBRVS	$98.87	$98.87			Y						
74475	TC	X-RAY CONTROL CATH INSERT	7/1/2014	RBRVS	$71.43	$71.43			Y						
74475	26	X-RAY CONTROL CATH INSERT	7/1/2014	RBRVS	$27.43	$27.43									
74480		X-RAY CONTROL CATH INSERT	7/1/2014	RBRVS	$98.87	$98.87			Y						
74480	TC	X-RAY CONTROL CATH INSERT	7/1/2014	RBRVS	$71.43	$71.43			Y						
74480	26	X-RAY CONTROL CATH INSERT	7/1/2014	RBRVS	$27.43	$27.43									
74485		X-RAY GUIDE GU DILATION	7/1/2014	RBRVS	$98.51	$98.51			Y						
74485	TC	X-RAY GUIDE GU DILATION	7/1/2014	RBRVS	$71.43	$71.43			Y						
74485	26	X-RAY GUIDE GU DILATION	7/1/2014	RBRVS	$27.07	$27.07									
74710		X-RAY MEASUREMENT OF PELVIS	7/1/2014	RBRVS	$38.12	$38.12			Y						
74710	TC	X-RAY MEASUREMENT OF PELVIS	7/1/2014	RBRVS	$20.87	$20.87			Y						
74710	26	X-RAY MEASUREMENT OF PELVIS	7/1/2014	RBRVS	$17.28	$17.28									
74740		X-RAY FEMALE GENITAL TRACT	7/1/2014	RBRVS	$79.00	$79.00			Y						
74740	TC	X-RAY FEMALE GENITAL TRACT	7/1/2014	RBRVS	$59.96	$59.96			Y						
74740	26	X-RAY FEMALE GENITAL TRACT	7/1/2014	RBRVS	$19.08	$19.08									
74742		X-RAY FALLOPIAN TUBE	7/1/2014	FEE SCHED	$109.71	$0.00			Y						
74742	TC	X-RAY FALLOPIAN TUBE	7/1/2014	FEE SCHED	$78.99	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
74742	26	X-RAY FALLOPIAN TUBE	7/1/2014	RBRVS	$32.20	$32.20									
74775		X-RAY EXAM OF PERINEUM	7/1/2014	FEE SCHED	$110.93	$0.00			Y						
74775	TC	X-RAY EXAM OF PERINEUM	7/1/2014	FEE SCHED	$79.87	$0.00									
74775	26	X-RAY EXAM OF PERINEUM	7/1/2014	RBRVS	$32.20	$32.20									
75557		CARDIAC MRI FOR MORPH	7/1/2014	RBRVS	$332.71	$332.71			Y	Y					
75557	TC	CARDIAC MRI FOR MORPH	7/1/2014	RBRVS	$214.16	$214.16			Y	Y					
75557	26	CARDIAC MRI FOR MORPH	7/1/2014	RBRVS	$118.59	$118.59				Y					
75559		CARDIAC MRI W/STRESS IMG	7/1/2014	RBRVS	$449.68	$449.68			Y	Y					
75559	TC	CARDIAC MRI W/STRESS IMG	7/1/2014	RBRVS	$303.09	$303.09			Y	Y					
75559	26	CARDIAC MRI W/STRESS IMG	7/1/2014	RBRVS	$146.60	$146.60				Y					
75561		CARDIAC MRI FOR MORPH W/DYE	7/1/2014	RBRVS	$438.21	$438.21			Y	Y					
75561	TC	CARDIAC MRI FOR MORPH W/DYE	7/1/2014	RBRVS	$307.39	$307.39			Y	Y					
75561	26	CARDIAC MRI FOR MORPH W/DYE	7/1/2014	RBRVS	$130.82	$130.82				Y					
75563		CARD MRI W/STRESS IMG & DYE	7/1/2014	RBRVS	$516.74	$516.74			Y	Y					
75563	TC	CARD MRI W/STRESS IMG & DYE	7/1/2014	RBRVS	$366.92	$366.92			Y	Y					
75563	26	CARD MRI W/STRESS IMG & DYE	7/1/2014	RBRVS	$149.82	$149.82				Y					
75565		CARD MRI VELOC FLOW MAPPING	7/1/2014	RBRVS	$56.41	$56.41	ZZZ		Y						
75565	TC	CARD MRI VELOC FLOW MAPPING	7/1/2014	RBRVS	$43.82	$43.82	ZZZ		Y						
75565	26	CARD MRI VELOC FLOW MAPPING	7/1/2014	RBRVS	$12.62	$12.62	ZZZ								
75571		CT HRT W/O DYE W/CA TEST	7/1/2014	RBRVS	$106.61	$106.61			Y	Y					
75571	TC	CT HRT W/O DYE W/CA TEST	7/1/2014	RBRVS	$78.25	$78.25			Y	Y					
75571	26	CT HRT W/O DYE W/CA TEST	7/1/2014	RBRVS	$28.40	$28.40				Y					
75572		CT HRT W/3D IMAGE	7/1/2014	RBRVS	$291.18	$291.18			Y	Y					
75572	TC	CT HRT W/3D IMAGE	7/1/2014	RBRVS	$204.12	$204.12			Y	Y					
75572	26	CT HRT W/3D IMAGE	7/1/2014	RBRVS	$87.07	$87.07				Y					
75573		CT HRT W/3D IMAGE CONGEN	7/1/2014	RBRVS	$400.02	$400.02			Y	Y					
75573	TC	CT HRT W/3D IMAGE CONGEN	7/1/2014	RBRVS	$272.97	$272.97			Y	Y					
75573	26	CT HRT W/3D IMAGE CONGEN	7/1/2014	RBRVS	$127.05	$127.05				Y					
75574		CT ANGIO HRT W/3D IMAGE	7/1/2014	RBRVS	$424.76	$424.76			Y	Y					
75574	TC	CT ANGIO HRT W/3D IMAGE	7/1/2014	RBRVS	$304.88	$304.88			Y	Y					
75574	26	CT ANGIO HRT W/3D IMAGE	7/1/2014	RBRVS	$119.88	$119.88				Y					
75600		CONTRAST EXAM THORACIC AORTA	7/1/2014	RBRVS	$212.54	$212.54			Y						
75600	TC	CONTRAST EXAM THORACIC AORTA	7/1/2014	RBRVS	$187.98	$187.98			Y						
75600	26	CONTRAST EXAM THORACIC AORTA	7/1/2014	RBRVS	$24.56	$24.56									
75605		CONTRAST EXAM THORACIC AORTA	7/1/2014	RBRVS	$153.95	$153.95			Y						
75605	TC	CONTRAST EXAM THORACIC AORTA	7/1/2014	RBRVS	$97.25	$97.25			Y						
75605	26	CONTRAST EXAM THORACIC AORTA	7/1/2014	RBRVS	$56.73	$56.73									
75625		CONTRAST EXAM ABDOMINL AORTA	7/1/2014	RBRVS	$153.77	$153.77			Y						
75625	TC	CONTRAST EXAM ABDOMINL AORTA	7/1/2014	RBRVS	$96.54	$96.54			Y						
75625	26	CONTRAST EXAM ABDOMINL AORTA	7/1/2014	RBRVS	$57.27	$57.27									
75630		X-RAY AORTA LEG ARTERIES	7/1/2014	RBRVS	$184.25	$184.25			Y						
75630	TC	X-RAY AORTA LEG ARTERIES	7/1/2014	RBRVS	$95.82	$95.82			Y						
75630	26	X-RAY AORTA LEG ARTERIES	7/1/2014	RBRVS	$88.47	$88.47									
75635		CT ANGIO ABDOMINAL ARTERIES	7/1/2014	RBRVS	$423.26	$423.26			Y	Y					
75635	TC	CT ANGIO ABDOMINAL ARTERIES	7/1/2014	RBRVS	$302.12	$302.12			Y	Y					
75635	26	CT ANGIO ABDOMINAL ARTERIES	7/1/2014	RBRVS	$121.14	$121.14				Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
75658		ARTERY X-RAYS ARM	7/1/2014	RBRVS	$178.76	$178.76			Y						
75658	TC	ARTERY X-RAYS ARM	7/1/2014	RBRVS	$115.18	$115.18			Y						
75658	26	ARTERY X-RAYS ARM	7/1/2014	RBRVS	$63.58	$63.58									
75705		ARTERY X-RAYS SPINE	7/1/2014	RBRVS	$250.41	$250.41			Y						
75705	TC	ARTERY X-RAYS SPINE	7/1/2014	RBRVS	$140.28	$140.28			Y						
75705	26	ARTERY X-RAYS SPINE	7/1/2014	RBRVS	$110.16	$110.16									
75710		ARTERY X-RAYS ARM/LEG	7/1/2014	RBRVS	$177.15	$177.15			Y						
75710	TC	ARTERY X-RAYS ARM/LEG	7/1/2014	RBRVS	$121.64	$121.64			Y						
75710	26	ARTERY X-RAYS ARM/LEG	7/1/2014	RBRVS	$55.51	$55.51									
75716		ARTERY X-RAYS ARMS/LEGS	7/1/2014	RBRVS	$212.33	$212.33			Y						
75716	TC	ARTERY X-RAYS ARMS/LEGS	7/1/2014	RBRVS	$146.85	$146.85			Y						
75716	26	ARTERY X-RAYS ARMS/LEGS	7/1/2014	RBRVS	$65.52	$65.52									
75726		ARTERY X-RAYS ABDOMEN	7/1/2014	RBRVS	$165.85	$165.85			Y						
75726	TC	ARTERY X-RAYS ABDOMEN	7/1/2014	RBRVS	$108.37	$108.37			Y						
75726	26	ARTERY X-RAYS ABDOMEN	7/1/2014	RBRVS	$57.48	$57.48									
75731		ARTERY X-RAYS ADRENAL GLAND	7/1/2014	RBRVS	$183.53	$183.53			Y						
75731	TC	ARTERY X-RAYS ADRENAL GLAND	7/1/2014	RBRVS	$125.94	$125.94			Y						
75731	26	ARTERY X-RAYS ADRENAL GLAND	7/1/2014	RBRVS	$57.63	$57.63									
75733		ARTERY X-RAYS ADRENALS	7/1/2014	RBRVS	$205.55	$205.55			Y						
75733	TC	ARTERY X-RAYS ADRENALS	7/1/2014	RBRVS	$140.75	$140.75			Y						
75733	26	ARTERY X-RAYS ADRENALS	7/1/2014	RBRVS	$64.80	$64.80									
75736		ARTERY X-RAYS PELVIS	7/1/2014	RBRVS	$174.28	$174.28			Y						
75736	TC	ARTERY X-RAYS PELVIS	7/1/2014	RBRVS	$118.77	$118.77			Y						
75736	26	ARTERY X-RAYS PELVIS	7/1/2014	RBRVS	$55.51	$55.51									
75741		ARTERY X-RAYS LUNG	7/1/2014	RBRVS	$164.42	$164.42			Y						
75741	TC	ARTERY X-RAYS LUNG	7/1/2014	RBRVS	$98.69	$98.69			Y						
75741	26	ARTERY X-RAYS LUNG	7/1/2014	RBRVS	$65.73	$65.73									
75743		ARTERY X-RAYS LUNGS	7/1/2014	RBRVS	$190.34	$190.34			Y						
75743	TC	ARTERY X-RAYS LUNGS	7/1/2014	RBRVS	$107.65	$107.65			Y						
75743	26	ARTERY X-RAYS LUNGS	7/1/2014	RBRVS	$82.73	$82.73									
75746		ARTERY X-RAYS LUNG	7/1/2014	RBRVS	$170.44	$170.44			Y						
75746	TC	ARTERY X-RAYS LUNG	7/1/2014	RBRVS	$112.31	$112.31			Y						
75746	26	ARTERY X-RAYS LUNG	7/1/2014	RBRVS	$58.16	$58.16									
75756		ARTERY X-RAYS CHEST	7/1/2014	RBRVS	$186.69	$186.69			Y						
75756	TC	ARTERY X-RAYS CHEST	7/1/2014	RBRVS	$125.22	$125.22			Y						
75756	26	ARTERY X-RAYS CHEST	7/1/2014	RBRVS	$61.50	$61.50									
75774		ARTERY X-RAY EACH VESSEL	7/1/2014	RBRVS	$99.58	$99.58	ZZZ		Y						
75774	TC	ARTERY X-RAY EACH VESSEL	7/1/2014	RBRVS	$81.47	$81.47	ZZZ		Y						
75774	26	ARTERY X-RAY EACH VESSEL	7/1/2014	RBRVS	$18.11	$18.11	ZZZ								
75791		AV DIALYSIS SHUNT IMAGING	7/1/2014	RBRVS	$332.35	$332.35			Y						
75791	TC	AV DIALYSIS SHUNT IMAGING	7/1/2014	RBRVS	$248.22	$248.22			Y						
75791	26	AV DIALYSIS SHUNT IMAGING	7/1/2014	RBRVS	$84.16	$84.16									
75801		LYMPH VESSEL X-RAY ARM/LEG	7/1/2014	FEE SCHED	$162.89	$0.00			Y						
75801	TC	LYMPH VESSEL X-RAY ARM/LEG	7/1/2014	FEE SCHED	$117.28	$0.00									
75801	26	LYMPH VESSEL X-RAY ARM/LEG	7/1/2014	RBRVS	$46.55	$46.55									
75803		LYMPH VESSEL X-RAY ARMS/LEGS	7/1/2014	FEE SCHED	$209.61	$0.00			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
75803	TC	LYMPH VESSEL X-RAY ARMS/LEGS	7/1/2014	FEE SCHED	$150.92	$0.00									
75803	26	LYMPH VESSEL X-RAY ARMS/LEGS	7/1/2014	RBRVS	$61.57	$61.57									
75805		LYMPH VESSEL X-RAY TRUNK	7/1/2014	FEE SCHED	$145.50	$0.00			Y						
75805	TC	LYMPH VESSEL X-RAY TRUNK	7/1/2014	FEE SCHED	$104.76	$0.00									
75805	26	LYMPH VESSEL X-RAY TRUNK	7/1/2014	RBRVS	$42.75	$42.75									
75807		LYMPH VESSEL X-RAY TRUNK	7/1/2014	FEE SCHED	$209.61	$0.00			Y						
75807	TC	LYMPH VESSEL X-RAY TRUNK	7/1/2014	FEE SCHED	$150.92	$0.00									
75807	26	LYMPH VESSEL X-RAY TRUNK	7/1/2014	RBRVS	$61.57	$61.57									
75809		NONVASCULAR SHUNT X-RAY	7/1/2014	RBRVS	$104.96	$104.96			Y						
75809	TC	NONVASCULAR SHUNT X-RAY	7/1/2014	RBRVS	$80.40	$80.40			Y						
75809	26	NONVASCULAR SHUNT X-RAY	7/1/2014	RBRVS	$24.56	$24.56									
75810		VEIN X-RAY SPLEEN/LIVER	7/1/2014	FEE SCHED	$203.46	$0.00			Y						
75810	TC	VEIN X-RAY SPLEEN/LIVER	7/1/2014	FEE SCHED	$146.49	$0.00									
75810	26	VEIN X-RAY SPLEEN/LIVER	7/1/2014	RBRVS	$60.14	$60.14									
75820		VEIN X-RAY ARM/LEG	7/1/2014	RBRVS	$126.51	$126.51			Y						
75820	TC	VEIN X-RAY ARM/LEG	7/1/2014	RBRVS	$91.16	$91.16			Y						
75820	26	VEIN X-RAY ARM/LEG	7/1/2014	RBRVS	$35.39	$35.39									
75822		VEIN X-RAY ARMS/LEGS	7/1/2014	RBRVS	$157.89	$157.89			Y						
75822	TC	VEIN X-RAY ARMS/LEGS	7/1/2014	RBRVS	$104.42	$104.42			Y						
75822	26	VEIN X-RAY ARMS/LEGS	7/1/2014	RBRVS	$53.50	$53.50									
75825		VEIN X-RAY TRUNK	7/1/2014	RBRVS	$148.28	$148.28			Y						
75825	TC	VEIN X-RAY TRUNK	7/1/2014	RBRVS	$91.51	$91.51			Y						
75825	26	VEIN X-RAY TRUNK	7/1/2014	RBRVS	$56.77	$56.77									
75827		VEIN X-RAY CHEST	7/1/2014	RBRVS	$150.00	$150.00			Y						
75827	TC	VEIN X-RAY CHEST	7/1/2014	RBRVS	$94.02	$94.02			Y						
75827	26	VEIN X-RAY CHEST	7/1/2014	RBRVS	$56.01	$56.01									
75831		VEIN X-RAY KIDNEY	7/1/2014	RBRVS	$161.01	$161.01			Y						
75831	TC	VEIN X-RAY KIDNEY	7/1/2014	RBRVS	$97.97	$97.97			Y						
75831	26	VEIN X-RAY KIDNEY	7/1/2014	RBRVS	$63.04	$63.04									
75833		VEIN X-RAY KIDNEYS	7/1/2014	RBRVS	$181.99	$181.99			Y						
75833	TC	VEIN X-RAY KIDNEYS	7/1/2014	RBRVS	$110.52	$110.52			Y						
75833	26	VEIN X-RAY KIDNEYS	7/1/2014	RBRVS	$71.47	$71.47									
75840		VEIN X-RAY ADRENAL GLAND	7/1/2014	RBRVS	$166.75	$166.75			Y						
75840	TC	VEIN X-RAY ADRENAL GLAND	7/1/2014	RBRVS	$101.20	$101.20			Y						
75840	26	VEIN X-RAY ADRENAL GLAND	7/1/2014	RBRVS	$65.55	$65.55									
75842		VEIN X-RAY ADRENAL GLANDS	7/1/2014	RBRVS	$198.13	$198.13			Y						
75842	TC	VEIN X-RAY ADRENAL GLANDS	7/1/2014	RBRVS	$121.64	$121.64			Y						
75842	26	VEIN X-RAY ADRENAL GLANDS	7/1/2014	RBRVS	$76.49	$76.49									
75860		VEIN X-RAY NECK	7/1/2014	RBRVS	$155.81	$155.81			Y						
75860	TC	VEIN X-RAY NECK	7/1/2014	RBRVS	$98.33	$98.33			Y						
75860	26	VEIN X-RAY NECK	7/1/2014	RBRVS	$57.48	$57.48									
75870		VEIN X-RAY SKULL	7/1/2014	RBRVS	$159.33	$159.33			Y						
75870	TC	VEIN X-RAY SKULL	7/1/2014	RBRVS	$100.48	$100.48			Y						
75870	26	VEIN X-RAY SKULL	7/1/2014	RBRVS	$58.88	$58.88									
75872		VEIN X-RAY SKULL EPIDURAL	7/1/2014	RBRVS	$152.87	$152.87			Y						
75872	TC	VEIN X-RAY SKULL EPIDURAL	7/1/2014	RBRVS	$100.12	$100.12			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
75872	26	VEIN X-RAY SKULL EPIDURAL	7/1/2014	RBRVS	$52.79	$52.79									
75880		VEIN X-RAY EYE SOCKET	7/1/2014	RBRVS	$137.63	$137.63			Y						
75880	TC	VEIN X-RAY EYE SOCKET	7/1/2014	RBRVS	$101.56	$101.56			Y						
75880	26	VEIN X-RAY EYE SOCKET	7/1/2014	RBRVS	$36.11	$36.11									
75885		VEIN X-RAY LIVER W/HEMODYNAM	7/1/2014	RBRVS	$171.59	$171.59			Y						
75885	TC	VEIN X-RAY LIVER W/HEMODYNAM	7/1/2014	RBRVS	$99.40	$99.40			Y						
75885	26	VEIN X-RAY LIVER W/HEMODYNAM	7/1/2014	RBRVS	$72.19	$72.19									
75887		VEIN X-RAY LIVER W/O HEMODYN	7/1/2014	RBRVS	$170.34	$170.34			Y						
75887	TC	VEIN X-RAY LIVER W/O HEMODYN	7/1/2014	RBRVS	$99.40	$99.40			Y						
75887	26	VEIN X-RAY LIVER W/O HEMODYN	7/1/2014	RBRVS	$70.93	$70.93									
75889		VEIN X-RAY LIVER W/HEMODYNAM	7/1/2014	RBRVS	$157.53	$157.53			Y						
75889	TC	VEIN X-RAY LIVER W/HEMODYNAM	7/1/2014	RBRVS	$100.12	$100.12			Y						
75889	26	VEIN X-RAY LIVER W/HEMODYNAM	7/1/2014	RBRVS	$57.45	$57.45									
75891		VEIN X-RAY LIVER	7/1/2014	RBRVS	$158.61	$158.61			Y						
75891	TC	VEIN X-RAY LIVER	7/1/2014	RBRVS	$100.48	$100.48			Y						
75891	26	VEIN X-RAY LIVER	7/1/2014	RBRVS	$58.16	$58.16									
75893		VENOUS SAMPLING BY CATHETER	7/1/2014	RBRVS	$128.13	$128.13									
75893	TC	VENOUS SAMPLING BY CATHETER	7/1/2014	RBRVS	$101.20	$101.20									
75893	26	VENOUS SAMPLING BY CATHETER	7/1/2014	RBRVS	$26.97	$26.97									
75894		X-RAYS TRANSCATH THERAPY	7/1/2014	FEE SCHED	$237.29	$0.00									
75894	TC	X-RAYS TRANSCATH THERAPY	7/1/2014	FEE SCHED	$170.85	$0.00									
75896		X-RAYS TRANSCATH THERAPY	7/1/2014	FEE SCHED	$236.07	$0.00									
75896	TC	X-RAYS TRANSCATH THERAPY	7/1/2014	FEE SCHED	$169.97	$0.00									
75898		FOLLOW-UP ANGIOGRAPHY	7/1/2014	FEE SCHED	$301.64	$0.00									
75898	TC	FOLLOW-UP ANGIOGRAPHY	7/1/2014	FEE SCHED	$217.18	$0.00									
75901		REMOVE CVA DEVICE OBSTRUCT	7/1/2014	RBRVS	$179.55	$179.55									
75901	TC	REMOVE CVA DEVICE OBSTRUCT	7/1/2014	RBRVS	$154.99	$154.99									
75901	26	REMOVE CVA DEVICE OBSTRUCT	7/1/2014	RBRVS	$24.56	$24.56									
75902		REMOVE CVA LUMEN OBSTRUCT	7/1/2014	RBRVS	$76.31	$76.31									
75902	TC	REMOVE CVA LUMEN OBSTRUCT	7/1/2014	RBRVS	$56.37	$56.37									
75902	26	REMOVE CVA LUMEN OBSTRUCT	7/1/2014	RBRVS	$19.97	$19.97									
75945		INTRAVASCULAR US	7/1/2014	FEE SCHED	$70.46	$0.00									
75945	TC	INTRAVASCULAR US	7/1/2014	FEE SCHED	$50.73	$0.00									
75946		INTRAVASCULAR US ADD-ON	7/1/2014	FEE SCHED	$71.96	$0.00									
75946	TC	INTRAVASCULAR US ADD-ON	7/1/2014	FEE SCHED	$51.81	$0.00									
75952		ENDOVASC REPAIR ABDOM AORTA	7/1/2014	FEE SCHED	$828.46	$0.00									
75952	TC	ENDOVASC REPAIR ABDOM AORTA	7/1/2014	FEE SCHED	$596.49	$0.00									
75953		ABDOM ANEURYSM ENDOVAS RPR	7/1/2014	FEE SCHED	$252.25	$0.00									
75953	TC	ABDOM ANEURYSM ENDOVAS RPR	7/1/2014	FEE SCHED	$181.62	$0.00									
75954		ILIAC ANEURYSM ENDOVAS RPR	7/1/2014	FEE SCHED	$413.32	$0.00									
75954	TC	ILIAC ANEURYSM ENDOVAS RPR	7/1/2014	FEE SCHED	$297.59	$0.00									
75956		XRAY ENDOVASC THOR AO REPR	7/1/2014	FEE SCHED	$1,302.68	$0.00			Y						
75956	TC	XRAY ENDOVASC THOR AO REPR	7/1/2014	FEE SCHED	$937.93	$0.00									
75956	26	XRAY ENDOVASC THOR AO REPR	7/1/2014	RBRVS	$373.95	$373.95									
75957		XRAY ENDOVASC THOR AO REPR	7/1/2014	FEE SCHED	$1,111.11	$0.00			Y						
75957	TC	XRAY ENDOVASC THOR AO REPR	7/1/2014	FEE SCHED	$799.99	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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	7/1/2014	RBRVS	$319.91	$319.91									
75958		XRAY PLACE PROX EXT THOR AO	7/1/2014	FEE SCHED	$740.82	$0.00			Y						
75958	TC	XRAY PLACE PROX EXT THOR AO	7/1/2014	FEE SCHED	$533.39	$0.00									
75958	26	XRAY PLACE PROX EXT THOR AO	7/1/2014	RBRVS	$212.97	$212.97									
75959		XRAY PLACE DIST EXT THOR AO	7/1/2014	FEE SCHED	$645.32	$0.00			Y						
75959	TC	XRAY PLACE DIST EXT THOR AO	7/1/2014	FEE SCHED	$464.68	$0.00									
75962		REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$147.64	$147.64									
75962	TC	REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$120.92	$120.92									
75962	26	REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$26.72	$26.72									
75964		REPAIR ARTERY BLOCKAGE EACH	7/1/2014	RBRVS	$94.96	$94.96	ZZZ								
75964	TC	REPAIR ARTERY BLOCKAGE EACH	7/1/2014	RBRVS	$76.45	$76.45	ZZZ								
75964	26	REPAIR ARTERY BLOCKAGE EACH	7/1/2014	RBRVS	$18.54	$18.54	ZZZ								
75966		REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$176.18	$176.18									
75966	TC	REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$111.95	$111.95									
75966	26	REPAIR ARTERIAL BLOCKAGE	7/1/2014	RBRVS	$64.26	$64.26									
75968		REPAIR ARTERY BLOCKAGE EACH	7/1/2014	RBRVS	$88.68	$88.68	ZZZ								
75968	TC	REPAIR ARTERY BLOCKAGE EACH	7/1/2014	RBRVS	$71.07	$71.07	ZZZ								
75968	26	REPAIR ARTERY BLOCKAGE EACH	7/1/2014	RBRVS	$17.64	$17.64	ZZZ								
75970		VASCULAR BIOPSY	7/1/2014	FEE SCHED	$145.50	$0.00									
75970	TC	VASCULAR BIOPSY	7/1/2014	FEE SCHED	$104.76	$0.00									
75978		REPAIR VENOUS BLOCKAGE	7/1/2014	RBRVS	$145.84	$145.84									
75978	TC	REPAIR VENOUS BLOCKAGE	7/1/2014	RBRVS	$119.13	$119.13									
75978	26	REPAIR VENOUS BLOCKAGE	7/1/2014	RBRVS	$26.72	$26.72									
75980		CONTRAST XRAY EXAM BILE DUCT	7/1/2014	FEE SCHED	$253.96	$0.00									
75980	TC	CONTRAST XRAY EXAM BILE DUCT	7/1/2014	FEE SCHED	$182.85	$0.00									
75982		CONTRAST XRAY EXAM BILE DUCT	7/1/2014	FEE SCHED	$253.96	$0.00									
75982	TC	CONTRAST XRAY EXAM BILE DUCT	7/1/2014	FEE SCHED	$182.85	$0.00									
75984		XRAY CONTROL CATHETER CHANGE	7/1/2014	RBRVS	$112.89	$112.89									
75984	TC	XRAY CONTROL CATHETER CHANGE	7/1/2014	RBRVS	$76.81	$76.81									
75984	26	XRAY CONTROL CATHETER CHANGE	7/1/2014	RBRVS	$36.11	$36.11									
75989		ABSCESS DRAINAGE UNDER X-RAY	7/1/2014	RBRVS	$127.30	$127.30									
75989	TC	ABSCESS DRAINAGE UNDER X-RAY	7/1/2014	RBRVS	$67.85	$67.85									
75989	26	ABSCESS DRAINAGE UNDER X-RAY	7/1/2014	RBRVS	$59.46	$59.46									
76000		FLUOROSCOPE EXAMINATION	7/1/2014	RBRVS	$51.39	$51.39									
76000	TC	FLUOROSCOPE EXAMINATION	7/1/2014	RBRVS	$42.75	$42.75									
76000	26	FLUOROSCOPE EXAMINATION	7/1/2014	RBRVS	$8.68	$8.68									
76001		FLUOROSCOPE EXAM EXTENSIVE	7/1/2014	FEE SCHED	$127.21	$0.00									
76001	TC	FLUOROSCOPE EXAM EXTENSIVE	7/1/2014	FEE SCHED	$91.59	$0.00									
76010		X-RAY NOSE TO RECTUM	7/1/2014	RBRVS	$28.08	$28.08									
76010	TC	X-RAY NOSE TO RECTUM	7/1/2014	RBRVS	$18.72	$18.72									
76010	26	X-RAY NOSE TO RECTUM	7/1/2014	RBRVS	$9.40	$9.40									
76080		X-RAY EXAM OF FISTULA	7/1/2014	RBRVS	$61.93	$61.93									
76080	TC	X-RAY EXAM OF FISTULA	7/1/2014	RBRVS	$34.86	$34.86									
76080	26	X-RAY EXAM OF FISTULA	7/1/2014	RBRVS	$27.07	$27.07									
76098		X-RAY EXAM BREAST SPECIMEN	7/1/2014	RBRVS	$19.47	$19.47									
76098	TC	X-RAY EXAM BREAST SPECIMEN	7/1/2014	RBRVS	$11.19	$11.19									

Montana Medicaid - Fee Schedule
Psychiatrist 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
76098	26	X-RAY EXAM BREAST SPECIMEN	7/1/2014	RBRVS	$8.32	$8.32									
76100		X-RAY EXAM OF BODY SECTION	7/1/2014	RBRVS	$102.92	$102.92									
76100	TC	X-RAY EXAM OF BODY SECTION	7/1/2014	RBRVS	$70.36	$70.36									
76100	26	X-RAY EXAM OF BODY SECTION	7/1/2014	RBRVS	$32.56	$32.56									
76101		COMPLEX BODY SECTION X-RAY	7/1/2014	RBRVS	$152.94	$152.94									
76101	TC	COMPLEX BODY SECTION X-RAY	7/1/2014	RBRVS	$115.90	$115.90									
76101	26	COMPLEX BODY SECTION X-RAY	7/1/2014	RBRVS	$37.04	$37.04									
76102		COMPLEX BODY SECTION X-RAYS	7/1/2014	RBRVS	$204.69	$204.69									
76102	TC	COMPLEX BODY SECTION X-RAYS	7/1/2014	RBRVS	$166.82	$166.82									
76102	26	COMPLEX BODY SECTION X-RAYS	7/1/2014	RBRVS	$37.90	$37.90									
76120		CINE/VIDEO X-RAYS	7/1/2014	RBRVS	$94.56	$94.56									
76120	TC	CINE/VIDEO X-RAYS	7/1/2014	RBRVS	$74.30	$74.30									
76120	26	CINE/VIDEO X-RAYS	7/1/2014	RBRVS	$20.26	$20.26									
76125		CINE/VIDEO X-RAYS ADD-ON	7/1/2014	FEE SCHED	$50.61	$0.00									
76125	TC	CINE/VIDEO X-RAYS ADD-ON	7/1/2014	FEE SCHED	$36.44	$0.00									
76376		3D RENDER W/O POSTPROCESS	7/1/2014	RBRVS	$29.15	$29.15									
76376	TC	3D RENDER W/O POSTPROCESS	7/1/2014	RBRVS	$19.08	$19.08									
76376	26	3D RENDER W/O POSTPROCESS	7/1/2014	RBRVS	$10.11	$10.11									
76377		3D RENDERING W/POSTPROCESS	7/1/2014	RBRVS	$84.56	$84.56									
76377	TC	3D RENDERING W/POSTPROCESS	7/1/2014	RBRVS	$44.18	$44.18									
76377	26	3D RENDERING W/POSTPROCESS	7/1/2014	RBRVS	$40.41	$40.41									
76380		CAT SCAN FOLLOW-UP STUDY	7/1/2014	RBRVS	$153.41	$153.41									
76380	TC	CAT SCAN FOLLOW-UP STUDY	7/1/2014	RBRVS	$103.71	$103.71									
76380	26	CAT SCAN FOLLOW-UP STUDY	7/1/2014	RBRVS	$49.74	$49.74									
76496		FLUOROSCOPIC PROCEDURE	7/1/2014	FEE SCHED	$177.61	$0.00									
76496	TC	FLUOROSCOPIC PROCEDURE	7/1/2014	FEE SCHED	$127.88	$0.00									
76496	26	FLUOROSCOPIC PROCEDURE	7/1/2014	FEE SCHED	$49.73	$0.00									
76497		CT PROCEDURE	7/1/2014	FEE SCHED	$363.81	$0.00			Y						
76497	TC	CT PROCEDURE	7/1/2014	FEE SCHED	$261.94	$0.00									
76497	26	CT PROCEDURE	7/1/2014	FEE SCHED	$101.87	$0.00									
76498		MRI PROCEDURE	7/1/2014	FEE SCHED	$550.00	$0.00			Y						
76498	TC	MRI PROCEDURE	7/1/2014	FEE SCHED	$396.00	$0.00									
76498	26	MRI PROCEDURE	7/1/2014	FEE SCHED	$154.00	$0.00									
76499		RADIOGRAPHIC PROCEDURE	7/1/2014	FEE SCHED	$311.14	$0.00									
76499	TC	RADIOGRAPHIC PROCEDURE	7/1/2014	FEE SCHED	$224.02	$0.00									
76499	26	RADIOGRAPHIC PROCEDURE	7/1/2014	FEE SCHED	$87.12	$0.00									
76506		ECHO EXAM OF HEAD	7/1/2014	RBRVS	$125.44	$125.44									
76506	TC	ECHO EXAM OF HEAD	7/1/2014	RBRVS	$92.95	$92.95									
76506	26	ECHO EXAM OF HEAD	7/1/2014	RBRVS	$32.53	$32.53									
76510		OPHTH US B & QUANT A	7/1/2014	RBRVS	$181.92	$181.92					Y				
76510	TC	OPHTH US B & QUANT A	7/1/2014	RBRVS	$81.12	$81.12					Y				
76510	26	OPHTH US B & QUANT A	7/1/2014	RBRVS	$100.80	$100.80					Y				
76511		OPHTH US QUANT A ONLY	7/1/2014	RBRVS	$103.74	$103.74					Y				
76511	TC	OPHTH US QUANT A ONLY	7/1/2014	RBRVS	$49.20	$49.20					Y				
76511	26	OPHTH US QUANT A ONLY	7/1/2014	RBRVS	$54.58	$54.58					Y				
76512		OPHTH US B W/NON-QUANT A	7/1/2014	RBRVS	$95.32	$95.32					Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
76512	TC	OPHTH US B W/NON-QUANT A	7/1/2014	RBRVS	$39.88	$39.88					Y				
76512	26	OPHTH US B W/NON-QUANT A	7/1/2014	RBRVS	$55.48	$55.48					Y				
76513		ECHO EXAM OF EYE WATER BATH	7/1/2014	RBRVS	$97.29	$97.29					Y				
76513	TC	ECHO EXAM OF EYE WATER BATH	7/1/2014	RBRVS	$60.32	$60.32					Y				
76513	26	ECHO EXAM OF EYE WATER BATH	7/1/2014	RBRVS	$37.01	$37.01					Y				
76514		ECHO EXAM OF EYE THICKNESS	7/1/2014	RBRVS	$15.53	$15.53									
76514	TC	ECHO EXAM OF EYE THICKNESS	7/1/2014	RBRVS	$5.45	$5.45									
76514	26	ECHO EXAM OF EYE THICKNESS	7/1/2014	RBRVS	$10.11	$10.11									
76516		ECHO EXAM OF EYE	7/1/2014	RBRVS	$79.36	$79.36									
76516	TC	ECHO EXAM OF EYE	7/1/2014	RBRVS	$47.77	$47.77									
76516	26	ECHO EXAM OF EYE	7/1/2014	RBRVS	$31.63	$31.63									
76519		ECHO EXAM OF EYE	7/1/2014	RBRVS	$85.96	$85.96									
76519	TC	ECHO EXAM OF EYE	7/1/2014	RBRVS	$53.14	$53.14									
76519	26	ECHO EXAM OF EYE	7/1/2014	RBRVS	$32.81	$32.81					Y				
76529		ECHO EXAM OF EYE	7/1/2014	RBRVS	$81.29	$81.29					Y				
76529	TC	ECHO EXAM OF EYE	7/1/2014	RBRVS	$47.05	$47.05					Y				
76529	26	ECHO EXAM OF EYE	7/1/2014	RBRVS	$34.25	$34.25					Y				
76536		US EXAM OF HEAD AND NECK	7/1/2014	RBRVS	$123.97	$123.97									
76536	TC	US EXAM OF HEAD AND NECK	7/1/2014	RBRVS	$95.10	$95.10									
76536	26	US EXAM OF HEAD AND NECK	7/1/2014	RBRVS	$28.87	$28.87									
76604		US EXAM CHEST	7/1/2014	RBRVS	$89.90	$89.90				Y					
76604	TC	US EXAM CHEST	7/1/2014	RBRVS	$62.11	$62.11				Y					
76604	26	US EXAM CHEST	7/1/2014	RBRVS	$27.79	$27.79				Y					
76641		ULTRASOUND BREAST COMPLETE	1/1/2015	RBRVS	$108.48	$108.48					Y				
76641	TC	ULTRASOUND BREAST COMPLETE	1/1/2015	RBRVS	$71.79	$71.79					Y				
76641	26	ULTRASOUND BREAST COMPLETE	1/1/2015	RBRVS	$36.68	$36.68					Y				
76642		ULTRASOUND BREAST LIMITED	1/1/2015	RBRVS	$89.11	$89.11					Y				
76642	TC	ULTRASOUND BREAST LIMITED	1/1/2015	RBRVS	$54.94	$54.94					Y				
76642	26	ULTRASOUND BREAST LIMITED	1/1/2015	RBRVS	$34.17	$34.17					Y				
76700		US EXAM ABDOM COMPLETE	7/1/2014	RBRVS	$143.37	$143.37				Y					
76700	TC	US EXAM ABDOM COMPLETE	7/1/2014	RBRVS	$101.91	$101.91				Y					
76700	26	US EXAM ABDOM COMPLETE	7/1/2014	RBRVS	$41.49	$41.49				Y					
76705		ECHO EXAM OF ABDOMEN	7/1/2014	RBRVS	$110.34	$110.34				Y					
76705	TC	ECHO EXAM OF ABDOMEN	7/1/2014	RBRVS	$80.40	$80.40				Y					
76705	26	ECHO EXAM OF ABDOMEN	7/1/2014	RBRVS	$29.94	$29.94				Y					
76770		US EXAM ABDO BACK WALL COMP	7/1/2014	RBRVS	$135.12	$135.12				Y					
76770	TC	US EXAM ABDO BACK WALL COMP	7/1/2014	RBRVS	$97.25	$97.25				Y					
76770	26	US EXAM ABDO BACK WALL COMP	7/1/2014	RBRVS	$37.90	$37.90				Y					
76775		US EXAM ABDO BACK WALL LIM	7/1/2014	RBRVS	$66.59	$66.59				Y					
76775	TC	US EXAM ABDO BACK WALL LIM	7/1/2014	RBRVS	$37.01	$37.01				Y					
76775	26	US EXAM ABDO BACK WALL LIM	7/1/2014	RBRVS	$29.58	$29.58				Y					
76776		US EXAM K TRANSPL W/DOPPLER	7/1/2014	RBRVS	$157.00	$157.00				Y					
76776	TC	US EXAM K TRANSPL W/DOPPLER	7/1/2014	RBRVS	$118.05	$118.05				Y					
76776	26	US EXAM K TRANSPL W/DOPPLER	7/1/2014	RBRVS	$38.98	$38.98				Y					
76800		US EXAM SPINAL CANAL	7/1/2014	RBRVS	$140.86	$140.86									
76800	TC	US EXAM SPINAL CANAL	7/1/2014	RBRVS	$83.27	$83.27									

Montana Medicaid - Fee Schedule
Psychiatrist 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
76800	26	US EXAM SPINAL CANAL	7/1/2014	RBRVS	$57.63	$57.63									
76801		OB US < 14 WKS SINGLE FETUS	7/1/2014	RBRVS	$143.66	$143.66									M
76801	TC	OB US < 14 WKS SINGLE FETUS	7/1/2014	RBRVS	$87.64	$87.64									M
76801	26	OB US < 14 WKS SINGLE FETUS	7/1/2014	RBRVS	$56.02	$56.02									M
76802		OB US < 14 WKS ADDL FETUS	7/1/2014	RBRVS	$76.60	$76.60	ZZZ								M
76802	TC	OB US < 14 WKS ADDL FETUS	7/1/2014	RBRVS	$29.00	$29.00	ZZZ								M
76802	26	OB US < 14 WKS ADDL FETUS	7/1/2014	RBRVS	$47.59	$47.59	ZZZ								M
76805		OB US >/= 14 WKS SNGL FETUS	7/1/2014	RBRVS	$166.15	$166.15									M
76805	TC	OB US >/= 14 WKS SNGL FETUS	7/1/2014	RBRVS	$109.73	$109.73									M
76805	26	OB US >/= 14 WKS SNGL FETUS	7/1/2014	RBRVS	$56.43	$56.43									M
76810		OB US >/= 14 WKS ADDL FETUS	7/1/2014	RBRVS	$110.33	$110.33	ZZZ								M
76810	TC	OB US >/= 14 WKS ADDL FETUS	7/1/2014	RBRVS	$54.30	$54.30	ZZZ								M
76810	26	OB US >/= 14 WKS ADDL FETUS	7/1/2014	RBRVS	$56.02	$56.02	ZZZ								M
76811		OB US DETAILED SNGL FETUS	7/1/2014	RBRVS	$210.46	$210.46									M
76811	TC	OB US DETAILED SNGL FETUS	7/1/2014	RBRVS	$101.70	$101.70									M
76811	26	OB US DETAILED SNGL FETUS	7/1/2014	RBRVS	$108.76	$108.76									M
76812		OB US DETAILED ADDL FETUS	7/1/2014	RBRVS	$238.57	$238.57	ZZZ								M
76812	TC	OB US DETAILED ADDL FETUS	7/1/2014	RBRVS	$136.24	$136.24	ZZZ								M
76812	26	OB US DETAILED ADDL FETUS	7/1/2014	RBRVS	$102.33	$102.33	ZZZ								M
76813		OB US NUCHAL MEAS 1 GEST	7/1/2014	RBRVS	$137.68	$137.68									M
76813	TC	OB US NUCHAL MEAS 1 GEST	7/1/2014	RBRVS	$69.97	$69.97									M
76813	26	OB US NUCHAL MEAS 1 GEST	7/1/2014	RBRVS	$67.76	$67.76									M
76814		OB US NUCHAL MEAS ADD-ON	7/1/2014	RBRVS	$90.65	$90.65									M
76814	TC	OB US NUCHAL MEAS ADD-ON	7/1/2014	RBRVS	$33.81	$33.81									M
76814	26	OB US NUCHAL MEAS ADD-ON	7/1/2014	RBRVS	$56.83	$56.83									M
76815		OB US LIMITED FETUS(S)	7/1/2014	RBRVS	$102.54	$102.54									M
76815	TC	OB US LIMITED FETUS(S)	7/1/2014	RBRVS	$65.95	$65.95									M
76815	26	OB US LIMITED FETUS(S)	7/1/2014	RBRVS	$36.62	$36.62									M
76816		OB US FOLLOW-UP PER FETUS	7/1/2014	RBRVS	$132.42	$132.42									M
76816	TC	OB US FOLLOW-UP PER FETUS	7/1/2014	RBRVS	$83.62	$83.62									M
76816	26	OB US FOLLOW-UP PER FETUS	7/1/2014	RBRVS	$48.80	$48.80									M
76817		TRANSVAGINAL US OBSTETRIC	7/1/2014	RBRVS	$115.55	$115.55									M
76817	TC	TRANSVAGINAL US OBSTETRIC	7/1/2014	RBRVS	$72.37	$72.37									M
76817	26	TRANSVAGINAL US OBSTETRIC	7/1/2014	RBRVS	$43.18	$43.18									M
76818		FETAL BIOPHYS PROFILE W/NST	7/1/2014	RBRVS	$138.85	$138.85									M
76818	TC	FETAL BIOPHYS PROFILE W/NST	7/1/2014	RBRVS	$78.40	$78.40									M
76818	26	FETAL BIOPHYS PROFILE W/NST	7/1/2014	RBRVS	$60.45	$60.45									M
76819		FETAL BIOPHYS PROFIL W/O NST	7/1/2014	RBRVS	$101.90	$101.90									M
76819	TC	FETAL BIOPHYS PROFIL W/O NST	7/1/2014	RBRVS	$57.51	$57.51									M
76819	26	FETAL BIOPHYS PROFIL W/O NST	7/1/2014	RBRVS	$44.39	$44.39									M
76820		UMBILICAL ARTERY ECHO	7/1/2014	RBRVS	$55.54	$55.54									M
76820	TC	UMBILICAL ARTERY ECHO	7/1/2014	RBRVS	$26.99	$26.99									M
76820	26	UMBILICAL ARTERY ECHO	7/1/2014	RBRVS	$28.59	$28.59									M
76821		MIDDLE CEREBRAL ARTERY ECHO	7/1/2014	RBRVS	$107.12	$107.12									M
76821	TC	MIDDLE CEREBRAL ARTERY ECHO	7/1/2014	RBRVS	$66.35	$66.35									M
76821	26	MIDDLE CEREBRAL ARTERY ECHO	7/1/2014	RBRVS	$40.77	$40.77									M

Montana Medicaid - Fee Schedule
Psychiatrist 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
76825		ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$310.78	$310.78									M
76825	TC	ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$216.56	$216.56									M
76825	26	ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$94.26	$94.26									M
76826		ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$186.23	$186.23									M
76826	TC	ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$139.05	$139.05									M
76826	26	ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$47.20	$47.20									M
76827		ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$85.67	$85.67									M
76827	TC	ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$53.10	$53.10									M
76827	26	ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$32.61	$32.61									M
76828		ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$59.96	$59.96									M
76828	TC	ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$28.19	$28.19									M
76828	26	ECHO EXAM OF FETAL HEART	7/1/2014	RBRVS	$31.81	$31.81									M
76830		TRANSVAGINAL US NON-OB	7/1/2014	RBRVS	$128.27	$128.27									
76830	TC	TRANSVAGINAL US NON-OB	7/1/2014	RBRVS	$92.95	$92.95									
76830	26	TRANSVAGINAL US NON-OB	7/1/2014	RBRVS	$35.32	$35.32									
76831		ECHO EXAM UTERUS	7/1/2014	RBRVS	$125.76	$125.76				Y					
76831	TC	ECHO EXAM UTERUS	7/1/2014	RBRVS	$88.65	$88.65				Y					
76831	26	ECHO EXAM UTERUS	7/1/2014	RBRVS	$37.12	$37.12				Y					
76856		US EXAM PELVIC COMPLETE	7/1/2014	RBRVS	$126.12	$126.12				Y					
76856	TC	US EXAM PELVIC COMPLETE	7/1/2014	RBRVS	$91.16	$91.16				Y					
76856	26	US EXAM PELVIC COMPLETE	7/1/2014	RBRVS	$34.96	$34.96				Y					
76857		US EXAM PELVIC LIMITED	7/1/2014	RBRVS	$54.76	$54.76				Y					
76857	TC	US EXAM PELVIC LIMITED	7/1/2014	RBRVS	$35.21	$35.21				Y					
76857	26	US EXAM PELVIC LIMITED	7/1/2014	RBRVS	$19.54	$19.54				Y					
76870		US EXAM SCROTUM	7/1/2014	RBRVS	$75.23	$75.23				Y					
76870	TC	US EXAM SCROTUM	7/1/2014	RBRVS	$42.39	$42.39				Y					
76870	26	US EXAM SCROTUM	7/1/2014	RBRVS	$32.88	$32.88				Y					
76872		US TRANSRECTAL	7/1/2014	RBRVS	$94.24	$94.24									
76872	TC	US TRANSRECTAL	7/1/2014	RBRVS	$59.24	$59.24									
76872	26	US TRANSRECTAL	7/1/2014	RBRVS	$35.04	$35.04									
76873		ECHOGRAP TRANS R PROS STUDY	7/1/2014	RBRVS	$174.46	$174.46									
76873	TC	ECHOGRAP TRANS R PROS STUDY	7/1/2014	RBRVS	$94.38	$94.38									
76873	26	ECHOGRAP TRANS R PROS STUDY	7/1/2014	RBRVS	$80.08	$80.08									
76881		US XTR NON-VASC COMPLETE	7/1/2014	RBRVS	$120.42	$120.42									
76881	TC	US XTR NON-VASC COMPLETE	7/1/2014	RBRVS	$87.93	$87.93									
76881	26	US XTR NON-VASC COMPLETE	7/1/2014	RBRVS	$32.53	$32.53									
76882		US XTR NON-VASC LMTD	7/1/2014	RBRVS	$36.51	$36.51									
76882	TC	US XTR NON-VASC LMTD	7/1/2014	RBRVS	$11.19	$11.19									
76882	26	US XTR NON-VASC LMTD	7/1/2014	RBRVS	$25.35	$25.35									
76885		US EXAM INFANT HIPS DYNAMIC	7/1/2014	RBRVS	$150.90	$150.90									
76885	TC	US EXAM INFANT HIPS DYNAMIC	7/1/2014	RBRVS	$113.03	$113.03									
76885	26	US EXAM INFANT HIPS DYNAMIC	7/1/2014	RBRVS	$37.90	$37.90									
76886		US EXAM INFANT HIPS STATIC	7/1/2014	RBRVS	$108.40	$108.40									
76886	TC	US EXAM INFANT HIPS STATIC	7/1/2014	RBRVS	$77.53	$77.53									
76886	26	US EXAM INFANT HIPS STATIC	7/1/2014	RBRVS	$30.91	$30.91									
76930		ECHO GUIDE CARDIOCENTESIS	7/1/2014	RBRVS	$84.74	$84.74									

Montana Medicaid - Fee Schedule
Psychiatrist 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
76930	TC	ECHO GUIDE CARDIOCENTESIS	7/1/2014	RBRVS	$52.07	$52.07									
76930	26	ECHO GUIDE CARDIOCENTESIS	7/1/2014	RBRVS	$32.70	$32.70									
76932		ECHO GUIDE FOR HEART BIOPSY	7/1/2014	FEE SCHED	$116.93	$0.00									
76932	TC	ECHO GUIDE FOR HEART BIOPSY	7/1/2014	FEE SCHED	$84.19	$0.00									
76936		ECHO GUIDE FOR ARTERY REPAIR	7/1/2014	RBRVS	$276.77	$276.77									
76936	TC	ECHO GUIDE FOR ARTERY REPAIR	7/1/2014	RBRVS	$176.50	$176.50									
76936	26	ECHO GUIDE FOR ARTERY REPAIR	7/1/2014	RBRVS	$100.26	$100.26									
76937		US GUIDE VASCULAR ACCESS	7/1/2014	RBRVS	$36.83	$36.83	ZZZ								
76937	TC	US GUIDE VASCULAR ACCESS	7/1/2014	RBRVS	$21.23	$21.23	ZZZ								
76937	26	US GUIDE VASCULAR ACCESS	7/1/2014	RBRVS	$15.60	$15.60	ZZZ								
76940		US GUIDE TISSUE ABLATION	7/1/2014	FEE SCHED	$373.86	$0.00									
76940	TC	US GUIDE TISSUE ABLATION	7/1/2014	FEE SCHED	$129.80	$0.00									
76941		ECHO GUIDE FOR TRANSFUSION	7/1/2014	FEE SCHED	$248.93	$0.00									
76941	TC	ECHO GUIDE FOR TRANSFUSION	7/1/2014	FEE SCHED	$179.23	$0.00									
76942		ECHO GUIDE FOR BIOPSY	7/1/2014	RBRVS	$74.52	$74.52									
76942	TC	ECHO GUIDE FOR BIOPSY	7/1/2014	RBRVS	$40.23	$40.23									
76942	26	ECHO GUIDE FOR BIOPSY	7/1/2014	RBRVS	$34.32	$34.32									
76945		ECHO GUIDE VILLUS SAMPLING	7/1/2014	FEE SCHED	$123.07	$0.00									
76945	TC	ECHO GUIDE VILLUS SAMPLING	7/1/2014	FEE SCHED	$56.56	$0.00									
76946		ECHO GUIDE FOR AMNIOCENTESIS	7/1/2014	RBRVS	$32.74	$32.74									
76946	TC	ECHO GUIDE FOR AMNIOCENTESIS	7/1/2014	RBRVS	$13.34	$13.34									
76946	26	ECHO GUIDE FOR AMNIOCENTESIS	7/1/2014	RBRVS	$19.44	$19.44									
76948		ECHO GUIDE OVA ASPIRATION	7/1/2014	RBRVS	$33.60	$33.60									
76948	TC	ECHO GUIDE OVA ASPIRATION	7/1/2014	RBRVS	$13.34	$13.34									
76948	26	ECHO GUIDE OVA ASPIRATION	7/1/2014	RBRVS	$20.26	$20.26									
76965		ECHO GUIDANCE RADIOTHERAPY	7/1/2014	RBRVS	$92.70	$92.70									
76965	TC	ECHO GUIDANCE RADIOTHERAPY	7/1/2014	RBRVS	$23.74	$23.74									
76965	26	ECHO GUIDANCE RADIOTHERAPY	7/1/2014	RBRVS	$68.96	$68.96									
76970		ULTRASOUND EXAM FOLLOW-UP	7/1/2014	RBRVS	$96.03	$96.03									
76970	TC	ULTRASOUND EXAM FOLLOW-UP	7/1/2014	RBRVS	$75.02	$75.02									
76970	26	ULTRASOUND EXAM FOLLOW-UP	7/1/2014	RBRVS	$21.05	$21.05									
76975		GI ENDOSCOPIC ULTRASOUND	7/1/2014	FEE SCHED	$156.64	$0.00									
76975	TC	GI ENDOSCOPIC ULTRASOUND	7/1/2014	FEE SCHED	$112.78	$0.00									
76977		US BONE DENSITY MEASURE	7/1/2014	RBRVS	$7.28	$7.28									
76977	TC	US BONE DENSITY MEASURE	7/1/2014	RBRVS	$4.37	$4.37									
76977	26	US BONE DENSITY MEASURE	7/1/2014	RBRVS	$2.94	$2.94									
76998		US GUIDE INTRAOP	7/1/2014	FEE SCHED	$233.75	$0.00									
76998	TC	US GUIDE INTRAOP	7/1/2014	FEE SCHED	$168.30	$0.00									
76999		ECHO EXAMINATION PROCEDURE	7/1/2014	FEE SCHED	$61.11	$0.00									
76999	TC	ECHO EXAMINATION PROCEDURE	7/1/2014	FEE SCHED	$44.00	$0.00									
76999	26	ECHO EXAMINATION PROCEDURE	7/1/2014	FEE SCHED	$17.11	$0.00									
77001		FLUOROGUIDE FOR VEIN DEVICE	7/1/2014	RBRVS	$80.22	$80.22	ZZZ								
77001	TC	FLUOROGUIDE FOR VEIN DEVICE	7/1/2014	RBRVS	$60.68	$60.68	ZZZ								
77001	26	FLUOROGUIDE FOR VEIN DEVICE	7/1/2014	RBRVS	$19.54	$19.54	ZZZ								
77002		NEEDLE LOCALIZATION BY XRAY	7/1/2014	RBRVS	$103.53	$103.53									
77002	TC	NEEDLE LOCALIZATION BY XRAY	7/1/2014	RBRVS	$75.02	$75.02									

Montana Medicaid - Fee Schedule
Psychiatrist 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	26	NEEDLE LOCALIZATION BY XRAY	7/1/2014	RBRVS	$28.51	$28.51									
77003		FLUOROGUIDE FOR SPINE INJECT	7/1/2014	RBRVS	$91.34	$91.34									
77003	TC	FLUOROGUIDE FOR SPINE INJECT	7/1/2014	RBRVS	$60.32	$60.32									
77003	26	FLUOROGUIDE FOR SPINE INJECT	7/1/2014	RBRVS	$31.02	$31.02									
77011		CT SCAN FOR LOCALIZATION	7/1/2014	RBRVS	$226.56	$226.56									
77011	TC	CT SCAN FOR LOCALIZATION	7/1/2014	RBRVS	$163.95	$163.95									
77011	26	CT SCAN FOR LOCALIZATION	7/1/2014	RBRVS	$62.65	$62.65									
77012		CT SCAN FOR NEEDLE BIOPSY	7/1/2014	RBRVS	$129.74	$129.74									
77012	TC	CT SCAN FOR NEEDLE BIOPSY	7/1/2014	RBRVS	$71.79	$71.79									
77012	26	CT SCAN FOR NEEDLE BIOPSY	7/1/2014	RBRVS	$57.99	$57.99									
77013		CT GUIDE FOR TISSUE ABLATION	7/1/2014	FEE SCHED	$708.21	$0.00									
77013	TC	CT GUIDE FOR TISSUE ABLATION	7/1/2014	FEE SCHED	$509.91	$0.00									
77014		CT SCAN FOR THERAPY GUIDE	7/1/2014	RBRVS	$124.36	$124.36									
77014	TC	CT SCAN FOR THERAPY GUIDE	7/1/2014	RBRVS	$80.04	$80.04									
77014	26	CT SCAN FOR THERAPY GUIDE	7/1/2014	RBRVS	$44.36	$44.36									
77021		MR GUIDANCE FOR NEEDLE PLACE	7/1/2014	RBRVS	$400.56	$400.56									
77021	TC	MR GUIDANCE FOR NEEDLE PLACE	7/1/2014	RBRVS	$322.45	$322.45									
77021	26	MR GUIDANCE FOR NEEDLE PLACE	7/1/2014	RBRVS	$78.10	$78.10									
77022		MRI FOR TISSUE ABLATION	7/1/2014	FEE SCHED	$748.79	$0.00									
77022	TC	MRI FOR TISSUE ABLATION	7/1/2014	FEE SCHED	$539.13	$0.00									
77051		COMPUTER DX MAMMOGRAM ADD-ON	7/1/2014	RBRVS	$10.51	$10.51	ZZZ								
77051	TC	COMPUTER DX MAMMOGRAM ADD-ON	7/1/2014	RBRVS	$7.24	$7.24	ZZZ								
77051	26	COMPUTER DX MAMMOGRAM ADD-ON	7/1/2014	RBRVS	$3.30	$3.30	ZZZ								
77052		COMP SCREEN MAMMOGRAM ADD-ON	7/1/2014	RBRVS	$10.51	$10.51	ZZZ								
77052	TC	COMP SCREEN MAMMOGRAM ADD-ON	7/1/2014	RBRVS	$7.24	$7.24	ZZZ								
77052	26	COMP SCREEN MAMMOGRAM ADD-ON	7/1/2014	RBRVS	$3.30	$3.30	ZZZ								
77053		X-RAY OF MAMMARY DUCT	7/1/2014	RBRVS	$60.35	$60.35									
77053	TC	X-RAY OF MAMMARY DUCT	7/1/2014	RBRVS	$42.39	$42.39									
77053	26	X-RAY OF MAMMARY DUCT	7/1/2014	RBRVS	$18.00	$18.00									
77054		X-RAY OF MAMMARY DUCTS	7/1/2014	RBRVS	$81.65	$81.65									
77054	TC	X-RAY OF MAMMARY DUCTS	7/1/2014	RBRVS	$58.16	$58.16									
77054	26	X-RAY OF MAMMARY DUCTS	7/1/2014	RBRVS	$23.49	$23.49									
77055		MAMMOGRAM ONE BREAST	7/1/2014	RBRVS	$90.65	$90.65									
77055	TC	MAMMOGRAM ONE BREAST	7/1/2014	RBRVS	$54.58	$54.58									
77055	26	MAMMOGRAM ONE BREAST	7/1/2014	RBRVS	$36.11	$36.11									
77056		MAMMOGRAM BOTH BREASTS	7/1/2014	RBRVS	$116.55	$116.55									
77056	TC	MAMMOGRAM BOTH BREASTS	7/1/2014	RBRVS	$71.79	$71.79									
77056	26	MAMMOGRAM BOTH BREASTS	7/1/2014	RBRVS	$44.75	$44.75									
77057		MAMMOGRAM SCREENING	7/1/2014	RBRVS	$83.12	$83.12									
77057	TC	MAMMOGRAM SCREENING	7/1/2014	RBRVS	$47.05	$47.05									
77057	26	MAMMOGRAM SCREENING	7/1/2014	RBRVS	$36.11	$36.11									
77058		MRI ONE BREAST	7/1/2014	RBRVS	$555.04	$555.04				Y					
77058	TC	MRI ONE BREAST	7/1/2014	RBRVS	$471.27	$471.27				Y					
77058	26	MRI ONE BREAST	7/1/2014	RBRVS	$83.80	$83.80				Y					
77059		MRI BOTH BREASTS	7/1/2014	RBRVS	$552.89	$552.89				Y					
77059	TC	MRI BOTH BREASTS	7/1/2014	RBRVS	$469.12	$469.12				Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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	26	MRI BOTH BREASTS	7/1/2014	RBRVS	$83.80	$83.80				Y					
77063		BREAST TOMOSYNTHESIS BI	1/1/2015	RBRVS	$56.95	$56.95									
77063	TC	BREAST TOMOSYNTHESIS BI	1/1/2015	RBRVS	$25.89	$25.89									
77063	26	BREAST TOMOSYNTHESIS BI	1/1/2015	RBRVS	$31.09	$31.09									
77071		X-RAY STRESS VIEW	7/1/2014	RBRVS	$52.07	$52.07									
77072		X-RAYS FOR BONE AGE	7/1/2014	RBRVS	$24.13	$24.13									
77072	TC	X-RAYS FOR BONE AGE	7/1/2014	RBRVS	$14.42	$14.42									
77072	26	X-RAYS FOR BONE AGE	7/1/2014	RBRVS	$9.75	$9.75									
77073		X-RAYS BONE LENGTH STUDIES	7/1/2014	RBRVS	$39.02	$39.02									
77073	TC	X-RAYS BONE LENGTH STUDIES	7/1/2014	RBRVS	$23.38	$23.38									
77073	26	X-RAYS BONE LENGTH STUDIES	7/1/2014	RBRVS	$15.67	$15.67									
77074		X-RAYS BONE SURVEY LIMITED	7/1/2014	RBRVS	$72.69	$72.69									
77074	TC	X-RAYS BONE SURVEY LIMITED	7/1/2014	RBRVS	$49.20	$49.20									
77074	26	X-RAYS BONE SURVEY LIMITED	7/1/2014	RBRVS	$23.49	$23.49									
77075		X-RAYS BONE SURVEY COMPLETE	7/1/2014	RBRVS	$108.55	$108.55									
77075	TC	X-RAYS BONE SURVEY COMPLETE	7/1/2014	RBRVS	$80.76	$80.76									
77075	26	X-RAYS BONE SURVEY COMPLETE	7/1/2014	RBRVS	$27.79	$27.79									
77076		X-RAYS BONE SURVEY INFANT	7/1/2014	RBRVS	$109.30	$109.30									
77076	TC	X-RAYS BONE SURVEY INFANT	7/1/2014	RBRVS	$73.23	$73.23									
77076	26	X-RAYS BONE SURVEY INFANT	7/1/2014	RBRVS	$36.11	$36.11									
77077		JOINT SURVEY SINGLE VIEW	7/1/2014	RBRVS	$41.17	$41.17									
77077	TC	JOINT SURVEY SINGLE VIEW	7/1/2014	RBRVS	$23.74	$23.74									
77077	26	JOINT SURVEY SINGLE VIEW	7/1/2014	RBRVS	$17.46	$17.46									
77078		CT BONE DENSITY AXIAL	7/1/2014	RBRVS	$114.50	$114.50									
77078	TC	CT BONE DENSITY AXIAL	7/1/2014	RBRVS	$101.91	$101.91									
77078	26	CT BONE DENSITY AXIAL	7/1/2014	RBRVS	$12.62	$12.62									
77080		DXA BONE DENSITY AXIAL	7/1/2014	RBRVS	$49.59	$49.59									
77080	TC	DXA BONE DENSITY AXIAL	7/1/2014	RBRVS	$39.16	$39.16									
77080	26	DXA BONE DENSITY AXIAL	7/1/2014	RBRVS	$10.47	$10.47									
77081		DXA BONE DENSITY/PERIPHERAL	7/1/2014	RBRVS	$28.08	$28.08									
77081	TC	DXA BONE DENSITY/PERIPHERAL	7/1/2014	RBRVS	$16.93	$16.93									
77081	26	DXA BONE DENSITY/PERIPHERAL	7/1/2014	RBRVS	$11.19	$11.19									
77084		MAGNETIC IMAGE BONE MARROW	7/1/2014	RBRVS	$398.69	$398.69									
77084	TC	MAGNETIC IMAGE BONE MARROW	7/1/2014	RBRVS	$316.00	$316.00									
77084	26	MAGNETIC IMAGE BONE MARROW	7/1/2014	RBRVS	$82.73	$82.73									
77085		DXA BONE DENSITY STUDY	1/1/2015	RBRVS	$56.77	$56.77									
77085	TC	DXA BONE DENSITY STUDY	1/1/2015	RBRVS	$41.31	$41.31									
77085	26	DXA BONE DENSITY STUDY	1/1/2015	RBRVS	$15.49	$15.49									
77086		FRACTURE ASSESSMENT VIA DXA	1/1/2015	RBRVS	$35.97	$35.97									
77086	TC	FRACTURE ASSESSMENT VIA DXA	1/1/2015	RBRVS	$26.97	$26.97									
77086	26	FRACTURE ASSESSMENT VIA DXA	1/1/2015	RBRVS	$9.04	$9.04									
77261		RADIATION THERAPY PLANNING	7/1/2014	RBRVS	$75.92	$75.92									
77262		RADIATION THERAPY PLANNING	7/1/2014	RBRVS	$113.96	$113.96									
77263		RADIATION THERAPY PLANNING	7/1/2014	RBRVS	$168.22	$168.22									
77280		SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$272.07	$272.07									
77280	TC	SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$235.67	$235.67									

Montana Medicaid - Fee Schedule
Psychiatrist 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
77280	26	SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$36.40	$36.40									
77285		SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$423.87	$423.87									
77285	TC	SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$369.07	$369.07									
77285	26	SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$54.79	$54.79									
77290		SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$508.24	$508.24									
77290	TC	SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$426.81	$426.81									
77290	26	SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$81.47	$81.47									
77293		RESPIRATOR MOTION MGMT SIMUL	7/1/2014	RBRVS	$485.49	$485.49	ZZZ								
77293	TC	RESPIRATOR MOTION MGMT SIMUL	7/1/2014	RBRVS	$328.91	$328.91	ZZZ								
77293	26	RESPIRATOR MOTION MGMT SIMUL	7/1/2014	RBRVS	$104.60	$104.60	ZZZ								
77295		SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$487.01	$487.01									
77295	TC	SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$262.75	$262.75									
77295	26	SET RADIATION THERAPY FIELD	7/1/2014	RBRVS	$224.30	$224.30									
77299		RADIATION THERAPY PLANNING	7/1/2014	FEE SCHED	$347.41	$0.00									
77299	TC	RADIATION THERAPY PLANNING	7/1/2014	FEE SCHED	$250.14	$0.00									
77299	26	RADIATION THERAPY PLANNING	7/1/2014	FEE SCHED	$97.27	$0.00									
77300		RADIATION THERAPY DOSE PLAN	7/1/2014	RBRVS	$67.67	$67.67									
77300	TC	RADIATION THERAPY DOSE PLAN	7/1/2014	RBRVS	$35.21	$35.21									
77300	26	RADIATION THERAPY DOSE PLAN	7/1/2014	RBRVS	$32.45	$32.45									
77301		RADIOTHERAPY DOSE PLAN IMRT	7/1/2014	RBRVS	$1,965.45	$1,965.45									
77301	TC	RADIOTHERAPY DOSE PLAN IMRT	7/1/2014	RBRVS	$1,547.90	$1,547.90									
77301	26	RADIOTHERAPY DOSE PLAN IMRT	7/1/2014	RBRVS	$417.55	$417.55									
77306		TELETHX ISODOSE PLAN SIMPLE	1/1/2015	RBRVS	$144.70	$144.70									
77306	TC	TELETHX ISODOSE PLAN SIMPLE	1/1/2015	RBRVS	$73.58	$73.58									
77306	26	TELETHX ISODOSE PLAN SIMPLE	1/1/2015	RBRVS	$71.11	$71.11									
77307		TELETHX ISODOSE PLAN CPLX	1/1/2015	RBRVS	$282.22	$282.22									
77307	TC	TELETHX ISODOSE PLAN CPLX	1/1/2015	RBRVS	$134.55	$134.55									
77307	26	TELETHX ISODOSE PLAN CPLX	1/1/2015	RBRVS	$147.67	$147.67									
77316		BRACHYTX ISODOSE PLAN SIMPLE	1/1/2015	RBRVS	$185.65	$185.65									
77316	TC	BRACHYTX ISODOSE PLAN SIMPLE	1/1/2015	RBRVS	$114.11	$114.11									
77316	26	BRACHYTX ISODOSE PLAN SIMPLE	1/1/2015	RBRVS	$71.54	$71.54									
77317		BRACHYTX ISODOSE INTERMED	1/1/2015	RBRVS	$243.13	$243.13									
77317	TC	BRACHYTX ISODOSE INTERMED	1/1/2015	RBRVS	$148.89	$148.89									
77317	26	BRACHYTX ISODOSE INTERMED	1/1/2015	RBRVS	$94.24	$94.24									
77318		BRACHYTX ISODOSE COMPLEX	1/1/2015	RBRVS	$350.46	$350.46									
77318	TC	BRACHYTX ISODOSE COMPLEX	1/1/2015	RBRVS	$201.96	$201.96									
77318	26	BRACHYTX ISODOSE COMPLEX	1/1/2015	RBRVS	$148.53	$148.53									
77321		SPECIAL TELETX PORT PLAN	7/1/2014	RBRVS	$92.09	$92.09									
77321	TC	SPECIAL TELETX PORT PLAN	7/1/2014	RBRVS	$42.75	$42.75									
77321	26	SPECIAL TELETX PORT PLAN	7/1/2014	RBRVS	$49.38	$49.38									
77331		SPECIAL RADIATION DOSIMETRY	7/1/2014	RBRVS	$64.12	$64.12									
77331	TC	SPECIAL RADIATION DOSIMETRY	7/1/2014	RBRVS	$18.72	$18.72									
77331	26	SPECIAL RADIATION DOSIMETRY	7/1/2014	RBRVS	$45.43	$45.43									
77332		RADIATION TREATMENT AID(S)	7/1/2014	RBRVS	$80.94	$80.94									
77332	TC	RADIATION TREATMENT AID(S)	7/1/2014	RBRVS	$52.43	$52.43									
77332	26	RADIATION TREATMENT AID(S)	7/1/2014	RBRVS	$28.51	$28.51									

Montana Medicaid - Fee Schedule
Psychiatrist 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
77333		RADIATION TREATMENT AID(S)	7/1/2014	RBRVS	$53.36	$53.36									
77333	TC	RADIATION TREATMENT AID(S)	7/1/2014	RBRVS	$9.40	$9.40									
77333	26	RADIATION TREATMENT AID(S)	7/1/2014	RBRVS	$44.00	$44.00									
77334		RADIATION TREATMENT AID(S)	7/1/2014	RBRVS	$150.97	$150.97									
77334	TC	RADIATION TREATMENT AID(S)	7/1/2014	RBRVS	$86.49	$86.49									
77334	26	RADIATION TREATMENT AID(S)	7/1/2014	RBRVS	$64.48	$64.48									
77336		RADIATION PHYSICS CONSULT	7/1/2014	RBRVS	$75.02	$75.02									
77338		DESIGN MLC DEVICE FOR IMRT	7/1/2014	RBRVS	$503.94	$503.94									
77338	TC	DESIGN MLC DEVICE FOR IMRT	7/1/2014	RBRVS	$279.24	$279.24									
77338	26	DESIGN MLC DEVICE FOR IMRT	7/1/2014	RBRVS	$224.70	$224.70									
77370		RADIATION PHYSICS CONSULT	7/1/2014	RBRVS	$115.00	$115.00									
77371		SRS MULTISOURCE	7/1/2014	FEE SCHED	$488.81	$0.00									
77372		SRS LINEAR BASED	7/1/2014	RBRVS	$1,046.68	$1,046.68									
77373		SBRT DELIVERY	7/1/2014	RBRVS	$1,253.38	$1,253.38									
77399		EXTERNAL RADIATION DOSIMETRY	7/1/2014	FEE SCHED	$112.52	$0.00									
77399	TC	EXTERNAL RADIATION DOSIMETRY	7/1/2014	FEE SCHED	$81.01	$0.00									
77399	26	EXTERNAL RADIATION DOSIMETRY	7/1/2014	FEE SCHED	$31.50	$0.00									
77401		RADIATION TREATMENT DELIVERY	7/1/2014	RBRVS	$20.15	$20.15									
77402		RADIATION TREATMENT DELIVERY	7/1/2014	RBRVS	$140.28	$140.28									
77407		RADIATION TREATMENT DELIVERY	7/1/2014	RBRVS	$254.68	$254.68									
77412		RADIATION TREATMENT DELIVERY	7/1/2014	RBRVS	$241.77	$241.77									
77417		RADIOLOGY PORT FILM(S)	7/1/2014	RBRVS	$14.06	$14.06									
77422		NEUTRON BEAM TX SIMPLE	7/1/2014	RBRVS	$42.03	$42.03									
77423		NEUTRON BEAM TX COMPLEX	7/1/2014	RBRVS	$49.92	$49.92									
77427		RADIATION TX MANAGEMENT X5	7/1/2014	RBRVS	$188.01	$188.01									
77431		RADIATION THERAPY MANAGEMENT	7/1/2014	RBRVS	$102.95	$102.95									
77432		STEREOTACTIC RADIATION TRMT	7/1/2014	RBRVS	$423.58	$423.58									
77435		SBRT MANAGEMENT	7/1/2014	RBRVS	$639.99	$639.99									
77469		IO RADIATION TX MANAGEMENT	7/1/2014	RBRVS	$316.43	$316.43									
77470		SPECIAL RADIATION TREATMENT	7/1/2014	RBRVS	$155.92	$155.92									
77470	TC	SPECIAL RADIATION TREATMENT	7/1/2014	RBRVS	$46.69	$46.69									
77470	26	SPECIAL RADIATION TREATMENT	7/1/2014	RBRVS	$109.27	$109.27									
77499		RADIATION THERAPY MANAGEMENT	7/1/2014	FEE SCHED	$618.40	$0.00									
77499	TC	RADIATION THERAPY MANAGEMENT	7/1/2014	FEE SCHED	$445.26	$0.00									
77499	26	RADIATION THERAPY MANAGEMENT	7/1/2014	FEE SCHED	$173.15	$0.00									
77520		PROTON TRMT SIMPLE W/O COMP	7/1/2014	FEE SCHED	$285.23	$0.00									
77522		PROTON TRMT SIMPLE W/COMP	7/1/2014	FEE SCHED	$287.98	$0.00									
77523		PROTON TRMT INTERMEDIATE	7/1/2014	FEE SCHED	$290.72	$0.00									
77525		PROTON TREATMENT COMPLEX	7/1/2014	FEE SCHED	$290.72	$0.00									
77600		HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$399.01	$399.01									
77600	TC	HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$317.54	$317.54									
77600	26	HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$81.47	$81.47									
77605		HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$725.59	$725.59									
77605	TC	HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$606.21	$606.21									
77605	26	HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$119.38	$119.38									
77610		HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$999.31	$999.31									

Montana Medicaid - Fee Schedule
Psychiatrist 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
77610	TC	HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$919.99	$919.99									
77610	26	HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$79.32	$79.32									
77615		HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$1,000.06	$1,000.06									
77615	TC	HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$890.83	$890.83									
77615	26	HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$109.27	$109.27									
77620		HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$366.24	$366.24									
77620	TC	HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$286.06	$286.06									
77620	26	HYPERTHERMIA TREATMENT	7/1/2014	RBRVS	$80.22	$80.22									
77750		INFUSE RADIOACTIVE MATERIALS	7/1/2014	RBRVS	$371.01	$371.01	090								
77750	TC	INFUSE RADIOACTIVE MATERIALS	7/1/2014	RBRVS	$109.91	$109.91	090								
77750	26	INFUSE RADIOACTIVE MATERIALS	7/1/2014	RBRVS	$261.10	$261.10	090								
77761		APPLY INTRCAV RADIAT SIMPLE	7/1/2014	RBRVS	$389.01	$389.01	090								
77761	TC	APPLY INTRCAV RADIAT SIMPLE	7/1/2014	RBRVS	$189.59	$189.59	090								
77761	26	APPLY INTRCAV RADIAT SIMPLE	7/1/2014	RBRVS	$199.42	$199.42	090								
77762		APPLY INTRCAV RADIAT INTERM	7/1/2014	RBRVS	$515.16	$515.16	090								
77762	TC	APPLY INTRCAV RADIAT INTERM	7/1/2014	RBRVS	$215.09	$215.09	090								
77762	26	APPLY INTRCAV RADIAT INTERM	7/1/2014	RBRVS	$300.08	$300.08	090								
77763		APPLY INTRCAV RADIAT COMPL	7/1/2014	RBRVS	$730.86	$730.86	090								
77763	TC	APPLY INTRCAV RADIAT COMPL	7/1/2014	RBRVS	$278.35	$278.35	090								
77763	26	APPLY INTRCAV RADIAT COMPL	7/1/2014	RBRVS	$452.52	$452.52	090								
77776		APPLY INTERSTIT RADIAT SIMPL	7/1/2014	RBRVS	$437.42	$437.42	090								
77776	TC	APPLY INTERSTIT RADIAT SIMPL	7/1/2014	RBRVS	$188.91	$188.91	090								
77776	26	APPLY INTERSTIT RADIAT SIMPL	7/1/2014	RBRVS	$248.51	$248.51	090						Y		
77777		APPLY INTERSTIT RADIAT INTER	7/1/2014	RBRVS	$590.47	$590.47	090								
77777	TC	APPLY INTERSTIT RADIAT INTER	7/1/2014	RBRVS	$193.21	$193.21	090								
77777	26	APPLY INTERSTIT RADIAT INTER	7/1/2014	RBRVS	$397.26	$397.26	090						Y		
77778		APPLY INTERSTIT RADIAT COMPL	7/1/2014	RBRVS	$876.31	$876.31	090								
77778	TC	APPLY INTERSTIT RADIAT COMPL	7/1/2014	RBRVS	$285.55	$285.55	090								
77778	26	APPLY INTERSTIT RADIAT COMPL	7/1/2014	RBRVS	$590.76	$590.76	090						Y		
77785		HDR BRACHYTX 1 CHANNEL	7/1/2014	RBRVS	$238.36	$238.36									
77785	TC	HDR BRACHYTX 1 CHANNEL	7/1/2014	RBRVS	$164.06	$164.06									
77785	26	HDR BRACHYTX 1 CHANNEL	7/1/2014	RBRVS	$74.30	$74.30									
77786		HDR BRACHYTX 2-12 CHANNEL	7/1/2014	RBRVS	$486.37	$486.37									
77786	TC	HDR BRACHYTX 2-12 CHANNEL	7/1/2014	RBRVS	$316.57	$316.57									
77786	26	HDR BRACHYTX 2-12 CHANNEL	7/1/2014	RBRVS	$169.80	$169.80									
77787		HDR BRACHYTX OVER 12 CHAN	7/1/2014	RBRVS	$774.72	$774.72									
77787	TC	HDR BRACHYTX OVER 12 CHAN	7/1/2014	RBRVS	$518.64	$518.64									
77787	26	HDR BRACHYTX OVER 12 CHAN	7/1/2014	RBRVS	$256.08	$256.08									
77789		APPLY SURFACE RADIATION	7/1/2014	RBRVS	$118.70	$118.70	000								
77789	TC	APPLY SURFACE RADIATION	7/1/2014	RBRVS	$59.24	$59.24	000								
77789	26	APPLY SURFACE RADIATION	7/1/2014	RBRVS	$59.46	$59.46	000								
77790		RADIATION HANDLING	7/1/2014	RBRVS	$96.39	$96.39									
77790	TC	RADIATION HANDLING	7/1/2014	RBRVS	$42.39	$42.39									
77790	26	RADIATION HANDLING	7/1/2014	RBRVS	$54.04	$54.04									
77799		RADIUM/RADIOISOTOPE THERAPY	7/1/2014	FEE SCHED	$119.30	$0.00									
77799	TC	RADIUM/RADIOISOTOPE THERAPY	7/1/2014	FEE SCHED	$61.81	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
77799	26	RADIUM/RADIOISOTOPE THERAPY	7/1/2014	FEE SCHED	$57.49	$0.00									
78012		THYROID UPTAKE MEASUREMENT	7/1/2014	RBRVS	$78.64	$78.64									
78012	TC	THYROID UPTAKE MEASUREMENT	7/1/2014	RBRVS	$69.28	$69.28									
78012	26	THYROID UPTAKE MEASUREMENT	7/1/2014	RBRVS	$9.40	$9.40									
78013		THYROID IMAGING W/BLOOD FLOW	7/1/2014	RBRVS	$198.20	$198.20									
78013	TC	THYROID IMAGING W/BLOOD FLOW	7/1/2014	RBRVS	$179.84	$179.84									
78013	26	THYROID IMAGING W/BLOOD FLOW	7/1/2014	RBRVS	$18.36	$18.36									
78014		THYROID IMAGING W/BLOOD FLOW	7/1/2014	RBRVS	$240.26	$240.26									
78014	TC	THYROID IMAGING W/BLOOD FLOW	7/1/2014	RBRVS	$214.98	$214.98									
78014	26	THYROID IMAGING W/BLOOD FLOW	7/1/2014	RBRVS	$25.28	$25.28									
78015		THYROID MET IMAGING	7/1/2014	RBRVS	$223.12	$223.12									
78015	TC	THYROID MET IMAGING	7/1/2014	RBRVS	$189.16	$189.16									
78015	26	THYROID MET IMAGING	7/1/2014	RBRVS	$33.96	$33.96									
78016		THYROID MET IMAGING/STUDIES	7/1/2014	RBRVS	$287.24	$287.24									
78016	TC	THYROID MET IMAGING/STUDIES	7/1/2014	RBRVS	$251.56	$251.56									
78016	26	THYROID MET IMAGING/STUDIES	7/1/2014	RBRVS	$35.68	$35.68									
78018		THYROID MET IMAGING BODY	7/1/2014	RBRVS	$320.30	$320.30									
78018	TC	THYROID MET IMAGING BODY	7/1/2014	RBRVS	$278.09	$278.09									
78018	26	THYROID MET IMAGING BODY	7/1/2014	RBRVS	$42.21	$42.21									
78020		THYROID MET UPTAKE	7/1/2014	RBRVS	$84.88	$84.88	ZZZ								
78020	TC	THYROID MET UPTAKE	7/1/2014	RBRVS	$56.37	$56.37	ZZZ								
78020	26	THYROID MET UPTAKE	7/1/2014	RBRVS	$28.51	$28.51	ZZZ								
78070		PARATHYROID NUCLEAR IMAGING	7/1/2014	RBRVS	$304.88	$304.88									
78070	TC	PARATHYROID NUCLEAR IMAGING	7/1/2014	RBRVS	$264.83	$264.83									
78070	26	PARATHYROID NUCLEAR IMAGING	7/1/2014	RBRVS	$40.06	$40.06									
78071		PARATHYRD PLANAR W/WO SUBTRJ	7/1/2014	RBRVS	$358.06	$358.06									
78071	TC	PARATHYRD PLANAR W/WO SUBTRJ	7/1/2014	RBRVS	$298.18	$298.18									
78071	26	PARATHYRD PLANAR W/WO SUBTRJ	7/1/2014	RBRVS	$59.89	$59.89									
78072		PARATHYRD PLANAR W/SPECT&CT	7/1/2014	RBRVS	$447.25	$447.25	090								
78072	TC	PARATHYRD PLANAR W/SPECT&CT	7/1/2014	RBRVS	$366.67	$366.67	090								
78072	26	PARATHYRD PLANAR W/SPECT&CT	7/1/2014	RBRVS	$80.58	$80.58									
78075		ADRENAL CORTEX & MEDULLA IMG	7/1/2014	RBRVS	$435.09	$435.09									
78075	TC	ADRENAL CORTEX & MEDULLA IMG	7/1/2014	RBRVS	$399.01	$399.01									
78075	26	ADRENAL CORTEX & MEDULLA IMG	7/1/2014	RBRVS	$36.11	$36.11									
78099		ENDOCRINE NUCLEAR PROCEDURE	7/1/2014	FEE SCHED	$322.37	$0.00									
78099	TC	ENDOCRINE NUCLEAR PROCEDURE	7/1/2014	FEE SCHED	$232.10	$0.00									
78099	26	ENDOCRINE NUCLEAR PROCEDURE	7/1/2014	FEE SCHED	$90.26	$0.00									
78102		BONE MARROW IMAGING LTD	7/1/2014	RBRVS	$173.20	$173.20									
78102	TC	BONE MARROW IMAGING LTD	7/1/2014	RBRVS	$146.13	$146.13									
78102	26	BONE MARROW IMAGING LTD	7/1/2014	RBRVS	$27.07	$27.07									
78103		BONE MARROW IMAGING MULT	7/1/2014	RBRVS	$229.93	$229.93									
78103	TC	BONE MARROW IMAGING MULT	7/1/2014	RBRVS	$192.39	$192.39									
78103	26	BONE MARROW IMAGING MULT	7/1/2014	RBRVS	$37.55	$37.55									
78104		BONE MARROW IMAGING BODY	7/1/2014	RBRVS	$248.58	$248.58									
78104	TC	BONE MARROW IMAGING BODY	7/1/2014	RBRVS	$209.60	$209.60									
78104	26	BONE MARROW IMAGING BODY	7/1/2014	RBRVS	$38.98	$38.98									

Montana Medicaid - Fee Schedule
Psychiatrist 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
78110		PLASMA VOLUME SINGLE	7/1/2014	RBRVS	$96.36	$96.36									
78110	TC	PLASMA VOLUME SINGLE	7/1/2014	RBRVS	$86.60	$86.60									
78110	26	PLASMA VOLUME SINGLE	7/1/2014	RBRVS	$9.75	$9.75									
78111		PLASMA VOLUME MULTIPLE	7/1/2014	RBRVS	$101.02	$101.02									
78111	TC	PLASMA VOLUME MULTIPLE	7/1/2014	RBRVS	$89.83	$89.83									
78111	26	PLASMA VOLUME MULTIPLE	7/1/2014	RBRVS	$11.19	$11.19									
78120		RED CELL MASS SINGLE	7/1/2014	RBRVS	$97.43	$97.43									
78120	TC	RED CELL MASS SINGLE	7/1/2014	RBRVS	$85.53	$85.53									
78120	26	RED CELL MASS SINGLE	7/1/2014	RBRVS	$11.91	$11.91									
78121		RED CELL MASS MULTIPLE	7/1/2014	RBRVS	$102.81	$102.81									
78121	TC	RED CELL MASS MULTIPLE	7/1/2014	RBRVS	$86.60	$86.60									
78121	26	RED CELL MASS MULTIPLE	7/1/2014	RBRVS	$16.21	$16.21									
78122		BLOOD VOLUME	7/1/2014	RBRVS	$100.66	$100.66									
78122	TC	BLOOD VOLUME	7/1/2014	RBRVS	$79.07	$79.07									
78122	26	BLOOD VOLUME	7/1/2014	RBRVS	$21.59	$21.59									
78130		RED CELL SURVIVAL STUDY	7/1/2014	RBRVS	$174.39	$174.39									
78130	TC	RED CELL SURVIVAL STUDY	7/1/2014	RBRVS	$142.62	$142.62									
78130	26	RED CELL SURVIVAL STUDY	7/1/2014	RBRVS	$31.81	$31.81									
78135		RED CELL SURVIVAL KINETICS	7/1/2014	RBRVS	$358.31	$358.31									
78135	TC	RED CELL SURVIVAL KINETICS	7/1/2014	RBRVS	$325.07	$325.07									
78135	26	RED CELL SURVIVAL KINETICS	7/1/2014	RBRVS	$33.24	$33.24									
78140		RED CELL SEQUESTRATION	7/1/2014	RBRVS	$139.21	$139.21									
78140	TC	RED CELL SEQUESTRATION	7/1/2014	RBRVS	$107.40	$107.40									
78140	26	RED CELL SEQUESTRATION	7/1/2014	RBRVS	$31.81	$31.81									
78185		SPLEEN IMAGING	7/1/2014	RBRVS	$215.41	$215.41									
78185	TC	SPLEEN IMAGING	7/1/2014	RBRVS	$195.26	$195.26									
78185	26	SPLEEN IMAGING	7/1/2014	RBRVS	$20.15	$20.15									
78190		PLATELET SURVIVAL KINETICS	7/1/2014	RBRVS	$405.65	$405.65									
78190	TC	PLATELET SURVIVAL KINETICS	7/1/2014	RBRVS	$349.81	$349.81									
78190	26	PLATELET SURVIVAL KINETICS	7/1/2014	RBRVS	$55.83	$55.83									
78191		PLATELET SURVIVAL	7/1/2014	RBRVS	$174.39	$174.39									
78191	TC	PLATELET SURVIVAL	7/1/2014	RBRVS	$142.62	$142.62									
78191	26	PLATELET SURVIVAL	7/1/2014	RBRVS	$31.81	$31.81									
78195		LYMPH SYSTEM IMAGING	7/1/2014	RBRVS	$365.31	$365.31									
78195	TC	LYMPH SYSTEM IMAGING	7/1/2014	RBRVS	$304.99	$304.99									
78195	26	LYMPH SYSTEM IMAGING	7/1/2014	RBRVS	$60.32	$60.32									
78199		BLOOD/LYMPH NUCLEAR EXAM	7/1/2014	FEE SCHED	$269.21	$0.00									
78199	TC	BLOOD/LYMPH NUCLEAR EXAM	7/1/2014	FEE SCHED	$193.83	$0.00									
78199	26	BLOOD/LYMPH NUCLEAR EXAM	7/1/2014	FEE SCHED	$75.37	$0.00									
78201		LIVER IMAGING	7/1/2014	RBRVS	$191.56	$191.56									
78201	TC	LIVER IMAGING	7/1/2014	RBRVS	$169.44	$169.44									
78201	26	LIVER IMAGING	7/1/2014	RBRVS	$22.13	$22.13									
78202		LIVER IMAGING WITH FLOW	7/1/2014	RBRVS	$207.52	$207.52									
78202	TC	LIVER IMAGING WITH FLOW	7/1/2014	RBRVS	$183.42	$183.42									
78202	26	LIVER IMAGING WITH FLOW	7/1/2014	RBRVS	$24.10	$24.10									
78205		LIVER IMAGING (3D)	7/1/2014	RBRVS	$218.46	$218.46									

Montana Medicaid - Fee Schedule
Psychiatrist 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
78205	TC	LIVER IMAGING (3D)	7/1/2014	RBRVS	$183.42	$183.42									
78205	26	LIVER IMAGING (3D)	7/1/2014	RBRVS	$35.04	$35.04									
78206		LIVER IMAGE (3D) WITH FLOW	7/1/2014	RBRVS	$347.20	$347.20									
78206	TC	LIVER IMAGE (3D) WITH FLOW	7/1/2014	RBRVS	$299.97	$299.97									
78206	26	LIVER IMAGE (3D) WITH FLOW	7/1/2014	RBRVS	$47.23	$47.23									
78215		LIVER AND SPLEEN IMAGING	7/1/2014	RBRVS	$199.38	$199.38									
78215	TC	LIVER AND SPLEEN IMAGING	7/1/2014	RBRVS	$174.46	$174.46									
78215	26	LIVER AND SPLEEN IMAGING	7/1/2014	RBRVS	$24.92	$24.92									
78216		LIVER & SPLEEN IMAGE/FLOW	7/1/2014	RBRVS	$125.87	$125.87									
78216	TC	LIVER & SPLEEN IMAGE/FLOW	7/1/2014	RBRVS	$98.08	$98.08									
78216	26	LIVER & SPLEEN IMAGE/FLOW	7/1/2014	RBRVS	$27.79	$27.79									
78226		HEPATOBILIARY SYSTEM IMAGING	7/1/2014	RBRVS	$339.31	$339.31									
78226	TC	HEPATOBILIARY SYSTEM IMAGING	7/1/2014	RBRVS	$301.76	$301.76									
78226	26	HEPATOBILIARY SYSTEM IMAGING	7/1/2014	RBRVS	$37.55	$37.55									
78227		HEPATOBIL SYST IMAGE W/DRUG	7/1/2014	RBRVS	$459.47	$459.47									
78227	TC	HEPATOBIL SYST IMAGE W/DRUG	7/1/2014	RBRVS	$414.08	$414.08									
78227	26	HEPATOBIL SYST IMAGE W/DRUG	7/1/2014	RBRVS	$45.43	$45.43									
78230		SALIVARY GLAND IMAGING	7/1/2014	RBRVS	$140.21	$140.21									
78230	TC	SALIVARY GLAND IMAGING	7/1/2014	RBRVS	$120.31	$120.31									
78230	26	SALIVARY GLAND IMAGING	7/1/2014	RBRVS	$19.90	$19.90									
78231		SERIAL SALIVARY IMAGING	7/1/2014	RBRVS	$132.22	$132.22									
78231	TC	SERIAL SALIVARY IMAGING	7/1/2014	RBRVS	$106.32	$106.32									
78231	26	SERIAL SALIVARY IMAGING	7/1/2014	RBRVS	$25.89	$25.89									
78232		SALIVARY GLAND FUNCTION EXAM	7/1/2014	RBRVS	$101.84	$101.84									
78232	TC	SALIVARY GLAND FUNCTION EXAM	7/1/2014	RBRVS	$80.86	$80.86									
78232	26	SALIVARY GLAND FUNCTION EXAM	7/1/2014	RBRVS	$20.98	$20.98									
78258		ESOPHAGEAL MOTILITY STUDY	7/1/2014	RBRVS	$226.28	$226.28									
78258	TC	ESOPHAGEAL MOTILITY STUDY	7/1/2014	RBRVS	$189.52	$189.52									
78258	26	ESOPHAGEAL MOTILITY STUDY	7/1/2014	RBRVS	$36.76	$36.76									
78261		GASTRIC MUCOSA IMAGING	7/1/2014	RBRVS	$258.98	$258.98									
78261	TC	GASTRIC MUCOSA IMAGING	7/1/2014	RBRVS	$223.23	$223.23									
78261	26	GASTRIC MUCOSA IMAGING	7/1/2014	RBRVS	$35.75	$35.75									
78262		GASTROESOPHAGEAL REFLUX EXAM	7/1/2014	RBRVS	$249.48	$249.48									
78262	TC	GASTROESOPHAGEAL REFLUX EXAM	7/1/2014	RBRVS	$216.42	$216.42									
78262	26	GASTROESOPHAGEAL REFLUX EXAM	7/1/2014	RBRVS	$33.06	$33.06									
78264		GASTRIC EMPTYING STUDY	7/1/2014	RBRVS	$294.84	$294.84									
78264	TC	GASTRIC EMPTYING STUDY	7/1/2014	RBRVS	$254.43	$254.43									
78264	26	GASTRIC EMPTYING STUDY	7/1/2014	RBRVS	$40.41	$40.41									
78267		BREATH TST ATTAIN/ANAL C-14	1/1/2015	MEDICARE	$10.70	$0.00									
78268		BREATH TEST ANALYSIS C-14	1/1/2015	MEDICARE	$91.66	$0.00									
78270		VIT B-12 ABSORPTION EXAM	7/1/2014	RBRVS	$91.91	$91.91									
78270	TC	VIT B-12 ABSORPTION EXAM	7/1/2014	RBRVS	$81.47	$81.47									
78270	26	VIT B-12 ABSORPTION EXAM	7/1/2014	RBRVS	$10.47	$10.47									
78271		VIT B-12 ABSRP EXAM INT FAC	7/1/2014	RBRVS	$91.91	$91.91									
78271	TC	VIT B-12 ABSRP EXAM INT FAC	7/1/2014	RBRVS	$81.47	$81.47									
78271	26	VIT B-12 ABSRP EXAM INT FAC	7/1/2014	RBRVS	$10.47	$10.47									

Montana Medicaid - Fee Schedule
Psychiatrist 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
78272		VIT B-12 ABSORP COMBINED	7/1/2014	RBRVS	$104.60	$104.60									
78272	TC	VIT B-12 ABSORP COMBINED	7/1/2014	RBRVS	$90.55	$90.55									
78272	26	VIT B-12 ABSORP COMBINED	7/1/2014	RBRVS	$14.06	$14.06									
78278		ACUTE GI BLOOD LOSS IMAGING	7/1/2014	RBRVS	$357.27	$357.27									
78278	TC	ACUTE GI BLOOD LOSS IMAGING	7/1/2014	RBRVS	$307.50	$307.50									
78278	26	ACUTE GI BLOOD LOSS IMAGING	7/1/2014	RBRVS	$49.77	$49.77									
78282		GI PROTEIN LOSS EXAM	7/1/2014	FEE SCHED	$71.36	$0.00									
78282	TC	GI PROTEIN LOSS EXAM	7/1/2014	FEE SCHED	$51.38	$0.00									
78290		MECKELS DIVERT EXAM	7/1/2014	RBRVS	$342.18	$342.18									
78290	TC	MECKELS DIVERT EXAM	7/1/2014	RBRVS	$307.50	$307.50									
78290	26	MECKELS DIVERT EXAM	7/1/2014	RBRVS	$34.68	$34.68									
78291		LEVEEN/SHUNT PATENCY EXAM	7/1/2014	RBRVS	$257.22	$257.22									
78291	TC	LEVEEN/SHUNT PATENCY EXAM	7/1/2014	RBRVS	$213.55	$213.55									
78291	26	LEVEEN/SHUNT PATENCY EXAM	7/1/2014	RBRVS	$43.68	$43.68									
78299		GI NUCLEAR PROCEDURE	7/1/2014	FEE SCHED	$311.71	$0.00									
78299	TC	GI NUCLEAR PROCEDURE	7/1/2014	FEE SCHED	$224.43	$0.00									
78299	26	GI NUCLEAR PROCEDURE	7/1/2014	FEE SCHED	$87.28	$0.00									
78300		BONE IMAGING LIMITED AREA	7/1/2014	RBRVS	$185.40	$185.40									
78300	TC	BONE IMAGING LIMITED AREA	7/1/2014	RBRVS	$153.66	$153.66									
78300	26	BONE IMAGING LIMITED AREA	7/1/2014	RBRVS	$31.74	$31.74									
78305		BONE IMAGING MULTIPLE AREAS	7/1/2014	RBRVS	$236.39	$236.39									
78305	TC	BONE IMAGING MULTIPLE AREAS	7/1/2014	RBRVS	$194.54	$194.54									
78305	26	BONE IMAGING MULTIPLE AREAS	7/1/2014	RBRVS	$41.85	$41.85									
78306		BONE IMAGING WHOLE BODY	7/1/2014	RBRVS	$257.19	$257.19				Y					
78306	TC	BONE IMAGING WHOLE BODY	7/1/2014	RBRVS	$213.90	$213.90				Y					
78306	26	BONE IMAGING WHOLE BODY	7/1/2014	RBRVS	$43.28	$43.28				Y					
78315		BONE IMAGING 3 PHASE	7/1/2014	RBRVS	$356.56	$356.56									
78315	TC	BONE IMAGING 3 PHASE	7/1/2014	RBRVS	$305.35	$305.35									
78315	26	BONE IMAGING 3 PHASE	7/1/2014	RBRVS	$51.21	$51.21									
78320		BONE IMAGING (3D)	7/1/2014	RBRVS	$233.20	$233.20				Y					
78320	TC	BONE IMAGING (3D)	7/1/2014	RBRVS	$181.99	$181.99				Y					
78320	26	BONE IMAGING (3D)	7/1/2014	RBRVS	$51.21	$51.21				Y					
78399		MUSCULOSKELETAL NUCLEAR EXAM	7/1/2014	FEE SCHED	$247.47	$0.00									
78399	TC	MUSCULOSKELETAL NUCLEAR EXAM	7/1/2014	FEE SCHED	$178.18	$0.00									
78399	26	MUSCULOSKELETAL NUCLEAR EXAM	7/1/2014	FEE SCHED	$69.26	$0.00									
78414		NON-IMAGING HEART FUNCTION	7/1/2014	FEE SCHED	$119.74	$0.00									
78414	TC	NON-IMAGING HEART FUNCTION	7/1/2014	FEE SCHED	$96.99	$0.00									
78428		CARDIAC SHUNT IMAGING	7/1/2014	RBRVS	$187.19	$187.19									
78428	TC	CARDIAC SHUNT IMAGING	7/1/2014	RBRVS	$148.64	$148.64									
78428	26	CARDIAC SHUNT IMAGING	7/1/2014	RBRVS	$38.55	$38.55									
78445		VASCULAR FLOW IMAGING	7/1/2014	RBRVS	$175.61	$175.61									
78445	TC	VASCULAR FLOW IMAGING	7/1/2014	RBRVS	$152.58	$152.58									
78445	26	VASCULAR FLOW IMAGING	7/1/2014	RBRVS	$23.02	$23.02									
78451		HT MUSCLE IMAGE SPECT SING	7/1/2014	RBRVS	$351.54	$351.54									
78451	TC	HT MUSCLE IMAGE SPECT SING	7/1/2014	RBRVS	$283.11	$283.11									
78451	26	HT MUSCLE IMAGE SPECT SING	7/1/2014	RBRVS	$68.42	$68.42									

Montana Medicaid - Fee Schedule
Psychiatrist 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
78452		HT MUSCLE IMAGE SPECT MULT	7/1/2014	RBRVS	$487.52	$487.52									
78452	TC	HT MUSCLE IMAGE SPECT MULT	7/1/2014	RBRVS	$407.26	$407.26									
78452	26	HT MUSCLE IMAGE SPECT MULT	7/1/2014	RBRVS	$80.25	$80.25									
78453		HT MUSCLE IMAGE PLANAR SING	7/1/2014	RBRVS	$313.88	$313.88									
78453	TC	HT MUSCLE IMAGE PLANAR SING	7/1/2014	RBRVS	$263.03	$263.03									
78453	26	HT MUSCLE IMAGE PLANAR SING	7/1/2014	RBRVS	$50.85	$50.85									
78454		HT MUSC IMAGE PLANAR MULT	7/1/2014	RBRVS	$446.64	$446.64									
78454	TC	HT MUSC IMAGE PLANAR MULT	7/1/2014	RBRVS	$379.29	$379.29									
78454	26	HT MUSC IMAGE PLANAR MULT	7/1/2014	RBRVS	$67.35	$67.35									
78456		ACUTE VENOUS THROMBUS IMAGE	7/1/2014	RBRVS	$327.76	$327.76									
78456	TC	ACUTE VENOUS THROMBUS IMAGE	7/1/2014	RBRVS	$278.09	$278.09									
78456	26	ACUTE VENOUS THROMBUS IMAGE	7/1/2014	RBRVS	$49.67	$49.67									
78457		VENOUS THROMBOSIS IMAGING	7/1/2014	RBRVS	$199.45	$199.45									
78457	TC	VENOUS THROMBOSIS IMAGING	7/1/2014	RBRVS	$160.83	$160.83									
78457	26	VENOUS THROMBOSIS IMAGING	7/1/2014	RBRVS	$38.62	$38.62									
78458		VEN THROMBOSIS IMAGES BILAT	7/1/2014	RBRVS	$166.50	$166.50									
78458	TC	VEN THROMBOSIS IMAGES BILAT	7/1/2014	RBRVS	$127.12	$127.12									
78458	26	VEN THROMBOSIS IMAGES BILAT	7/1/2014	RBRVS	$39.37	$39.37									
78459		HEART MUSCLE IMAGING (PET)	7/1/2014	FEE SCHED	$373.89	$0.00									
78459	TC	HEART MUSCLE IMAGING (PET)	7/1/2014	FEE SCHED	$302.85	$0.00									
78466		HEART INFARCT IMAGE	7/1/2014	RBRVS	$187.19	$187.19									
78466	TC	HEART INFARCT IMAGE	7/1/2014	RBRVS	$151.87	$151.87									
78466	26	HEART INFARCT IMAGE	7/1/2014	RBRVS	$35.32	$35.32									
78468		HEART INFARCT IMAGE (EF)	7/1/2014	RBRVS	$201.53	$201.53									
78468	TC	HEART INFARCT IMAGE (EF)	7/1/2014	RBRVS	$161.55	$161.55									
78468	26	HEART INFARCT IMAGE (EF)	7/1/2014	RBRVS	$39.98	$39.98									
78469		HEART INFARCT IMAGE (3D)	7/1/2014	RBRVS	$230.94	$230.94									
78469	TC	HEART INFARCT IMAGE (3D)	7/1/2014	RBRVS	$184.50	$184.50									
78469	26	HEART INFARCT IMAGE (3D)	7/1/2014	RBRVS	$46.44	$46.44									
78472		GATED HEART PLANAR SINGLE	7/1/2014	RBRVS	$235.31	$235.31									
78472	TC	GATED HEART PLANAR SINGLE	7/1/2014	RBRVS	$186.65	$186.65									
78472	26	GATED HEART PLANAR SINGLE	7/1/2014	RBRVS	$48.66	$48.66									
78473		GATED HEART MULTIPLE	7/1/2014	RBRVS	$297.39	$297.39									
78473	TC	GATED HEART MULTIPLE	7/1/2014	RBRVS	$224.66	$224.66									
78473	26	GATED HEART MULTIPLE	7/1/2014	RBRVS	$72.72	$72.72									
78481		HEART FIRST PASS SINGLE	7/1/2014	RBRVS	$180.63	$180.63									
78481	TC	HEART FIRST PASS SINGLE	7/1/2014	RBRVS	$132.40	$132.40									
78481	26	HEART FIRST PASS SINGLE	7/1/2014	RBRVS	$48.23	$48.23									
78483		HEART FIRST PASS MULTIPLE	7/1/2014	RBRVS	$246.47	$246.47									
78483	TC	HEART FIRST PASS MULTIPLE	7/1/2014	RBRVS	$173.38	$173.38									
78483	26	HEART FIRST PASS MULTIPLE	7/1/2014	RBRVS	$73.08	$73.08									
78491		HEART IMAGE (PET) SINGLE	7/1/2014	FEE SCHED	$381.16	$0.00									
78491	TC	HEART IMAGE (PET) SINGLE	7/1/2014	FEE SCHED	$308.74	$0.00									
78492		HEART IMAGE (PET) MULTIPLE	7/1/2014	FEE SCHED	$473.63	$0.00									
78492	TC	HEART IMAGE (PET) MULTIPLE	7/1/2014	FEE SCHED	$383.64	$0.00									
78494		HEART IMAGE SPECT	7/1/2014	RBRVS	$232.44	$232.44									

Montana Medicaid - Fee Schedule
Psychiatrist 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
78494	TC	HEART IMAGE SPECT	7/1/2014	RBRVS	$173.38	$173.38									
78494	26	HEART IMAGE SPECT	7/1/2014	RBRVS	$59.06	$59.06									
78496		HEART FIRST PASS ADD-ON	7/1/2014	RBRVS	$45.65	$45.65	ZZZ								
78496	TC	HEART FIRST PASS ADD-ON	7/1/2014	RBRVS	$20.87	$20.87	ZZZ								
78496	26	HEART FIRST PASS ADD-ON	7/1/2014	RBRVS	$24.82	$24.82	ZZZ								
78579		LUNG VENTILATION IMAGING	7/1/2014	RBRVS	$191.06	$191.06									
78579	TC	LUNG VENTILATION IMAGING	7/1/2014	RBRVS	$166.50	$166.50									
78579	26	LUNG VENTILATION IMAGING	7/1/2014	RBRVS	$24.56	$24.56									
78580		LUNG PERFUSION IMAGING	7/1/2014	RBRVS	$244.92	$244.92									
78580	TC	LUNG PERFUSION IMAGING	7/1/2014	RBRVS	$207.81	$207.81									
78580	26	LUNG PERFUSION IMAGING	7/1/2014	RBRVS	$37.12	$37.12									
78582		LUNG VENTILAT&PERFUS IMAGING	7/1/2014	RBRVS	$343.65	$343.65									
78582	TC	LUNG VENTILAT&PERFUS IMAGING	7/1/2014	RBRVS	$289.93	$289.93									
78582	26	LUNG VENTILAT&PERFUS IMAGING	7/1/2014	RBRVS	$53.72	$53.72									
78597		LUNG PERFUSION DIFFERENTIAL	7/1/2014	RBRVS	$206.80	$206.80									
78597	TC	LUNG PERFUSION DIFFERENTIAL	7/1/2014	RBRVS	$170.80	$170.80									
78597	26	LUNG PERFUSION DIFFERENTIAL	7/1/2014	RBRVS	$35.97	$35.97									
78598		LUNG PERF&VENTILAT DIFERENTL	7/1/2014	RBRVS	$314.49	$314.49									
78598	TC	LUNG PERF&VENTILAT DIFERENTL	7/1/2014	RBRVS	$272.72	$272.72									
78598	26	LUNG PERF&VENTILAT DIFERENTL	7/1/2014	RBRVS	$41.78	$41.78									
78600		BRAIN IMAGING, LTD STATIC	7/1/2014	RBRVS	$187.44	$187.44									
78600	TC	BRAIN IMAGING, LTD STATIC	7/1/2014	RBRVS	$165.49	$165.49									
78600	26	BRAIN IMAGING, LTD STATIC	7/1/2014	RBRVS	$21.95	$21.95									
78601		BRAIN IMAGING LTD W/FLOW	7/1/2014	RBRVS	$221.61	$221.61									
78601	TC	BRAIN IMAGING LTD W/FLOW	7/1/2014	RBRVS	$195.62	$195.62									
78601	26	BRAIN IMAGING LTD W/FLOW	7/1/2014	RBRVS	$26.00	$26.00									
78605		BRAIN IMAGING, COMPLETE	7/1/2014	RBRVS	$202.97	$202.97									
78605	TC	BRAIN IMAGING, COMPLETE	7/1/2014	RBRVS	$175.53	$175.53									
78605	26	BRAIN IMAGING, COMPLETE	7/1/2014	RBRVS	$27.43	$27.43									
78606		BRAIN IMAGING, COMPL W/FLOW	7/1/2014	RBRVS	$336.98	$336.98									
78606	TC	BRAIN IMAGING, COMPL W/FLOW	7/1/2014	RBRVS	$305.71	$305.71									
78606	26	BRAIN IMAGING, COMPL W/FLOW	7/1/2014	RBRVS	$31.27	$31.27									
78607		BRAIN IMAGING (3D)	7/1/2014	RBRVS	$356.91	$356.91									
78607	TC	BRAIN IMAGING (3D)	7/1/2014	RBRVS	$297.10	$297.10									
78607	26	BRAIN IMAGING (3D)	7/1/2014	RBRVS	$59.81	$59.81									
78608		BRAIN IMAGING (PET)	7/1/2014	FEE SCHED	$375.89	$0.00									
78608	TC	BRAIN IMAGING (PET)	7/1/2014	FEE SCHED	$304.07	$0.00									
78610		BRAIN FLOW IMAGING ONLY	7/1/2014	RBRVS	$178.48	$178.48									
78610	TC	BRAIN FLOW IMAGING ONLY	7/1/2014	RBRVS	$163.34	$163.34									
78610	26	BRAIN FLOW IMAGING ONLY	7/1/2014	RBRVS	$15.13	$15.13									
78630		CEREBROSPINAL FLUID SCAN	7/1/2014	RBRVS	$345.69	$345.69									
78630	TC	CEREBROSPINAL FLUID SCAN	7/1/2014	RBRVS	$311.44	$311.44									
78630	26	CEREBROSPINAL FLUID SCAN	7/1/2014	RBRVS	$34.25	$34.25									
78635		CSF VENTRICULOGRAPHY	7/1/2014	RBRVS	$346.66	$346.66									
78635	TC	CSF VENTRICULOGRAPHY	7/1/2014	RBRVS	$316.11	$316.11									
78635	26	CSF VENTRICULOGRAPHY	7/1/2014	RBRVS	$30.55	$30.55									

Montana Medicaid - Fee Schedule
Psychiatrist 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
78645		CSF SHUNT EVALUATION	7/1/2014	RBRVS	$330.63	$330.63									
78645	TC	CSF SHUNT EVALUATION	7/1/2014	RBRVS	$302.48	$302.48									
78645	26	CSF SHUNT EVALUATION	7/1/2014	RBRVS	$28.15	$28.15									
78647		CEREBROSPINAL FLUID SCAN	7/1/2014	RBRVS	$358.71	$358.71									
78647	TC	CEREBROSPINAL FLUID SCAN	7/1/2014	RBRVS	$312.52	$312.52									
78647	26	CEREBROSPINAL FLUID SCAN	7/1/2014	RBRVS	$46.19	$46.19									
78650		CSF LEAKAGE IMAGING	7/1/2014	RBRVS	$343.97	$343.97									
78650	TC	CSF LEAKAGE IMAGING	7/1/2014	RBRVS	$312.88	$312.88									
78650	26	CSF LEAKAGE IMAGING	7/1/2014	RBRVS	$31.09	$31.09									
78660		NUCLEAR EXAM OF TEAR FLOW	7/1/2014	RBRVS	$190.78	$190.78									
78660	TC	NUCLEAR EXAM OF TEAR FLOW	7/1/2014	RBRVS	$162.98	$162.98									
78660	26	NUCLEAR EXAM OF TEAR FLOW	7/1/2014	RBRVS	$27.79	$27.79									
78699		NERVOUS SYSTEM NUCLEAR EXAM	7/1/2014	FEE SCHED	$196.62	$0.00									
78699	TC	NERVOUS SYSTEM NUCLEAR EXAM	7/1/2014	FEE SCHED	$169.64	$0.00									
78699	26	NERVOUS SYSTEM NUCLEAR EXAM	7/1/2014	FEE SCHED	$26.87	$0.00									
78700		KIDNEY IMAGING MORPHOL	7/1/2014	RBRVS	$178.22	$178.22									
78700	TC	KIDNEY IMAGING MORPHOL	7/1/2014	RBRVS	$155.45	$155.45									
78700	26	KIDNEY IMAGING MORPHOL	7/1/2014	RBRVS	$22.77	$22.77									
78701		KIDNEY IMAGING WITH FLOW	7/1/2014	RBRVS	$219.10	$219.10									
78701	TC	KIDNEY IMAGING WITH FLOW	7/1/2014	RBRVS	$194.18	$194.18									
78701	26	KIDNEY IMAGING WITH FLOW	7/1/2014	RBRVS	$24.92	$24.92									
78707		KIDNEY FLOW/FUNCTION IMAGE	7/1/2014	RBRVS	$237.11	$237.11									
78707	TC	KIDNEY FLOW/FUNCTION IMAGE	7/1/2014	RBRVS	$189.52	$189.52									
78707	26	KIDNEY FLOW/FUNCTION IMAGE	7/1/2014	RBRVS	$47.59	$47.59									
78708		KIDNEY FLOW/FUNCTION IMAGE	7/1/2014	RBRVS	$177.26	$177.26									
78708	TC	KIDNEY FLOW/FUNCTION IMAGE	7/1/2014	RBRVS	$117.08	$117.08									
78708	26	KIDNEY FLOW/FUNCTION IMAGE	7/1/2014	RBRVS	$60.17	$60.17									
78709		K FLOW/FUNCT IMAGE MULTIPLE	7/1/2014	RBRVS	$374.63	$374.63									
78709	TC	K FLOW/FUNCT IMAGE MULTIPLE	7/1/2014	RBRVS	$304.63	$304.63									
78709	26	K FLOW/FUNCT IMAGE MULTIPLE	7/1/2014	RBRVS	$70.00	$70.00									
78710		KIDNEY IMAGING (3D)	7/1/2014	RBRVS	$203.58	$203.58									
78710	TC	KIDNEY IMAGING (3D)	7/1/2014	RBRVS	$173.38	$173.38									
78710	26	KIDNEY IMAGING (3D)	7/1/2014	RBRVS	$30.19	$30.19									
78725		KIDNEY FUNCTION STUDY	7/1/2014	RBRVS	$111.42	$111.42									
78725	TC	KIDNEY FUNCTION STUDY	7/1/2014	RBRVS	$93.06	$93.06									
78725	26	KIDNEY FUNCTION STUDY	7/1/2014	RBRVS	$18.36	$18.36									
78730		URINARY BLADDER RETENTION	7/1/2014	RBRVS	$77.57	$77.57	ZZZ								
78730	TC	URINARY BLADDER RETENTION	7/1/2014	RBRVS	$69.64	$69.64	ZZZ								
78730	26	URINARY BLADDER RETENTION	7/1/2014	RBRVS	$7.96	$7.96	ZZZ								
78740		URETERAL REFLUX STUDY	7/1/2014	RBRVS	$225.20	$225.20									
78740	TC	URETERAL REFLUX STUDY	7/1/2014	RBRVS	$196.69	$196.69									
78740	26	URETERAL REFLUX STUDY	7/1/2014	RBRVS	$28.51	$28.51									
78761		TESTICULAR IMAGING/FLOW	7/1/2014	RBRVS	$215.59	$215.59									
78761	TC	TESTICULAR IMAGING/FLOW	7/1/2014	RBRVS	$179.12	$179.12									
78761	26	TESTICULAR IMAGING/FLOW	7/1/2014	RBRVS	$36.47	$36.47									
78799		GENITOURINARY NUCLEAR EXAM	7/1/2014	FEE SCHED	$154.74	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
78799	TC	GENITOURINARY NUCLEAR EXAM	7/1/2014	FEE SCHED	$125.34	$0.00									
78799	26	GENITOURINARY NUCLEAR EXAM	7/1/2014	FEE SCHED	$29.40	$0.00									
78800		TUMOR IMAGING LIMITED AREA	7/1/2014	RBRVS	$195.15	$195.15									
78800	TC	TUMOR IMAGING LIMITED AREA	7/1/2014	RBRVS	$161.19	$161.19									
78800	26	TUMOR IMAGING LIMITED AREA	7/1/2014	RBRVS	$33.96	$33.96									
78801		TUMOR IMAGING MULT AREAS	7/1/2014	RBRVS	$256.47	$256.47									
78801	TC	TUMOR IMAGING MULT AREAS	7/1/2014	RBRVS	$216.42	$216.42									
78801	26	TUMOR IMAGING MULT AREAS	7/1/2014	RBRVS	$40.06	$40.06									
78802		TUMOR IMAGING WHOLE BODY	7/1/2014	RBRVS	$329.63	$329.63				Y					
78802	TC	TUMOR IMAGING WHOLE BODY	7/1/2014	RBRVS	$287.06	$287.06				Y					
78802	26	TUMOR IMAGING WHOLE BODY	7/1/2014	RBRVS	$42.57	$42.57				Y					
78803		TUMOR IMAGING (3D)	7/1/2014	RBRVS	$347.59	$347.59				Y					
78803	TC	TUMOR IMAGING (3D)	7/1/2014	RBRVS	$294.59	$294.59				Y					
78803	26	TUMOR IMAGING (3D)	7/1/2014	RBRVS	$53.00	$53.00				Y					
78804		TUMOR IMAGING WHOLE BODY	7/1/2014	RBRVS	$580.47	$580.47									
78804	TC	TUMOR IMAGING WHOLE BODY	7/1/2014	RBRVS	$527.43	$527.43									
78804	26	TUMOR IMAGING WHOLE BODY	7/1/2014	RBRVS	$53.00	$53.00									
78805		ABSCESS IMAGING LTD AREA	7/1/2014	RBRVS	$187.26	$187.26									
78805	TC	ABSCESS IMAGING LTD AREA	7/1/2014	RBRVS	$150.43	$150.43									
78805	26	ABSCESS IMAGING LTD AREA	7/1/2014	RBRVS	$36.83	$36.83									
78806		ABSCESS IMAGING WHOLE BODY	7/1/2014	RBRVS	$338.23	$338.23				Y					
78806	TC	ABSCESS IMAGING WHOLE BODY	7/1/2014	RBRVS	$295.67	$295.67				Y					
78806	26	ABSCESS IMAGING WHOLE BODY	7/1/2014	RBRVS	$42.57	$42.57				Y					
78807		NUCLEAR LOCALIZATION/ABSCESS	7/1/2014	RBRVS	$346.12	$346.12				Y					
78807	TC	NUCLEAR LOCALIZATION/ABSCESS	7/1/2014	RBRVS	$293.51	$293.51				Y					
78807	26	NUCLEAR LOCALIZATION/ABSCESS	7/1/2014	RBRVS	$52.61	$52.61				Y					
78808		IV INJ RA DRUG DX STUDY	7/1/2014	RBRVS	$47.51	$47.51			Y						
78811		PET IMAGE LTD AREA	7/1/2014	FEE SCHED	$409.84	$0.00									
78811	TC	PET IMAGE LTD AREA	7/1/2014	FEE SCHED	$331.97	$0.00									
78812		PET IMAGE SKULL-THIGH	7/1/2014	FEE SCHED	$496.00	$0.00									
78812	TC	PET IMAGE SKULL-THIGH	7/1/2014	FEE SCHED	$401.76	$0.00									
78813		PET IMAGE FULL BODY	7/1/2014	FEE SCHED	$516.42	$0.00									
78813	TC	PET IMAGE FULL BODY	7/1/2014	FEE SCHED	$418.30	$0.00									
78814		PET IMAGE W/CT LMTD	7/1/2014	FEE SCHED	$571.00	$0.00									
78814	TC	PET IMAGE W/CT LMTD	7/1/2014	FEE SCHED	$462.51	$0.00									
78815		PET IMAGE W/CT SKULL-THIGH	7/1/2014	FEE SCHED	$630.95	$0.00									
78815	TC	PET IMAGE W/CT SKULL-THIGH	7/1/2014	FEE SCHED	$1,244.18	$0.00									
78816		PET IMAGE W/CT FULL BODY	7/1/2014	FEE SCHED	$637.37	$0.00									
78816	TC	PET IMAGE W/CT FULL BODY	7/1/2014	FEE SCHED	$515.46	$0.00									
78999		NUCLEAR DIAGNOSTIC EXAM	7/1/2014	FEE SCHED	$543.43	$0.00									
78999	TC	NUCLEAR DIAGNOSTIC EXAM	7/1/2014	FEE SCHED	$440.18	$0.00									
78999	26	NUCLEAR DIAGNOSTIC EXAM	7/1/2014	FEE SCHED	$103.43	$0.00									
79005		NUCLEAR RX ORAL ADMIN	7/1/2014	RBRVS	$138.17	$138.17									
79005	TC	NUCLEAR RX ORAL ADMIN	7/1/2014	RBRVS	$48.84	$48.84									
79005	26	NUCLEAR RX ORAL ADMIN	7/1/2014	RBRVS	$89.36	$89.36									
79101		NUCLEAR RX IV ADMIN	7/1/2014	RBRVS	$146.06	$146.06									

Montana Medicaid - Fee Schedule
Psychiatrist 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
79101	TC	NUCLEAR RX IV ADMIN	7/1/2014	RBRVS	$49.56	$49.56									
79101	26	NUCLEAR RX IV ADMIN	7/1/2014	RBRVS	$96.54	$96.54									
79200		NUCLEAR RX INTRACAV ADMIN	7/1/2014	RBRVS	$160.65	$160.65									
79200	TC	NUCLEAR RX INTRACAV ADMIN	7/1/2014	RBRVS	$56.01	$56.01									
79200	26	NUCLEAR RX INTRACAV ADMIN	7/1/2014	RBRVS	$104.64	$104.64									
79300		NUCLR RX INTERSTIT COLLOID	7/1/2014	FEE SCHED	$423.42	$0.00									
79300	TC	NUCLR RX INTERSTIT COLLOID	7/1/2014	FEE SCHED	$342.97	$0.00									
79403		HEMATOPOIETIC NUCLEAR TX	7/1/2014	RBRVS	$196.62	$196.62									
79403	TC	HEMATOPOIETIC NUCLEAR TX	7/1/2014	RBRVS	$81.58	$81.58									
79403	26	HEMATOPOIETIC NUCLEAR TX	7/1/2014	RBRVS	$115.04	$115.04									
79440		NUCLEAR RX INTRA-ARTICULAR	7/1/2014	RBRVS	$147.74	$147.74									
79440	TC	NUCLEAR RX INTRA-ARTICULAR	7/1/2014	RBRVS	$47.77	$47.77									
79440	26	NUCLEAR RX INTRA-ARTICULAR	7/1/2014	RBRVS	$99.98	$99.98									
79445		NUCLEAR RX INTRA-ARTERIAL	7/1/2014	FEE SCHED	$603.47	$0.00									
79445	TC	NUCLEAR RX INTRA-ARTERIAL	7/1/2014	FEE SCHED	$488.81	$0.00									
79999		NUCLEAR MEDICINE THERAPY	7/1/2014	FEE SCHED	$245.37	$0.00									
79999	TC	NUCLEAR MEDICINE THERAPY	7/1/2014	FEE SCHED	$198.75	$0.00									
79999	26	NUCLEAR MEDICINE THERAPY	7/1/2014	FEE SCHED	$46.62	$0.00									
80047		METABOLIC PANEL IONIZED CA	1/1/2015	MEDICARE	$11.51	$0.00									
80047	QW	METABOLIC PANEL IONIZED CA	1/1/2015	MEDICARE	$11.51	$0.00									
80048		BASIC METABOLIC PANEL	1/1/2015	MEDICARE	$11.51	$0.00									
80048	QW	BASIC METABOLIC PANEL	1/1/2015	MEDICARE	$11.51	$0.00									
80050		GENERAL HEALTH PANEL	7/1/2003	FEE SCHED	$56.77	$0.00									
80051		ELECTROLYTE PANEL	1/1/2015	MEDICARE	$9.55	$0.00									
80051	QW	ELECTROLYTE PANEL	1/1/2015	MEDICARE	$9.55	$0.00									
80053		COMPREHEN METABOLIC PANEL	1/1/2015	MEDICARE	$14.37	$0.00									
80053	QW	COMPREHEN METABOLIC PANEL	1/1/2015	MEDICARE	$14.37	$0.00									
80055		OBSTETRIC PANEL	11/1/2002	FEE SCHED	$44.69	$0.00									
80061		LIPID PANEL	1/1/2015	MEDICARE	$18.22	$0.00									
80061	QW	LIPID PANEL	1/1/2015	MEDICARE	$18.22	$0.00									
80069		RENAL FUNCTION PANEL	1/1/2015	MEDICARE	$11.82	$0.00									
80069	QW	RENAL FUNCTION PANEL	1/1/2015	MEDICARE	$11.82	$0.00									
80074		ACUTE HEPATITIS PANEL	1/1/2015	MEDICARE	$63.95	$0.00									
80076		HEPATIC FUNCTION PANEL	1/1/2015	MEDICARE	$11.11	$0.00									
80150		ASSAY OF AMIKACIN	1/1/2015	MEDICARE	$20.51	$0.00									
80156		ASSAY CARBAMAZEPINE TOTAL	1/1/2015	MEDICARE	$19.82	$0.00									
80157		ASSAY CARBAMAZEPINE FREE	1/1/2015	MEDICARE	$18.04	$0.00									
80158		ASSAY OF CYCLOSPORINE	1/1/2015	MEDICARE	$24.57	$0.00									
80162		ASSAY OF DIGOXIN TOTAL	1/1/2015	MEDICARE	$18.07	$0.00									
80163		ASSAY OF DIGOXIN FREE	1/1/2015	MEDICARE	$18.07	$0.00									
80164		ASSAY DIPROPYLACETIC ACID	1/1/2015	MEDICARE	$18.44	$0.00									
80165		DIPROPYLACETIC ACID FREE	1/1/2015	MEDICARE	$18.44	$0.00									
80168		ASSAY OF ETHOSUXIMIDE	1/1/2015	MEDICARE	$15.55	$0.00									
80170		ASSAY OF GENTAMICIN	1/1/2015	MEDICARE	$22.30	$0.00									
80173		ASSAY OF HALOPERIDOL	1/1/2015	MEDICARE	$19.82	$0.00									
80176		ASSAY OF LIDOCAINE	1/1/2015	MEDICARE	$19.99	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
80178		ASSAY OF LITHIUM	1/1/2015	MEDICARE	$9.00	$0.00									
80178	QW	ASSAY OF LITHIUM	1/1/2015	MEDICARE	$9.00	$0.00									
80184		ASSAY OF PHENOBARBITAL	1/1/2015	MEDICARE	$15.58	$0.00									
80185		ASSAY OF PHENYTOIN TOTAL	1/1/2015	MEDICARE	$18.04	$0.00									
80186		ASSAY OF PHENYTOIN FREE	1/1/2015	MEDICARE	$18.73	$0.00									
80188		ASSAY OF PRIMIDONE	1/1/2015	MEDICARE	$21.55	$0.00									
80190		ASSAY OF PROCAINAMIDE	1/1/2015	MEDICARE	$22.80	$0.00									
80192		ASSAY OF PROCAINAMIDE	1/1/2015	MEDICARE	$22.80	$0.00									
80194		ASSAY OF QUINIDINE	1/1/2015	MEDICARE	$19.87	$0.00									
80195		ASSAY OF SIROLIMUS	1/1/2015	MEDICARE	$18.69	$0.00									
80197		ASSAY OF TACROLIMUS	1/1/2015	MEDICARE	$18.69	$0.00									
80198		ASSAY OF THEOPHYLLINE	1/1/2015	MEDICARE	$19.25	$0.00									
80200		ASSAY OF TOBRAMYCIN	1/1/2015	MEDICARE	$21.94	$0.00									
80201		ASSAY OF TOPIRAMATE	1/1/2015	MEDICARE	$16.23	$0.00									
80202		ASSAY OF VANCOMYCIN	1/1/2015	MEDICARE	$18.44	$0.00									
80299		QUANTITATIVE ASSAY DRUG	1/1/2015	MEDICARE	$18.64	$0.00									
80400		ACTH STIMULATION PANEL	1/1/2015	MEDICARE	$44.39	$0.00									
80402		ACTH STIMULATION PANEL	1/1/2015	MEDICARE	$118.33	$0.00									
80406		ACTH STIMULATION PANEL	1/1/2015	MEDICARE	$86.26	$0.00									
80408		ALDOSTERONE SUPPRESSION EVAL	1/1/2015	MEDICARE	$170.78	$0.00									
80410		CALCITONIN STIMUL PANEL	1/1/2015	MEDICARE	$109.33	$0.00									
80412		CRH STIMULATION PANEL	1/1/2015	MEDICARE	$448.57	$0.00									
80414		TESTOSTERONE RESPONSE	1/1/2015	MEDICARE	$70.27	$0.00									
80415		ESTRADIOL RESPONSE PANEL	1/1/2015	MEDICARE	$76.05	$0.00									
80416		RENIN STIMULATION PANEL	1/1/2015	MEDICARE	$179.58	$0.00									
80417		RENIN STIMULATION PANEL	1/1/2015	MEDICARE	$59.86	$0.00									
80418		PITUITARY EVALUATION PANEL	1/1/2015	MEDICARE	$788.74	$0.00									
80420		DEXAMETHASONE PANEL	1/1/2015	MEDICARE	$98.04	$0.00									
80422		GLUCAGON TOLERANCE PANEL	1/1/2015	MEDICARE	$62.70	$0.00									
80424		GLUCAGON TOLERANCE PANEL	1/1/2015	MEDICARE	$68.72	$0.00									
80426		GONADOTROPIN HORMONE PANEL	1/1/2015	MEDICARE	$201.96	$0.00									
80428		GROWTH HORMONE PANEL	1/1/2015	MEDICARE	$90.77	$0.00									
80430		GROWTH HORMONE PANEL	1/1/2015	MEDICARE	$106.80	$0.00									
80432		INSULIN SUPPRESSION PANEL	1/1/2015	MEDICARE	$153.10	$0.00									
80434		INSULIN TOLERANCE PANEL	1/1/2015	MEDICARE	$137.68	$0.00									
80435		INSULIN TOLERANCE PANEL	1/1/2015	MEDICARE	$140.19	$0.00									
80436		METYRAPONE PANEL	1/1/2015	MEDICARE	$124.06	$0.00									
80438		TRH STIMULATION PANEL	1/1/2015	MEDICARE	$68.60	$0.00									
80439		TRH STIMULATION PANEL	1/1/2015	MEDICARE	$91.47	$0.00									
80500		LAB PATHOLOGY CONSULTATION	7/1/2014	RBRVS	$21.34	$19.19									
80502		LAB PATHOLOGY CONSULTATION	7/1/2014	RBRVS	$68.92	$66.77									
81000		URINALYSIS NONAUTO W/SCOPE	1/1/2015	MEDICARE	$4.31	$0.00									
81001		URINALYSIS AUTO W/SCOPE	1/1/2015	MEDICARE	$4.31	$0.00									
81002		URINALYSIS NONAUTO W/O SCOPE	1/1/2015	MEDICARE	$3.48	$0.00									
81003		URINALYSIS AUTO W/O SCOPE	1/1/2014	MEDICARE	$3.06	$0.00									
81003	QW	URINALYSIS AUTO W/O SCOPE	1/1/2014	MEDICARE	$3.06	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
81005		URINALYSIS	1/1/2015	MEDICARE	$2.95	$0.00									
81007		URINE SCREEN FOR BACTERIA	1/1/2015	MEDICARE	$3.49	$0.00									
81007	QW	URINALYSIS;BACTERIURIA SCREEN BY N	1/1/2015	MEDICARE	$3.49	$0.00									
81015		MICROSCOPIC EXAM OF URINE	1/1/2015	MEDICARE	$4.14	$0.00									
81020		URINALYSIS GLASS TEST	1/1/2015	MEDICARE	$5.02	$0.00									
81025		URINE PREGNANCY TEST	1/1/2015	MEDICARE	$5.40	$0.00									
81050		URINALYSIS VOLUME MEASURE	1/1/2015	MEDICARE	$4.08	$0.00									
81099		URINALYSIS TEST PROCEDURE	7/1/2014	FEE SCHED	$4.09	$0.00									
82009		TEST FOR ACETONE/KETONES	1/1/2015	MEDICARE	$6.15	$0.00									
82010		ACETONE ASSAY	1/1/2015	MEDICARE	$11.12	$0.00									
82010	QW	ACETONE OR OTHER KETONE BODIES S	1/1/2015	MEDICARE	$11.12	$0.00									
82013		ACETYLCHOLINESTERASE ASSAY	1/1/2015	MEDICARE	$15.20	$0.00									
82016		ACYLCARNITINES QUAL	1/1/2015	MEDICARE	$18.87	$0.00									
82017		ACYLCARNITINES QUANT	1/1/2015	MEDICARE	$22.95	$0.00									
82024		ASSAY OF ACTH	1/1/2015	MEDICARE	$52.56	$0.00									
82030		ASSAY OF ADP & AMP	1/1/2015	MEDICARE	$35.11	$0.00									
82040		ASSAY OF SERUM ALBUMIN	1/1/2015	MEDICARE	$5.70	$0.00									
82040	QW	ASSAY OF SERUM ALBUMIN	1/1/2015	MEDICARE	$5.70	$0.00									
82042		ASSAY OF URINE ALBUMIN	1/1/2015	MEDICARE	$4.06	$0.00									
82042	QW	ASSAY OF URINE ALBUMIN	1/1/2015	MEDICARE	$4.06	$0.00									
82043		MICROALBUMIN QUANTITATIVE	1/1/2015	MEDICARE	$7.87	$0.00									
82043	QW	MICROALBUMIN QUANTITATIVE	1/1/2015	MEDICARE	$7.87	$0.00									
82044		MICROALBUMIN SEMIQUANT	1/1/2015	MEDICARE	$6.22	$0.00									
82044	QW	MICROALBUMIN SEMIQUANT	1/1/2015	MEDICARE	$6.22	$0.00									
82045		ALBUMIN ISCHEMIA MODIFIED	1/1/2015	MEDICARE	$46.19	$0.00									
82055	QW	ALCOHOL (ETHANOL); ANY SPECIMEN EX	1/1/2014	MEDICARE	$14.74	$0.00									
82075		ASSAY OF BREATH ETHANOL	1/1/2015	MEDICARE	$16.40	$0.00									
82085		ASSAY OF ALDOLASE	1/1/2015	MEDICARE	$13.21	$0.00									
82088		ASSAY OF ALDOSTERONE	1/1/2015	MEDICARE	$55.46	$0.00									
82103		ALPHA-1-ANTITRYPSIN TOTAL	1/1/2015	MEDICARE	$18.29	$0.00									
82104		ALPHA-1-ANTITRYPSIN PHENO	1/1/2015	MEDICARE	$19.68	$0.00									
82105		ALPHA-FETOPROTEIN SERUM	1/1/2015	MEDICARE	$22.83	$0.00									
82106		ALPHA-FETOPROTEIN AMNIOTIC	1/1/2015	MEDICARE	$22.83	$0.00									
82107		ALPHA-FETOPROTEIN L3	1/1/2015	MEDICARE	$87.65	$0.00									
82108		ASSAY OF ALUMINUM	1/1/2015	MEDICARE	$34.67	$0.00									
82120		AMINES VAGINAL FLUID QUAL	1/1/2015	MEDICARE	$5.12	$0.00									
82120	QW	AMINES VAGINAL FLUID QUAL	1/1/2015	MEDICARE	$5.12	$0.00									
82127		AMINO ACID SINGLE QUAL	1/1/2015	MEDICARE	$18.87	$0.00									
82128		AMINO ACIDS MULT QUAL	1/1/2015	MEDICARE	$18.87	$0.00									
82131		AMINO ACIDS SINGLE QUANT	1/1/2015	MEDICARE	$22.95	$0.00									
82135		ASSAY AMINOLEVULINIC ACID	1/1/2015	MEDICARE	$22.39	$0.00									
82136		AMINO ACIDS QUANT 2-5	1/1/2015	MEDICARE	$22.95	$0.00									
82139		AMINO ACIDS QUAN 6 OR MORE	1/1/2015	MEDICARE	$22.95	$0.00									
82140		ASSAY OF AMMONIA	1/1/2015	MEDICARE	$17.88	$0.00									
82143		AMNIOTIC FLUID SCAN	1/1/2015	MEDICARE	$9.35	$0.00									
82150		ASSAY OF AMYLASE	1/1/2015	MEDICARE	$8.82	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
82150	QW	ASSAY OF AMYLASE	1/1/2015	MEDICARE	$8.82	$0.00									
82154		ANDROSTANEDIOL GLUCURONIDE	1/1/2015	MEDICARE	$39.24	$0.00									
82157		ASSAY OF ANDROSTENEDIONE	1/1/2015	MEDICARE	$39.84	$0.00									
82160		ASSAY OF ANDROSTERONE	1/1/2015	MEDICARE	$34.03	$0.00									
82163		ASSAY OF ANGIOTENSIN II	1/1/2015	MEDICARE	$27.93	$0.00									
82164		ANGIOTENSIN I ENZYME TEST	1/1/2015	MEDICARE	$19.87	$0.00									
82172		ASSAY OF APOLIPOPROTEIN	1/1/2015	MEDICARE	$21.09	$0.00									
82175		ASSAY OF ARSENIC	1/1/2015	MEDICARE	$25.82	$0.00									
82180		ASSAY OF ASCORBIC ACID	1/1/2015	MEDICARE	$13.45	$0.00									
82190		ATOMIC ABSORPTION	1/1/2015	MEDICARE	$20.28	$0.00									
82232		ASSAY OF BETA-2 PROTEIN	1/1/2015	MEDICARE	$22.02	$0.00									
82239		BILE ACIDS TOTAL	1/1/2015	MEDICARE	$23.31	$0.00									
82240		BILE ACIDS CHOLYLGLYCINE	1/1/2015	MEDICARE	$36.17	$0.00									
82247		BILIRUBIN TOTAL	1/1/2015	MEDICARE	$6.83	$0.00									
82247	QW	BILIRUBIN TOTAL	1/1/2015	MEDICARE	$6.83	$0.00									
82248		BILIRUBIN DIRECT	1/1/2015	MEDICARE	$6.83	$0.00									
82252		FECAL BILIRUBIN TEST	1/1/2015	MEDICARE	$6.19	$0.00									
82261		ASSAY OF BIOTINIDASE	1/1/2015	MEDICARE	$22.95	$0.00									
82270		OCCULT BLOOD FECES	1/1/2015	MEDICARE	$4.43	$0.00									
82271		OCCULT BLOOD OTHER SOURCES	1/1/2015	MEDICARE	$4.43	$0.00									
82271	QW	OCCULT BLOOD OTHER SOURCES	1/1/2015	MEDICARE	$4.43	$0.00									
82272		OCCULT BLD FECES 1-3 TESTS	1/1/2015	MEDICARE	$4.43	$0.00									
82272	QW	OCCULT BLD FECES 1-3 TESTS	1/1/2015	MEDICARE	$4.43	$0.00									
82274		ASSAY TEST FOR BLOOD FECAL	1/1/2015	MEDICARE	$21.65	$0.00									
82274	QW	ASSAY TEST FOR BLOOD FECAL	1/1/2015	MEDICARE	$21.65	$0.00									
82286		ASSAY OF BRADYKININ	1/1/2015	MEDICARE	$9.38	$0.00									
82300		ASSAY OF CADMIUM	1/1/2015	MEDICARE	$31.49	$0.00									
82306		VITAMIN D 25 HYDROXY	1/1/2015	MEDICARE	$40.29	$0.00									
82308		ASSAY OF CALCITONIN	1/1/2015	MEDICARE	$36.45	$0.00									
82310		ASSAY OF CALCIUM	1/1/2015	MEDICARE	$7.02	$0.00									
82310	QW	ASSAY OF CALCIUM	1/1/2015	MEDICARE	$7.02	$0.00									
82330		ASSAY OF CALCIUM	1/1/2015	MEDICARE	$18.60	$0.00									
82330	QW	ASSAY OF CALCIUM	1/1/2015	MEDICARE	$18.60	$0.00									
82331		CALCIUM INFUSION TEST	1/1/2015	MEDICARE	$7.04	$0.00									
82340		ASSAY OF CALCIUM IN URINE	1/1/2015	MEDICARE	$8.21	$0.00									
82355		CALCULUS ANALYSIS QUAL	1/1/2015	MEDICARE	$15.75	$0.00									
82360		CALCULUS ASSAY QUANT	1/1/2015	MEDICARE	$17.52	$0.00									
82365		CALCULUS SPECTROSCOPY	1/1/2015	MEDICARE	$17.55	$0.00									
82370		X-RAY ASSAY CALCULUS	1/1/2015	MEDICARE	$17.05	$0.00									
82373		ASSAY C-D TRANSFER MEASURE	1/1/2015	MEDICARE	$24.58	$0.00									
82374		ASSAY BLOOD CARBON DIOXIDE	1/1/2015	MEDICARE	$6.65	$0.00									
82374	QW	ASSAY BLOOD CARBON DIOXIDE	1/1/2015	MEDICARE	$6.65	$0.00									
82375		ASSAY CARBOXYHB QUANT	1/1/2015	MEDICARE	$11.90	$0.00									
82376		ASSAY CARBOXYHB QUAL	1/1/2015	MEDICARE	$8.15	$0.00									
82378		CARCINOEMBRYONIC ANTIGEN	1/1/2015	MEDICARE	$25.81	$0.00									
82379		ASSAY OF CARNITINE	1/1/2015	MEDICARE	$22.95	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
82380		ASSAY OF CAROTENE	1/1/2015	MEDICARE	$12.55	$0.00									
82382		ASSAY URINE CATECHOLAMINES	1/1/2015	MEDICARE	$23.40	$0.00									
82383		ASSAY BLOOD CATECHOLAMINES	1/1/2015	MEDICARE	$34.10	$0.00									
82384		ASSAY THREE CATECHOLAMINES	1/1/2015	MEDICARE	$34.36	$0.00									
82387		ASSAY OF CATHEPSIN-D	1/1/2015	MEDICARE	$5.36	$0.00									
82390		ASSAY OF CERULOPLASMIN	1/1/2015	MEDICARE	$14.62	$0.00									
82397		CHEMILUMINESCENT ASSAY	1/1/2015	MEDICARE	$17.83	$0.00									
82415		ASSAY OF CHLORAMPHENICOL	1/1/2015	MEDICARE	$17.24	$0.00									
82435		ASSAY OF BLOOD CHLORIDE	1/1/2015	MEDICARE	$6.26	$0.00									
82435	QW	ASSAY OF BLOOD CHLORIDE	1/1/2015	MEDICARE	$6.26	$0.00									
82436		ASSAY OF URINE CHLORIDE	1/1/2015	MEDICARE	$6.85	$0.00									
82438		ASSAY OTHER FLUID CHLORIDES	1/1/2015	MEDICARE	$6.65	$0.00									
82441		TEST FOR CHLOROHYDROCARBONS	1/1/2015	MEDICARE	$8.17	$0.00									
82465		ASSAY BLD/SERUM CHOLESTEROL	1/1/2015	MEDICARE	$5.92	$0.00									
82465	QW	ASSAY BLD/SERUM CHOLESTEROL	1/1/2015	MEDICARE	$5.92	$0.00									
82480		ASSAY SERUM CHOLINESTERASE	1/1/2015	MEDICARE	$10.72	$0.00									
82482		ASSAY RBC CHOLINESTERASE	1/1/2015	MEDICARE	$10.45	$0.00									
82485		ASSAY CHONDROITIN SULFATE	1/1/2015	MEDICARE	$28.10	$0.00									
82486		GAS/LIQUID CHROMATOGRAPHY	1/1/2015	MEDICARE	$24.58	$0.00									
82487		PAPER CHROMATOGRAPHY	1/1/2015	MEDICARE	$21.73	$0.00									
82488		PAPER CHROMATOGRAPHY	1/1/2015	MEDICARE	$29.07	$0.00									
82489		THIN LAYER CHROMATOGRAPHY	1/1/2015	MEDICARE	$25.17	$0.00									
82491		CHROMOTOGRAPHY QUANT SING	1/1/2015	MEDICARE	$24.58	$0.00									
82492		CHROMOTOGRAPHY QUANT MULT	1/1/2015	MEDICARE	$24.58	$0.00									
82495		ASSAY OF CHROMIUM	1/1/2015	MEDICARE	$27.60	$0.00									
82507		ASSAY OF CITRATE	1/1/2015	MEDICARE	$37.84	$0.00									
82523		COLLAGEN CROSSLINKS	1/1/2015	MEDICARE	$20.84	$0.00									
82523	QW	COLLAGEN CROSSLINKS	1/1/2015	MEDICARE	$20.84	$0.00									
82525		ASSAY OF COPPER	1/1/2015	MEDICARE	$16.89	$0.00									
82528		ASSAY OF CORTICOSTERONE	1/1/2015	MEDICARE	$30.64	$0.00									
82530		CORTISOL FREE	1/1/2015	MEDICARE	$22.74	$0.00									
82533		TOTAL CORTISOL	1/1/2015	MEDICARE	$22.19	$0.00									
82540		ASSAY OF CREATINE	1/1/2015	MEDICARE	$6.31	$0.00									
82541		COLUMN CHROMOTOGRAPHY QUAL	1/1/2015	MEDICARE	$24.58	$0.00									
82542		COLUMN CHROMOTOGRAPHY QUANT	1/1/2015	MEDICARE	$24.58	$0.00									
82543		COLUMN CHROMOTOGRAPH/ISOTOPE	1/1/2015	MEDICARE	$24.58	$0.00									
82544		COLUMN CHROMOTOGRAPH/ISOTOPE	1/1/2015	MEDICARE	$24.58	$0.00									
82550		ASSAY OF CK (CPK)	1/1/2015	MEDICARE	$8.86	$0.00									
82550	QW	ASSAY OF CK (CPK)	1/1/2015	MEDICARE	$8.86	$0.00									
82552		ASSAY OF CPK IN BLOOD	1/1/2015	MEDICARE	$18.23	$0.00									
82553		CREATINE MB FRACTION	1/1/2015	MEDICARE	$15.72	$0.00									
82554		CREATINE ISOFORMS	1/1/2015	MEDICARE	$12.49	$0.00									
82565		ASSAY OF CREATININE	1/1/2015	MEDICARE	$6.97	$0.00									
82565	QW	ASSAY OF CREATININE	1/1/2015	MEDICARE	$6.97	$0.00									
82570		ASSAY OF URINE CREATININE	1/1/2015	MEDICARE	$7.04	$0.00									
82570	QW	CREATININE; OTHER SOURCE	1/1/2015	MEDICARE	$7.04	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
82575		CREATININE CLEARANCE TEST	1/1/2015	MEDICARE	$12.86	$0.00									
82585		ASSAY OF CRYOFIBRINOGEN	1/1/2015	MEDICARE	$11.68	$0.00									
82595		ASSAY OF CRYOGLOBULIN	1/1/2015	MEDICARE	$8.81	$0.00									
82600		ASSAY OF CYANIDE	1/1/2015	MEDICARE	$26.40	$0.00									
82607		VITAMIN B-12	1/1/2015	MEDICARE	$20.51	$0.00									
82608		B-12 BINDING CAPACITY	1/1/2015	MEDICARE	$19.48	$0.00									
82610		CYSTATIN C	1/1/2015	MEDICARE	$18.50	$0.00									
82615		TEST FOR URINE CYSTINES	1/1/2015	MEDICARE	$11.11	$0.00									
82626		DEHYDROEPIANDROSTERONE	1/1/2015	MEDICARE	$34.39	$0.00									
82627		DEHYDROEPIANDROSTERONE	1/1/2015	MEDICARE	$30.26	$0.00									
82633		DESOXYCORTICOSTERONE	1/1/2015	MEDICARE	$42.16	$0.00									
82634		DEOXYCORTISOL	1/1/2015	MEDICARE	$39.84	$0.00									
82638		ASSAY OF DIBUCAINE NUMBER	1/1/2015	MEDICARE	$16.66	$0.00									
82652		VIT D 1 25-DIHYDROXY	1/1/2015	MEDICARE	$52.39	$0.00									
82656		PANCREATIC ELASTASE FECAL	1/1/2015	MEDICARE	$15.70	$0.00									
82657		ENZYME CELL ACTIVITY	1/1/2015	MEDICARE	$24.58	$0.00									
82658		ENZYME CELL ACTIVITY RA	1/1/2015	MEDICARE	$24.58	$0.00									
82664		ELECTROPHORETIC TEST	1/1/2015	MEDICARE	$46.75	$0.00									
82668		ASSAY OF ERYTHROPOIETIN	1/1/2015	MEDICARE	$25.58	$0.00									
82670		ASSAY OF ESTRADIOL	1/1/2015	MEDICARE	$38.02	$0.00									
82671		ASSAY OF ESTROGENS	1/1/2015	MEDICARE	$43.96	$0.00									
82672		ASSAY OF ESTROGEN	1/1/2015	MEDICARE	$29.53	$0.00									
82677		ASSAY OF ESTRIOL	1/1/2015	MEDICARE	$32.91	$0.00									
82679		ASSAY OF ESTRONE	1/1/2015	MEDICARE	$33.96	$0.00									
82679	QW	ESTRONE	1/1/2015	MEDICARE	$33.96	$0.00									
82693		ASSAY OF ETHYLENE GLYCOL	1/1/2015	MEDICARE	$20.27	$0.00									
82696		ASSAY OF ETIOCHOLANOLONE	1/1/2015	MEDICARE	$32.09	$0.00									
82705		FATS/LIPIDS FECES QUAL	1/1/2015	MEDICARE	$6.93	$0.00									
82710		FATS/LIPIDS FECES QUANT	1/1/2015	MEDICARE	$22.87	$0.00									
82715		ASSAY OF FECAL FAT	1/1/2015	MEDICARE	$23.42	$0.00									
82725		ASSAY OF BLOOD FATTY ACIDS	1/1/2015	MEDICARE	$18.12	$0.00									
82726		LONG CHAIN FATTY ACIDS	1/1/2015	MEDICARE	$24.58	$0.00									
82728		ASSAY OF FERRITIN	1/1/2015	MEDICARE	$18.54	$0.00									
82731		ASSAY OF FETAL FIBRONECTIN	1/1/2015	MEDICARE	$87.65	$0.00									
82735		ASSAY OF FLUORIDE	1/1/2015	MEDICARE	$25.23	$0.00									
82746		ASSAY OF FOLIC ACID SERUM	1/1/2015	MEDICARE	$20.01	$0.00									
82747		ASSAY OF FOLIC ACID RBC	1/1/2015	MEDICARE	$23.57	$0.00									
82757		ASSAY OF SEMEN FRUCTOSE	1/1/2015	MEDICARE	$23.60	$0.00									
82759		ASSAY OF RBC GALACTOKINASE	1/1/2015	MEDICARE	$29.24	$0.00									
82760		ASSAY OF GALACTOSE	1/1/2015	MEDICARE	$15.24	$0.00									
82775		ASSAY GALACTOSE TRANSFERASE	1/1/2015	MEDICARE	$28.67	$0.00									
82776		GALACTOSE TRANSFERASE TEST	1/1/2015	MEDICARE	$11.41	$0.00									
82784		ASSAY IGA/IGD/IGG/IGM EACH	1/1/2015	MEDICARE	$12.39	$0.00									
82785		ASSAY OF GAMMAGLOBULIN IGE	1/1/2015	MEDICARE	$22.41	$0.00									
82787		IGG 1 2 3 OR 4 EACH	1/1/2015	MEDICARE	$10.91	$0.00									
82800		BLOOD PH	1/1/2015	MEDICARE	$11.51	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
82803		BLOOD GASES ANY COMBINATION	1/1/2015	MEDICARE	$26.33	$0.00									
82805		BLOOD GASES W/O2 SATURATION	1/1/2015	MEDICARE	$38.62	$0.00									
82810		BLOOD GASES O2 SAT ONLY	1/1/2015	MEDICARE	$11.88	$0.00									
82820		HEMOGLOBIN-OXYGEN AFFINITY	1/1/2015	MEDICARE	$13.59	$0.00									
82930		GASTRIC ANALY W/PH EA SPEC	1/1/2015	MEDICARE	$7.41	$0.00									
82938		GASTRIN TEST	1/1/2015	MEDICARE	$24.08	$0.00									
82941		ASSAY OF GASTRIN	1/1/2015	MEDICARE	$24.00	$0.00									
82943		ASSAY OF GLUCAGON	1/1/2015	MEDICARE	$19.44	$0.00									
82945		GLUCOSE OTHER FLUID	1/1/2015	MEDICARE	$5.34	$0.00									
82947		ASSAY GLUCOSE BLOOD QUANT	1/1/2015	MEDICARE	$5.34	$0.00									
82947	QW	ASSAY GLUCOSE BLOOD QUANT	1/1/2015	MEDICARE	$5.34	$0.00									
82948		REAGENT STRIP/BLOOD GLUCOSE	1/1/2015	MEDICARE	$4.31	$0.00									
82950		GLUCOSE TEST	1/1/2015	MEDICARE	$6.46	$0.00									
82950	QW	GLUCOSE; POST GLUCOSE DOSE (INCLU	1/1/2015	MEDICARE	$6.46	$0.00									
82951		GLUCOSE TOLERANCE TEST (GTT)	1/1/2015	MEDICARE	$17.52	$0.00									
82951	QW	GLUCOSE; TOLERANCE (GTT) 3 SPECIME	1/1/2015	MEDICARE	$17.52	$0.00									
82952		GTT-ADDED SAMPLES	1/1/2015	MEDICARE	$5.34	$0.00									
82952	QW	GLUCOSE; TOLERANCE TEST EACH ADD	1/1/2015	MEDICARE	$5.34	$0.00									
82955		ASSAY OF G6PD ENZYME	1/1/2015	MEDICARE	$13.19	$0.00									
82960		TEST FOR G6PD ENZYME	1/1/2015	MEDICARE	$8.24	$0.00									
82962		GLUCOSE BLOOD TEST	1/1/2015	MEDICARE	$3.19	$0.00									
82963		ASSAY OF GLUCOSIDASE	1/1/2015	MEDICARE	$29.24	$0.00									
82965		ASSAY OF GDH ENZYME	1/1/2015	MEDICARE	$10.52	$0.00									
82977		ASSAY OF GGT	1/1/2015	MEDICARE	$9.80	$0.00									
82977	QW	ASSAY OF GGT	1/1/2015	MEDICARE	$9.80	$0.00									
82978		ASSAY OF GLUTATHIONE	1/1/2015	MEDICARE	$19.40	$0.00									
82979		ASSAY RBC GLUTATHIONE	1/1/2015	MEDICARE	$9.38	$0.00									
82985		ASSAY OF GLYCATED PROTEIN	1/1/2015	MEDICARE	$15.84	$0.00									
82985	QW	ASSAY OF GLYCATED PROTEIN	1/1/2015	MEDICARE	$15.84	$0.00									
83001		ASSAY OF GONADOTROPIN (FSH)	1/1/2015	MEDICARE	$25.29	$0.00									
83001	QW	ASSAY OF GONADOTROPIN (FSH)	1/1/2015	MEDICARE	$25.29	$0.00									
83002		ASSAY OF GONADOTROPIN (LH)	1/1/2015	MEDICARE	$25.20	$0.00									
83002	QW	ASSAY OF GONADOTROPIN (LH)	1/1/2015	MEDICARE	$25.20	$0.00									
83003		ASSAY GROWTH HORMONE (HGH)	1/1/2015	MEDICARE	$22.70	$0.00									
83006		GROWTH STIMULATION GENE 2	1/1/2015	MEDICARE	$29.93	$0.00									
83009		H PYLORI (C-13) BLOOD	1/1/2015	MEDICARE	$91.66	$0.00									
83010		ASSAY OF HAPTOGLOBIN QUANT	1/1/2015	MEDICARE	$17.12	$0.00									
83012		ASSAY OF HAPTOGLOBINS	1/1/2015	MEDICARE	$23.40	$0.00									
83013		H PYLORI (C-13) BREATH	1/1/2015	MEDICARE	$91.66	$0.00									
83014		H PYLORI DRUG ADMIN	1/1/2015	MEDICARE	$10.70	$0.00									
83015		HEAVY METAL SCREEN	1/1/2015	MEDICARE	$25.63	$0.00									
83018		QUANTITATIVE SCREEN METALS	1/1/2015	MEDICARE	$29.89	$0.00									
83020		HEMOGLOBIN ELECTROPHORESIS	1/1/2015	MEDICARE	$17.52	$0.00									
83021		HEMOGLOBIN CHROMOTOGRAPHY	1/1/2015	MEDICARE	$24.58	$0.00									
83026		HEMOGLOBIN COPPER SULFATE	1/1/2015	MEDICARE	$3.22	$0.00									
83030		FETAL HEMOGLOBIN CHEMICAL	1/1/2015	MEDICARE	$11.25	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
83033		FETAL HEMOGLOBIN ASSAY QUAL	1/1/2015	MEDICARE	$8.11	$0.00									
83036		GLYCOSYLATED HEMOGLOBIN TEST	1/1/2015	MEDICARE	$13.21	$0.00									
83036	QW	HEMOGLOBIN; GLYCATED	1/1/2015	MEDICARE	$13.21	$0.00									
83037		GLYCOSYLATED HB HOME DEVICE	1/1/2015	MEDICARE	$13.21	$0.00									
83037	QW	GLYCOSYLATED HB HOME DEVICE	1/1/2015	MEDICARE	$13.21	$0.00									
83045		BLOOD METHEMOGLOBIN TEST	1/1/2015	MEDICARE	$6.74	$0.00									
83050		BLOOD METHEMOGLOBIN ASSAY	1/1/2015	MEDICARE	$9.98	$0.00									
83051		ASSAY OF PLASMA HEMOGLOBIN	1/1/2015	MEDICARE	$9.95	$0.00									
83060		BLOOD SULFHEMOGLOBIN ASSAY	1/1/2015	MEDICARE	$11.25	$0.00									
83065		ASSAY OF HEMOGLOBIN HEAT	1/1/2015	MEDICARE	$9.38	$0.00									
83068		HEMOGLOBIN STABILITY SCREEN	1/1/2015	MEDICARE	$11.51	$0.00									
83069		ASSAY OF URINE HEMOGLOBIN	1/1/2015	MEDICARE	$5.37	$0.00									
83070		ASSAY OF HEMOSIDERIN QUAL	1/1/2015	MEDICARE	$6.46	$0.00									
83080		ASSAY OF B HEXOSAMINIDASE	1/1/2015	MEDICARE	$22.95	$0.00									
83088		ASSAY OF HISTAMINE	1/1/2015	MEDICARE	$40.19	$0.00									
83090		ASSAY OF HOMOCYSTINE	1/1/2015	MEDICARE	$22.95	$0.00									
83150		ASSAY OF HOMOVANILLIC ACID	1/1/2015	MEDICARE	$26.33	$0.00									
83491		ASSAY OF CORTICOSTEROIDS 17	1/1/2015	MEDICARE	$23.84	$0.00									
83497		ASSAY OF 5-HIAA	1/1/2015	MEDICARE	$17.55	$0.00									
83498		ASSAY OF PROGESTERONE 17-D	1/1/2015	MEDICARE	$36.97	$0.00									
83499		ASSAY OF PROGESTERONE 20-	1/1/2015	MEDICARE	$34.31	$0.00									
83500		ASSAY FREE HYDROXYPROLINE	1/1/2015	MEDICARE	$30.82	$0.00									
83505		ASSAY TOTAL HYDROXYPROLINE	1/1/2015	MEDICARE	$33.09	$0.00									
83516		IMMUNOASSAY NONANTIBODY	1/1/2015	MEDICARE	$15.70	$0.00									
83516	QW	IMMUNOASSAY NONANTIBODY	1/1/2015	MEDICARE	$15.70	$0.00									
83518		IMMUNOASSAY DIPSTICK	1/1/2015	MEDICARE	$11.53	$0.00									
83518	QW	IMMUNOASSAY DIPSTICK	1/1/2015	MEDICARE	$11.53	$0.00									
83519		IMMUNOASSAY, NONANTIBODY	1/1/2015	MEDICARE	$18.39	$0.00									
83520		IMMUNOASSAY, RIA	1/1/2015	MEDICARE	$17.62	$0.00									
83520	QW	IMMUNOASSAY, RIA	1/1/2015	MEDICARE	$17.62	$0.00									
83525		ASSAY OF INSULIN	1/1/2015	MEDICARE	$15.55	$0.00									
83527		ASSAY OF INSULIN	1/1/2015	MEDICARE	$17.62	$0.00									
83528		ASSAY OF INTRINSIC FACTOR	1/1/2015	MEDICARE	$21.65	$0.00									
83540		ASSAY OF IRON	1/1/2015	MEDICARE	$5.91	$0.00									
83550		IRON BINDING TEST	1/1/2015	MEDICARE	$7.37	$0.00									
83570		ASSAY OF IDH ENZYME	1/1/2015	MEDICARE	$12.04	$0.00									
83582		ASSAY OF KETOGENIC STEROIDS	1/1/2015	MEDICARE	$19.28	$0.00									
83586		ASSAY 17- KETOSTEROIDS	1/1/2015	MEDICARE	$17.43	$0.00									
83593		FRACTIONATION KETOSTEROIDS	1/1/2015	MEDICARE	$35.79	$0.00									
83605		ASSAY OF LACTIC ACID	1/1/2015	MEDICARE	$14.53	$0.00									
83605	QW	LACTATE (LACTIC ACID)	1/1/2015	MEDICARE	$14.53	$0.00									
83615		LACTATE (LD) (LDH) ENZYME	1/1/2015	MEDICARE	$8.21	$0.00									
83625		ASSAY OF LDH ENZYMES	1/1/2015	MEDICARE	$17.42	$0.00									
83630		LACTOFERRIN FECAL (QUAL)	1/1/2015	MEDICARE	$26.71	$0.00									
83631		LACTOFERRIN FECAL (QUANT)	1/1/2015	MEDICARE	$26.71	$0.00									
83632		PLACENTAL LACTOGEN	1/1/2015	MEDICARE	$27.51	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
83633		TEST URINE FOR LACTOSE	1/1/2015	MEDICARE	$7.48	$0.00									
83655		ASSAY OF LEAD	1/1/2015	MEDICARE	$16.47	$0.00									
83655	QW	ASSAY OF LEAD	1/1/2015	MEDICARE	$16.47	$0.00									
83661		L/S RATIO FETAL LUNG	1/1/2015	MEDICARE	$29.92	$0.00									
83662		FOAM STABILITY FETAL LUNG	1/1/2015	MEDICARE	$9.21	$0.00									
83663		FLUORO POLARIZE FETAL LUNG	1/1/2015	MEDICARE	$9.21	$0.00									
83664		LAMELLAR BDY FETAL LUNG	1/1/2015	MEDICARE	$9.21	$0.00									
83670		ASSAY OF LAP ENZYME	1/1/2015	MEDICARE	$12.47	$0.00									
83690		ASSAY OF LIPASE	1/1/2015	MEDICARE	$9.11	$0.00									
83695		ASSAY OF LIPOPROTEIN(A)	1/1/2015	MEDICARE	$17.62	$0.00									
83698		ASSAY LIPOPROTEIN PLA2	1/1/2015	MEDICARE	$46.19	$0.00									
83700		LIPOPRO BLD ELECTROPHORETIC	1/1/2015	MEDICARE	$15.32	$0.00									
83701		LIPOPROTEIN BLD HR FRACTION	1/1/2015	MEDICARE	$33.78	$0.00									
83704		LIPOPROTEIN BLD BY NMR	1/1/2015	MEDICARE	$42.93	$0.00									
83718		ASSAY OF LIPOPROTEIN	1/1/2015	MEDICARE	$11.14	$0.00									
83718	QW	LIPOPROTEIN DIRECT MEASUREMENT; H	1/1/2015	MEDICARE	$11.14	$0.00									
83719		ASSAY OF BLOOD LIPOPROTEIN	1/1/2015	MEDICARE	$15.84	$0.00									
83721		ASSAY OF BLOOD LIPOPROTEIN	1/1/2015	MEDICARE	$12.99	$0.00									
83721	QW	ASSAY OF BLOOD LIPOPROTEIN	1/1/2015	MEDICARE	$12.99	$0.00									
83727		ASSAY OF LRH HORMONE	1/1/2015	MEDICARE	$23.40	$0.00									
83735		ASSAY OF MAGNESIUM	1/1/2015	MEDICARE	$9.11	$0.00									
83775		ASSAY MALATE DEHYDROGENASE	1/1/2015	MEDICARE	$10.03	$0.00									
83785		ASSAY OF MANGANESE	1/1/2015	MEDICARE	$33.47	$0.00									
83788		MASS SPECTROMETRY QUAL	1/1/2015	MEDICARE	$24.58	$0.00									
83789		MASS SPECTROMETRY QUANT	1/1/2015	MEDICARE	$24.58	$0.00									
83825		ASSAY OF MERCURY	1/1/2015	MEDICARE	$22.12	$0.00									
83835		ASSAY OF METANEPHRINES	1/1/2015	MEDICARE	$23.05	$0.00									
83857		ASSAY OF METHEMALBUMIN	1/1/2015	MEDICARE	$14.62	$0.00									
83861		MICROFLUID ANALY TEARS	1/1/2015	MEDICARE	$22.48	$0.00									
83861	QW	MICROFLUID ANALY TEARS	1/1/2015	MEDICARE	$22.48	$0.00									
83864		MUCOPOLYSACCHARIDES	1/1/2015	MEDICARE	$27.10	$0.00									
83872		ASSAY SYNOVIAL FLUID MUCIN	1/1/2015	MEDICARE	$7.98	$0.00									
83873		ASSAY OF CSF PROTEIN	1/1/2015	MEDICARE	$23.41	$0.00									
83874		ASSAY OF MYOGLOBIN	1/1/2015	MEDICARE	$17.58	$0.00									
83876		ASSAY MYELOPEROXIDASE	1/1/2015	MEDICARE	$46.19	$0.00									
83880		ASSAY OF NATRIURETIC PEPTIDE	1/1/2015	MEDICARE	$46.19	$0.00									
83880	QW	ASSAY OF NATRIURETIC PEPTIDE	1/1/2015	MEDICARE	$46.19	$0.00									
83883		ASSAY NEPHELOMETRY NOT SPEC	1/1/2015	MEDICARE	$18.50	$0.00									
83885		ASSAY OF NICKEL	1/1/2015	MEDICARE	$33.34	$0.00									
83915		ASSAY OF NUCLEOTIDASE	1/1/2015	MEDICARE	$15.18	$0.00									
83916		OLIGOCLONAL BANDS	1/1/2015	MEDICARE	$27.37	$0.00									
83918		ORGANIC ACIDS TOTAL QUANT	1/1/2015	MEDICARE	$22.39	$0.00									
83919		ORGANIC ACIDS QUAL EACH	1/1/2015	MEDICARE	$22.39	$0.00									
83921		ORGANIC ACID SINGLE QUANT	1/1/2015	MEDICARE	$22.39	$0.00									
83930		ASSAY OF BLOOD OSMOLALITY	1/1/2015	MEDICARE	$9.00	$0.00									
83935		ASSAY OF URINE OSMOLALITY	1/1/2015	MEDICARE	$9.28	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
83937		ASSAY OF OSTEOCALCIN	1/1/2015	MEDICARE	$40.62	$0.00									
83945		ASSAY OF OXALATE	1/1/2015	MEDICARE	$17.52	$0.00									
83950		ONCOPROTEIN HER-2/NEU	1/1/2015	MEDICARE	$87.65	$0.00									
83951		ONCOPROTEIN DCP	1/1/2015	MEDICARE	$87.65	$0.00									
83970		ASSAY OF PARATHORMONE	1/1/2015	MEDICARE	$56.17	$0.00									
83986		ASSAY OF BODY FLUID ACIDITY	1/1/2015	MEDICARE	$4.87	$0.00									
83986	QW	PH BODY FLUID EXCEPT BLOOD	1/1/2015	MEDICARE	$4.87	$0.00									
83992		ASSAY FOR PHENCYCLIDINE	1/1/2015	MEDICARE	$20.00	$0.00									
83993		ASSAY FOR CALPROTECTIN FECAL	1/1/2015	MEDICARE	$26.71	$0.00									
84030		ASSAY OF BLOOD PKU	1/1/2015	MEDICARE	$7.48	$0.00									
84035		ASSAY OF PHENYLKETONES	1/1/2015	MEDICARE	$4.98	$0.00									
84060		ASSAY ACID PHOSPHATASE	1/1/2015	MEDICARE	$10.05	$0.00									
84061		PHOSPHATASE FORENSIC EXAM	1/1/2015	MEDICARE	$10.76	$0.00									
84066		ASSAY PROSTATE PHOSPHATASE	1/1/2015	MEDICARE	$13.15	$0.00									
84075		ASSAY ALKALINE PHOSPHATASE	1/1/2015	MEDICARE	$7.04	$0.00									
84075	QW	ASSAY ALKALINE PHOSPHATASE	1/1/2015	MEDICARE	$7.04	$0.00									
84078		ASSAY ALKALINE PHOSPHATASE	1/1/2015	MEDICARE	$9.94	$0.00									
84080		ASSAY ALKALINE PHOSPHATASES	1/1/2015	MEDICARE	$20.12	$0.00									
84081		ASSAY PHOSPHATIDYLGLYCEROL	1/1/2015	MEDICARE	$22.48	$0.00									
84085		ASSAY OF RBC PG6D ENZYME	1/1/2015	MEDICARE	$9.18	$0.00									
84087		ASSAY PHOSPHOHEXOSE ENZYMES	1/1/2015	MEDICARE	$14.05	$0.00									
84100		ASSAY OF PHOSPHORUS	1/1/2015	MEDICARE	$6.45	$0.00									
84105		ASSAY OF URINE PHOSPHORUS	1/1/2015	MEDICARE	$7.04	$0.00									
84106		TEST FOR PORPHOBILINOGEN	1/1/2015	MEDICARE	$5.82	$0.00									
84110		ASSAY OF PORPHOBILINOGEN	1/1/2015	MEDICARE	$11.48	$0.00									
84112		PLACENTA ALPHA MICRO IG C/V	1/1/2015	MEDICARE	$87.65	$0.00									
84119		TEST URINE FOR PORPHYRINS	1/1/2015	MEDICARE	$11.72	$0.00									
84120		ASSAY OF URINE PORPHYRINS	1/1/2015	MEDICARE	$20.02	$0.00									
84126		ASSAY OF FECES PORPHYRINS	1/1/2015	MEDICARE	$34.66	$0.00									
84132		ASSAY OF SERUM POTASSIUM	1/1/2015	MEDICARE	$6.26	$0.00									
84132	QW	ASSAY OF SERUM POTASSIUM	1/1/2015	MEDICARE	$6.26	$0.00									
84133		ASSAY OF URINE POTASSIUM	1/1/2015	MEDICARE	$5.85	$0.00									
84134		ASSAY OF PREALBUMIN	1/1/2015	MEDICARE	$19.84	$0.00									
84135		ASSAY OF PREGNANEDIOL	1/1/2015	MEDICARE	$26.03	$0.00									
84138		ASSAY OF PREGNANETRIOL	1/1/2015	MEDICARE	$25.77	$0.00									
84140		ASSAY OF PREGNENOLONE	1/1/2015	MEDICARE	$28.13	$0.00									
84143		ASSAY OF 17-HYDROXYPREGNENO	1/1/2015	MEDICARE	$20.94	$0.00									
84144		ASSAY OF PROGESTERONE	1/1/2015	MEDICARE	$28.39	$0.00									
84145		PROCALCITONIN (PCT)	1/1/2015	MEDICARE	$36.45	$0.00									
84146		ASSAY OF PROLACTIN	1/1/2015	MEDICARE	$26.37	$0.00									
84150		ASSAY OF PROSTAGLANDIN	1/1/2015	MEDICARE	$33.96	$0.00									
84152		ASSAY OF PSA COMPLEXED	1/1/2015	MEDICARE	$25.03	$0.00									
84153		ASSAY OF PSA TOTAL	1/1/2015	MEDICARE	$25.03	$0.00									
84154		ASSAY OF PSA FREE	1/1/2015	MEDICARE	$25.03	$0.00									
84155		ASSAY OF PROTEIN SERUM	1/1/2015	MEDICARE	$4.99	$0.00									
84155	QW	ASSAY OF PROTEIN SERUM	1/1/2015	MEDICARE	$4.99	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
84156		ASSAY OF PROTEIN URINE	1/1/2015	MEDICARE	$4.99	$0.00									
84157		ASSAY OF PROTEIN OTHER	1/1/2015	MEDICARE	$4.99	$0.00									
84157	QW	ASSAY OF PROTEIN OTHER	1/1/2015	MEDICARE	$4.99	$0.00									
84160		ASSAY OF PROTEIN ANY SOURCE	1/1/2015	MEDICARE	$7.04	$0.00									
84163		PAPPA SERUM	1/1/2015	MEDICARE	$20.49	$0.00									
84165		PROTEIN E-PHORESIS SERUM	1/1/2015	MEDICARE	$14.61	$0.00									
84166		PROTEIN E-PHORESIS/URINE/CSF	1/1/2015	MEDICARE	$24.27	$0.00									
84181		WESTERN BLOT TEST	1/1/2015	MEDICARE	$23.18	$0.00									
84182		PROTEIN WESTERN BLOT TEST	1/1/2015	MEDICARE	$24.49	$0.00									
84202		ASSAY RBC PROTOPORPHYRIN	1/1/2015	MEDICARE	$19.52	$0.00									
84203		TEST RBC PROTOPORPHYRIN	1/1/2015	MEDICARE	$11.71	$0.00									
84206		ASSAY OF PROINSULIN	1/1/2015	MEDICARE	$24.24	$0.00									
84207		ASSAY OF VITAMIN B-6	1/1/2015	MEDICARE	$38.24	$0.00									
84210		ASSAY OF PYRUVATE	1/1/2015	MEDICARE	$14.77	$0.00									
84220		ASSAY OF PYRUVATE KINASE	1/1/2015	MEDICARE	$12.85	$0.00									
84228		ASSAY OF QUININE	1/1/2015	MEDICARE	$15.84	$0.00									
84233		ASSAY OF ESTROGEN	1/1/2015	MEDICARE	$87.65	$0.00									
84234		ASSAY OF PROGESTERONE	1/1/2015	MEDICARE	$88.29	$0.00									
84235		ASSAY OF ENDOCRINE HORMONE	1/1/2015	MEDICARE	$71.23	$0.00									
84238		ASSAY NONENDOCRINE RECEPTOR	1/1/2015	MEDICARE	$49.77	$0.00									
84244		ASSAY OF RENIN	1/1/2015	MEDICARE	$29.93	$0.00									
84252		ASSAY OF VITAMIN B-2	1/1/2015	MEDICARE	$27.54	$0.00									
84255		ASSAY OF SELENIUM	1/1/2015	MEDICARE	$34.74	$0.00									
84260		ASSAY OF SEROTONIN	1/1/2015	MEDICARE	$42.16	$0.00									
84270		ASSAY OF SEX HORMONE GLOBUL	1/1/2015	MEDICARE	$29.58	$0.00									
84275		ASSAY OF SIALIC ACID	1/1/2015	MEDICARE	$18.29	$0.00									
84285		ASSAY OF SILICA	1/1/2015	MEDICARE	$32.04	$0.00									
84295		ASSAY OF SERUM SODIUM	1/1/2015	MEDICARE	$6.55	$0.00									
84295	QW	ASSAY OF SERUM SODIUM	1/1/2015	MEDICARE	$6.55	$0.00									
84300		ASSAY OF URINE SODIUM	1/1/2015	MEDICARE	$6.62	$0.00									
84302		ASSAY OF SWEAT SODIUM	1/1/2015	MEDICARE	$6.62	$0.00									
84305		ASSAY OF SOMATOMEDIN	1/1/2015	MEDICARE	$28.93	$0.00									
84307		ASSAY OF SOMATOSTATIN	1/1/2015	MEDICARE	$24.88	$0.00									
84311		SPECTROPHOTOMETRY	1/1/2015	MEDICARE	$9.52	$0.00									
84315		BODY FLUID SPECIFIC GRAVITY	1/1/2015	MEDICARE	$3.42	$0.00									
84375		CHROMATOGRAM ASSAY SUGARS	1/1/2015	MEDICARE	$26.68	$0.00									
84376		SUGARS SINGLE QUAL	1/1/2015	MEDICARE	$7.48	$0.00									
84377		SUGARS MULTIPLE QUAL	1/1/2015	MEDICARE	$7.48	$0.00									
84378		SUGARS SINGLE QUANT	1/1/2015	MEDICARE	$15.69	$0.00									
84379		SUGARS MULTIPLE QUANT	1/1/2015	MEDICARE	$15.69	$0.00									
84392		ASSAY OF URINE SULFATE	1/1/2015	MEDICARE	$6.46	$0.00									
84402		ASSAY OF FREE TESTOSTERONE	1/1/2015	MEDICARE	$34.65	$0.00									
84403		ASSAY OF TOTAL TESTOSTERONE	1/1/2015	MEDICARE	$35.13	$0.00									
84425		ASSAY OF VITAMIN B-1	1/1/2015	MEDICARE	$28.89	$0.00									
84430		ASSAY OF THIOCYANATE	1/1/2015	MEDICARE	$15.84	$0.00									
84431		THROMBOXANE URINE	1/1/2015	MEDICARE	$22.87	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
84432		ASSAY OF THYROGLOBULIN	1/1/2015	MEDICARE	$21.86	$0.00									
84436		ASSAY OF TOTAL THYROXINE	1/1/2015	MEDICARE	$9.35	$0.00									
84437		ASSAY OF NEONATAL THYROXINE	1/1/2015	MEDICARE	$8.81	$0.00									
84439		ASSAY OF FREE THYROXINE	1/1/2015	MEDICARE	$12.27	$0.00									
84442		ASSAY OF THYROID ACTIVITY	1/1/2015	MEDICARE	$20.12	$0.00									
84443		ASSAY THYROID STIM HORMONE	1/1/2015	MEDICARE	$22.87	$0.00									
84443	QW	ASSAY THYROID STIM HORMONE	1/1/2015	MEDICARE	$22.87	$0.00									
84445		ASSAY OF TSI GLOBULIN	1/1/2015	MEDICARE	$69.20	$0.00									
84446		ASSAY OF VITAMIN E	1/1/2015	MEDICARE	$19.29	$0.00									
84449		ASSAY OF TRANSCORTIN	1/1/2015	MEDICARE	$24.49	$0.00									
84450		TRANSFERASE (AST) (SGOT)	1/1/2015	MEDICARE	$7.04	$0.00									
84450	QW	TRANSFERASE (AST) (SGOT)	1/1/2015	MEDICARE	$7.04	$0.00									
84460		ALANINE AMINO (ALT) (SGPT)	1/1/2015	MEDICARE	$7.21	$0.00									
84460	QW	TRANSFERASE; ALANINE AMINO (ALT)(SC	1/1/2015	MEDICARE	$7.21	$0.00									
84466		ASSAY OF TRANSFERRIN	1/1/2015	MEDICARE	$17.38	$0.00									
84478		ASSAY OF TRIGLYCERIDES	1/1/2015	MEDICARE	$7.82	$0.00									
84478	QW	TRIGLYCERIDES	1/1/2015	MEDICARE	$7.82	$0.00									
84479		ASSAY OF THYROID (T3 OR T4)	1/1/2015	MEDICARE	$8.81	$0.00									
84480		ASSAY TRIIODOTHYRONINE (T3)	1/1/2015	MEDICARE	$19.29	$0.00									
84481		FREE ASSAY (FT-3)	1/1/2015	MEDICARE	$23.05	$0.00									
84482		T3 REVERSE	1/1/2015	MEDICARE	$21.45	$0.00									
84484		ASSAY OF TROPONIN QUANT	1/1/2015	MEDICARE	$13.39	$0.00									
84485		ASSAY DUODENAL FLUID TRYPSIN	1/1/2015	MEDICARE	$10.23	$0.00									
84488		TEST FECES FOR TRYPSIN	1/1/2015	MEDICARE	$9.94	$0.00									
84490		ASSAY OF FECES FOR TRYPSIN	1/1/2015	MEDICARE	$10.35	$0.00									
84510		ASSAY OF TYROSINE	1/1/2015	MEDICARE	$14.16	$0.00									
84512		ASSAY OF TROPONIN QUAL	1/1/2015	MEDICARE	$10.48	$0.00									
84520		ASSAY OF UREA NITROGEN	1/1/2015	MEDICARE	$5.37	$0.00									
84520	QW	ASSAY OF UREA NITROGEN	1/1/2015	MEDICARE	$5.37	$0.00									
84525		UREA NITROGEN SEMI-QUANT	1/1/2015	MEDICARE	$5.12	$0.00									
84540		ASSAY OF URINE/UREA-N	1/1/2015	MEDICARE	$6.46	$0.00									
84545		UREA-N CLEARANCE TEST	1/1/2015	MEDICARE	$8.99	$0.00									
84550		ASSAY OF BLOOD/URIC ACID	1/1/2015	MEDICARE	$6.15	$0.00									
84550	QW	ASSAY OF BLOOD/URIC ACID	1/1/2015	MEDICARE	$6.15	$0.00									
84560		ASSAY OF URINE/URIC ACID	1/1/2015	MEDICARE	$6.46	$0.00									
84577		ASSAY OF FECES/UROBILINOGEN	1/1/2015	MEDICARE	$16.98	$0.00									
84578		TEST URINE UROBILINOGEN	1/1/2014	MEDICARE	$4.43	$0.00									
84580		ASSAY OF URINE UROBILINOGEN	1/1/2015	MEDICARE	$9.66	$0.00									
84583		ASSAY OF URINE UROBILINOGEN	1/1/2015	MEDICARE	$6.85	$0.00									
84585		ASSAY OF URINE VMA	1/1/2015	MEDICARE	$21.09	$0.00									
84586		ASSAY OF VIP	1/1/2015	MEDICARE	$48.09	$0.00									
84588		ASSAY OF VASOPRESSIN	1/1/2015	MEDICARE	$46.19	$0.00									
84590		ASSAY OF VITAMIN A	1/1/2015	MEDICARE	$15.79	$0.00									
84591		ASSAY OF NOS VITAMIN	1/1/2015	MEDICARE	$15.79	$0.00									
84597		ASSAY OF VITAMIN K	1/1/2015	MEDICARE	$18.66	$0.00									
84600		ASSAY OF VOLATILES	1/1/2015	MEDICARE	$21.88	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
84620		XYLOSE TOLERANCE TEST	1/1/2015	MEDICARE	$16.12	$0.00									
84630		ASSAY OF ZINC	1/1/2015	MEDICARE	$15.50	$0.00									
84681		ASSAY OF C-PEPTIDE	1/1/2015	MEDICARE	$22.16	$0.00									
84702		CHORIONIC GONADOTROPIN TEST	1/1/2015	MEDICARE	$20.49	$0.00									
84703		CHORIONIC GONADOTROPIN ASSAY	1/1/2015	MEDICARE	$10.23	$0.00									
84703	QW	GONADOTROPIN CHORIONIC (HCG); QU	1/1/2015	MEDICARE	$10.23	$0.00									
84704		HCG FREE BETACHAIN TEST	1/1/2015	MEDICARE	$20.49	$0.00									
84830		OVULATION TESTS	1/1/2015	MEDICARE	$5.40	$0.00									
84999		CLINICAL CHEMISTRY TEST	7/1/2014	FEE SCHED	$1,606.90	$0.00									
85002		BLEEDING TIME TEST	1/1/2015	MEDICARE	$6.13	$0.00									
85004		AUTOMATED DIFF WBC COUNT	1/1/2015	MEDICARE	$8.81	$0.00									
85007		BL SMEAR W/DIFF WBC COUNT	1/1/2015	MEDICARE	$4.68	$0.00									
85008		BL SMEAR W/O DIFF WBC COUNT	1/1/2015	MEDICARE	$4.68	$0.00									
85009		MANUAL DIFF WBC COUNT B-COAT	1/1/2015	MEDICARE	$3.92	$0.00									
85013		SPUN MICROHEMATOCRIT	1/1/2014	MEDICARE	$3.23	$0.00									
85014		HEMATOCRIT	1/1/2014	MEDICARE	$3.23	$0.00									
85014	QW	BLOOD COUNT; OTHER THAN SPUN HEM	1/1/2014	MEDICARE	$3.23	$0.00									
85018		HEMOGLOBIN	1/1/2014	MEDICARE	$3.23	$0.00									
85018	QW	BLOOD COUNT; HEMOGLOBIN	1/1/2014	MEDICARE	$3.23	$0.00									
85025		COMPLETE CBC W/AUTO DIFF WBC	1/1/2015	MEDICARE	$10.58	$0.00									
85027		COMPLETE CBC AUTOMATED	1/1/2015	MEDICARE	$8.81	$0.00									
85032		MANUAL CELL COUNT EACH	1/1/2015	MEDICARE	$5.85	$0.00									
85041		AUTOMATED RBC COUNT	1/1/2014	MEDICARE	$4.11	$0.00									
85044		MANUAL RETICULOCYTE COUNT	1/1/2015	MEDICARE	$5.85	$0.00									
85045		AUTOMATED RETICULOCYTE COUNT	1/1/2015	MEDICARE	$5.44	$0.00									
85046		RETICYTE/HGB CONCENTRATE	1/1/2015	MEDICARE	$7.59	$0.00									
85048		AUTOMATED LEUKOCYTE COUNT	1/1/2014	MEDICARE	$3.46	$0.00									
85049		AUTOMATED PLATELET COUNT	1/1/2015	MEDICARE	$6.09	$0.00									
85055		RETICULATED PLATELET ASSAY	1/1/2015	MEDICARE	$36.44	$0.00									
85060		BLOOD SMEAR INTERPRETATION	7/1/2014	RBRVS	$24.92	$24.92									
85097		BONE MARROW INTERPRETATION	7/1/2014	RBRVS	$86.71	$49.42									
85130		CHROMOGENIC SUBSTRATE ASSAY	1/1/2015	MEDICARE	$16.18	$0.00									
85170		BLOOD CLOT RETRACTION	1/1/2015	MEDICARE	$4.92	$0.00									
85175		BLOOD CLOT LYSIS TIME	1/1/2015	MEDICARE	$6.19	$0.00									
85210		CLOT FACTOR II PROTHROM SPEC	1/1/2015	MEDICARE	$17.67	$0.00									
85220		BLOOC CLOT FACTOR V TEST	1/1/2015	MEDICARE	$24.01	$0.00									
85230		CLOT FACTOR VII PROCONVERTIN	1/1/2015	MEDICARE	$24.37	$0.00									
85240		CLOT FACTOR VIII AHG 1 STAGE	1/1/2015	MEDICARE	$24.37	$0.00									
85244		CLOT FACTOR VIII RELTD ANTGN	1/1/2015	MEDICARE	$27.79	$0.00									
85245		CLOT FACTOR VIII VW RISTOCTN	1/1/2015	MEDICARE	$31.22	$0.00									
85246		CLOT FACTOR VIII VW ANTIGEN	1/1/2015	MEDICARE	$31.22	$0.00									
85247		CLOT FACTOR VIII MULTIMETRIC	1/1/2015	MEDICARE	$31.22	$0.00									
85250		CLOT FACTOR IX PTC/CHRSTMAS	1/1/2015	MEDICARE	$25.91	$0.00									
85260		CLOT FACTOR X STUART-POWER	1/1/2015	MEDICARE	$24.37	$0.00									
85270		CLOT FACTOR XI PTA	1/1/2015	MEDICARE	$24.37	$0.00									
85280		CLOT FACTOR XII HAGEMAN	1/1/2015	MEDICARE	$26.33	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
85290		CLOT FACTOR XIII FIBRIN STAB	1/1/2015	MEDICARE	$22.24	$0.00									
85291		CLOT FACTOR XIII FIBRIN SCRN	1/1/2015	MEDICARE	$12.11	$0.00									
85292		CLOT FACTOR FLETCHER FACT	1/1/2015	MEDICARE	$25.77	$0.00									
85293		CLOT FACTOR WGHT KININOGEN	1/1/2015	MEDICARE	$25.77	$0.00									
85300		ANTITHROMBIN III ACTIVITY	1/1/2015	MEDICARE	$16.13	$0.00									
85301		ANTITHROMBIN III ANTIGEN	1/1/2015	MEDICARE	$14.71	$0.00									
85302		CLOT INHIBIT PROT C ANTIGEN	1/1/2015	MEDICARE	$16.35	$0.00									
85303		CLOT INHIBIT PROT C ACTIVITY	1/1/2015	MEDICARE	$18.82	$0.00									
85305		CLOT INHIBIT PROT S TOTAL	1/1/2015	MEDICARE	$15.79	$0.00									
85306		CLOT INHIBIT PROT S FREE	1/1/2015	MEDICARE	$20.85	$0.00									
85307		ASSAY ACTIVATED PROTEIN C	1/1/2015	MEDICARE	$20.85	$0.00									
85335		FACTOR INHIBITOR TEST	1/1/2015	MEDICARE	$17.52	$0.00									
85337		THROMBOMODULIN	1/1/2015	MEDICARE	$14.19	$0.00									
85345		COAGULATION TIME LEE & WHITE	1/1/2015	MEDICARE	$5.85	$0.00									
85347		COAGULATION TIME ACTIVATED	1/1/2015	MEDICARE	$5.79	$0.00									
85348		COAGULATION TIME OTR METHOD	1/1/2015	MEDICARE	$5.07	$0.00									
85360		EUGLOBULIN LYSIS	1/1/2015	MEDICARE	$11.43	$0.00									
85362		FIBRIN DEGRADATION PRODUCTS	1/1/2015	MEDICARE	$9.38	$0.00									
85366		FIBRINOGEN TEST	1/1/2015	MEDICARE	$11.72	$0.00									
85370		FIBRINOGEN TEST	1/1/2015	MEDICARE	$15.45	$0.00									
85378		FIBRIN DEGRADE SEMIQUANT	1/1/2015	MEDICARE	$9.71	$0.00									
85379		FIBRIN DEGRADATION QUANT	1/1/2015	MEDICARE	$13.85	$0.00									
85380		FIBRIN DEGRADJ D-DIMER	1/1/2015	MEDICARE	$13.85	$0.00									
85384		FIBRINOGEN ACTIVITY	1/1/2015	MEDICARE	$11.56	$0.00									
85385		FIBRINOGEN ANTIGEN	1/1/2015	MEDICARE	$11.56	$0.00									
85390		FIBRINOLYSINS SCREEN I&R	1/1/2015	MEDICARE	$7.04	$0.00									
85396		CLOTTING ASSAY WHOLE BLOOD	7/1/2014	RBRVS	$20.62	$20.62									
85397		CLOTTING FUNCT ACTIVITY	1/1/2015	MEDICARE	$31.22	$0.00									
85400		FIBRINOLYTIC PLASMIN	1/1/2015	MEDICARE	$12.04	$0.00									
85410		FIBRINOLYTIC ANTIPLASMIN	1/1/2015	MEDICARE	$10.49	$0.00									
85415		FIBRINOLYTIC PLASMINOGEN	1/1/2015	MEDICARE	$23.40	$0.00									
85420		FIBRINOLYTIC PLASMINOGEN	1/1/2015	MEDICARE	$8.89	$0.00									
85421		FIBRINOLYTIC PLASMINOGEN	1/1/2015	MEDICARE	$13.86	$0.00									
85441		HEINZ BODIES DIRECT	1/1/2015	MEDICARE	$5.72	$0.00									
85445		HEINZ BODIES INDUCED	1/1/2015	MEDICARE	$9.28	$0.00									
85460		HEMOGLOBIN FETAL	1/1/2015	MEDICARE	$10.53	$0.00									
85461		HEMOGLOBIN FETAL	1/1/2015	MEDICARE	$9.03	$0.00									
85475		HEMOLYSIN ACID	1/1/2015	MEDICARE	$12.08	$0.00									
85520		HEPARIN ASSAY	1/1/2015	MEDICARE	$17.82	$0.00									
85525		HEPARIN NEUTRALIZATION	1/1/2015	MEDICARE	$16.12	$0.00									
85530		HEPARIN-PROTAMINE TOLERANCE	1/1/2015	MEDICARE	$19.29	$0.00									
85536		IRON STAIN PERIPHERAL BLOOD	1/1/2015	MEDICARE	$8.81	$0.00									
85540		WBC ALKALINE PHOSPHATASE	1/1/2015	MEDICARE	$11.71	$0.00									
85547		RBC MECHANICAL FRAGILITY	1/1/2015	MEDICARE	$11.71	$0.00									
85549		MURAMIDASE	1/1/2015	MEDICARE	$25.52	$0.00									
85555		RBC OSMOTIC FRAGILITY	1/1/2015	MEDICARE	$9.09	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
85557		RBC OSMOTIC FRAGILITY	1/1/2015	MEDICARE	$18.18	$0.00									
85576		BLOOD PLATELET AGGREGATION	1/1/2015	MEDICARE	$29.24	$0.00									
85576	QW	BLOOD PLATELET AGGREGATION	1/1/2015	MEDICARE	$29.24	$0.00									
85597		PLATELET NEUTRALIZATION	1/1/2015	MEDICARE	$7.28	$0.00									
85598		HEXAGNAL PHOSPH PLTLT NEUTRL	1/1/2015	MEDICARE	$7.28	$0.00									
85610		PROTHROMBIN TIME	1/1/2015	MEDICARE	$5.35	$0.00									
85610	QW	PROTHROMBIN TIME;	1/1/2015	MEDICARE	$5.35	$0.00									
85611		PROTHROMBIN TEST	1/1/2015	MEDICARE	$5.36	$0.00									
85612		VIPER VENOM PROTHROMBIN TIME	1/1/2015	MEDICARE	$13.03	$0.00									
85613		RUSSELL VIPER VENOM DILUTED	1/1/2015	MEDICARE	$13.03	$0.00									
85635		REPTILASE TEST	1/1/2015	MEDICARE	$13.39	$0.00									
85651		RBC SED RATE NONAUTOMATED	1/1/2015	MEDICARE	$4.82	$0.00									
85652		RBC SED RATE AUTOMATED	1/1/2015	MEDICARE	$3.68	$0.00									
85660		RBC SICKLE CELL TEST	1/1/2015	MEDICARE	$7.50	$0.00									
85670		THROMBIN TIME PLASMA	1/1/2015	MEDICARE	$7.85	$0.00									
85675		THROMBIN TIME TITER	1/1/2015	MEDICARE	$9.32	$0.00									
85705		THROMBOPLASTIN INHIBITION	1/1/2015	MEDICARE	$12.84	$0.00									
85730		THROMBOPLASTIN TIME PARTIAL	1/1/2015	MEDICARE	$8.17	$0.00									
85732		THROMBOPLASTIN TIME PARTIAL	1/1/2015	MEDICARE	$8.81	$0.00									
85810		BLOOD VISCOSITY EXAMINATION	1/1/2015	MEDICARE	$15.89	$0.00									
86000		AGGLUTININS FEBRILE ANTIGEN	1/1/2015	MEDICARE	$9.50	$0.00									
86001		ALLERGEN SPECIFIC IGG	1/1/2015	MEDICARE	$3.94	$0.00									
86003		ALLERGEN SPECIFIC IGE	1/1/2015	MEDICARE	$3.94	$0.00									
86005		ALLERGEN SPECIFIC IGE	1/1/2015	MEDICARE	$10.85	$0.00									
86021		WBC ANTIBODY IDENTIFICATION	1/1/2015	MEDICARE	$20.49	$0.00									
86022		PLATELET ANTIBODIES	1/1/2015	MEDICARE	$25.00	$0.00									
86023		IMMUNOGLOBULIN ASSAY	1/1/2015	MEDICARE	$16.95	$0.00									
86038		ANTINUCLEAR ANTIBODIES	1/1/2015	MEDICARE	$16.45	$0.00									
86039		ANTINUCLEAR ANTIBODIES (ANA)	1/1/2015	MEDICARE	$15.19	$0.00									
86060		ANTISTREPTOLYSIN O TITER	1/1/2015	MEDICARE	$9.94	$0.00									
86063		ANTISTREPTOLYSIN O SCREEN	1/1/2015	MEDICARE	$7.85	$0.00									
86077		PHYS BLOOD BANK SERV XMATCH	7/1/2014	RBRVS	$55.15	$51.57									
86078		PHYS BLOOD BANK SERV REACTJ	7/1/2014	RBRVS	$55.15	$51.57									
86079		PHYS BLOOD BANK SERV AUTHRJ	7/1/2014	RBRVS	$54.79	$50.85									
86140		C-REACTIVE PROTEIN	1/1/2015	MEDICARE	$7.04	$0.00									
86141		C-REACTIVE PROTEIN HS	1/1/2015	MEDICARE	$17.62	$0.00									
86146		BETA-2 GLYCOPROTEIN ANTIBODY	1/1/2015	MEDICARE	$34.62	$0.00									
86147		CARDIOLIPIN ANTIBODY EA IG	1/1/2015	MEDICARE	$34.62	$0.00									
86148		ANTI-PHOSPHOLIPID ANTIBODY	1/1/2015	MEDICARE	$21.87	$0.00									
86155		CHEMOTAXIS ASSAY	1/1/2015	MEDICARE	$21.76	$0.00									
86156		COLD AGGLUTININ SCREEN	1/1/2015	MEDICARE	$9.12	$0.00									
86157		COLD AGGLUTININ TITER	1/1/2015	MEDICARE	$10.97	$0.00									
86160		COMPLEMENT ANTIGEN	1/1/2015	MEDICARE	$16.33	$0.00									
86161		COMPLEMENT/FUNCTION ACTIVITY	1/1/2015	MEDICARE	$16.33	$0.00									
86162		COMPLEMENT TOTAL (CH50)	1/1/2015	MEDICARE	$26.21	$0.00									
86171		COMPLEMENT FIXATION EACH	1/1/2015	MEDICARE	$13.62	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
86185		COUNTERIMMUNOELECTROPHORESIS	1/1/2015	MEDICARE	$12.17	$0.00									
86200		CCP ANTIBODY	1/1/2015	MEDICARE	$17.62	$0.00									
86215		DEOXYRIBONUCLEASE ANTIBODY	1/1/2015	MEDICARE	$18.03	$0.00									
86225		DNA ANTIBODY NATIVE	1/1/2015	MEDICARE	$18.69	$0.00									
86226		DNA ANTIBODY SINGLE STRAND	1/1/2015	MEDICARE	$15.05	$0.00									
86235		NUCLEAR ANTIGEN ANTIBODY	1/1/2015	MEDICARE	$24.41	$0.00									
86243		FC RECEPTOR	1/1/2015	MEDICARE	$27.92	$0.00									
86255		FLUORESCENT ANTIBODY SCREEN	1/1/2015	MEDICARE	$16.40	$0.00									
86256		FLUORESCENT ANTIBODY TITER	1/1/2015	MEDICARE	$16.40	$0.00									
86277		GROWTH HORMONE ANTIBODY	1/1/2015	MEDICARE	$21.42	$0.00									
86280		HEMAGGLUTINATION INHIBITION	1/1/2015	MEDICARE	$11.14	$0.00									
86294		IMMUNOASSAY TUMOR QUAL	1/1/2015	MEDICARE	$26.70	$0.00									
86294	QW	IMMUNOASSAY TUMOR QUAL	1/1/2015	MEDICARE	$26.70	$0.00									
86300		IMMUNOASSAY TUMOR CA 15-3	1/1/2015	MEDICARE	$28.32	$0.00									
86301		IMMUNOASSAY TUMOR CA 19-9	1/1/2015	MEDICARE	$28.32	$0.00									
86304		IMMUNOASSAY TUMOR CA 125	1/1/2015	MEDICARE	$28.32	$0.00									
86308		HETEROPHILE ANTIBODY SCREEN	1/1/2015	MEDICARE	$5.60	$0.00									
86308	QW	HETEROPHILE ANTIBODY SCREEN	1/1/2015	MEDICARE	$5.60	$0.00									
86309		HETEROPHILE ANTIBODY TITER	1/1/2015	MEDICARE	$8.81	$0.00									
86310		HETEROPHILE ANTIBODY ABSRBJ	1/1/2015	MEDICARE	$10.03	$0.00									
86316		IMMUNOASSAY TUMOR OTHER	1/1/2015	MEDICARE	$28.32	$0.00									
86317		IMMUNOASSAY INFECTIOUS AGENT	1/1/2015	MEDICARE	$15.07	$0.00									
86318		IMMUNOASSAY INFECTIOUS AGENT	1/1/2015	MEDICARE	$17.62	$0.00									
86318	QW	IMMUNOASSAY INFECTIOUS AGENT	1/1/2015	MEDICARE	$17.62	$0.00									
86320		SERUM IMMUNOELECTROPHORESIS	1/1/2015	MEDICARE	$30.50	$0.00									
86325		OTHER IMMUNOELECTROPHORESIS	1/1/2015	MEDICARE	$30.44	$0.00									
86327		IMMUNOELECTROPHORESIS ASSAY	1/1/2015	MEDICARE	$30.88	$0.00									
86329		IMMUNODIFFUSION NES	1/1/2015	MEDICARE	$19.11	$0.00									
86331		IMMUNODIFFUSION OUCHTERLONY	1/1/2015	MEDICARE	$16.30	$0.00									
86332		IMMUNE COMPLEX ASSAY	1/1/2015	MEDICARE	$33.17	$0.00									
86334		IMMUNOFIX E-PHORESIS SERUM	1/1/2015	MEDICARE	$30.41	$0.00									
86335		IMMUNOGLOBULIN TYPING (GC GM INV)	1/1/2015	MEDICARE	$39.94	$0.00									
86336		INHIBIN A	1/1/2015	MEDICARE	$21.21	$0.00									
86337		INSULIN ANTIBODIES	1/1/2015	MEDICARE	$29.13	$0.00									
86340		INTRINSIC FACTOR ANTIBODY	1/1/2015	MEDICARE	$20.51	$0.00									
86341		ISLET CELL ANTIBODY	1/1/2015	MEDICARE	$26.92	$0.00									
86343		LEUKOCYTE HISTAMINE RELEASE	1/1/2015	MEDICARE	$16.96	$0.00									
86344		LEUKOCYTE PHAGOCYTOSIS	1/1/2015	MEDICARE	$10.87	$0.00									
86353		LYMPHOCYTE TRANSFORMATION	1/1/2015	MEDICARE	$66.72	$0.00									
86355		B CELLS TOTAL COUNT	1/1/2015	MEDICARE	$51.34	$0.00									
86356		MONONUCLEAR CELL ANTIGEN	1/1/2015	MEDICARE	$36.44	$0.00									
86357		NK CELLS TOTAL COUNT	1/1/2015	MEDICARE	$51.34	$0.00									
86359		T CELLS TOTAL COUNT	1/1/2015	MEDICARE	$51.34	$0.00									
86360		T CELL ABSOLUTE COUNT/RATIO	1/1/2015	MEDICARE	$63.94	$0.00									
86361		T CELL ABSOLUTE COUNT	1/1/2015	MEDICARE	$36.44	$0.00									
86367		STEM CELLS TOTAL COUNT	1/1/2015	MEDICARE	$51.34	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
86376		MICROSOMAL ANTIBODY EACH	1/1/2015	MEDICARE	$19.80	$0.00									
86378		MIGRATION INHIBITORY FACTOR	1/1/2015	MEDICARE	$26.80	$0.00									
86382		NEUTRALIZATION TEST VIRAL	1/1/2015	MEDICARE	$23.01	$0.00									
86384		NITROBLUE TETRAZOLIUM DYE	1/1/2015	MEDICARE	$15.50	$0.00									
86386	QW	NUCLEAR MATRIX PROTEIN 22	1/1/2015	MEDICARE	$21.73	$0.00									
86403		PARTICLE AGGLUT ANTBDY SCRN	1/1/2015	MEDICARE	$13.87	$0.00									
86406		PARTICLE AGGLUT ANTBDY TITR	1/1/2015	MEDICARE	$14.47	$0.00									
86430		RHEUMATOID FACTOR TEST QUAL	1/1/2015	MEDICARE	$7.72	$0.00									
86431		RHEUMATOID FACTOR QUANT	1/1/2015	MEDICARE	$7.72	$0.00									
86480		TB TEST, CELL IMMUN MEASURE	1/1/2015	MEDICARE	$84.35	$0.00									
86481		TB AG RESPONSE T-CELL SUSP	1/1/2015	MEDICARE	$101.96	$0.00									
86485		SKIN TEST CANDIDA	7/1/2014	FEE SCHED	$11.00	$0.00									
86486		SKIN TEST NOS ANTIGEN	7/1/2014	RBRVS	$5.09	$5.09									
86490		COCCIDIOIDOMYCOSIS SKIN TEST	7/1/2014	RBRVS	$5.09	$5.09									
86510		HISTOPLASMOSIS SKIN TEST	7/1/2014	RBRVS	$6.53	$6.53									
86580		TB INTRADERMAL TEST	7/1/2014	RBRVS	$7.96	$7.96									
86590		STREPTOKINASE ANTIBODY	1/1/2015	MEDICARE	$15.03	$0.00									
86592		BLOOD SEROLOGY, QUALITATIVE	1/1/2015	MEDICARE	$5.81	$0.00									
86593		BLOOD SEROLOGY, QUANTITATIVE	1/1/2015	MEDICARE	$5.99	$0.00									
86602		ANTINOMYCES ANTIBODY	1/1/2015	MEDICARE	$13.85	$0.00									
86603		ADENOVIRUS ANTIBODY	1/1/2015	MEDICARE	$17.51	$0.00									
86606		ASPERGILLUS ANTIBODY	1/1/2015	MEDICARE	$20.49	$0.00									
86609		BACTERIUM ANTIBODY	1/1/2015	MEDICARE	$17.53	$0.00									
86611		BARTONELLA ANTIBODY	1/1/2015	MEDICARE	$13.85	$0.00									
86612		BLASTOMYCES ANTIBODY	1/1/2015	MEDICARE	$17.56	$0.00									
86615		BORDETELLA ANTIBODY	1/1/2015	MEDICARE	$17.95	$0.00									
86617		LYME DISEASE ANTIBODY	1/1/2015	MEDICARE	$21.08	$0.00									
86618		LYME DISEASE ANTIBODY	1/1/2015	MEDICARE	$23.18	$0.00									
86618	QW	ANTIBODY; BORRELIA BURGDORFERI (LY	1/1/2015	MEDICARE	$23.18	$0.00									
86619		BORRELIA ANTIBODY	1/1/2015	MEDICARE	$18.21	$0.00									
86622		BRUCELLA ANTIBODY	1/1/2015	MEDICARE	$12.16	$0.00									
86625		CAMPYLOBACTER ANTIBODY	1/1/2015	MEDICARE	$17.86	$0.00									
86628		CANDIDA ANTIBODY	1/1/2015	MEDICARE	$16.34	$0.00									
86631		CHLAMYDIA ANTIBODY	1/1/2015	MEDICARE	$16.09	$0.00									
86632		CHLAMYDIA IGM ANTIBODY	1/1/2015	MEDICARE	$17.27	$0.00									
86635		COCCIDIOIDES ANTIBODY	1/1/2015	MEDICARE	$15.61	$0.00									
86638		Q FEVER ANTIBODY	1/1/2015	MEDICARE	$16.50	$0.00									
86641		CRYPTOCOCCUS ANTIBODY	1/1/2015	MEDICARE	$19.61	$0.00									
86644		CMV ANTIBODY	1/1/2015	MEDICARE	$15.37	$0.00									
86645		CMV ANTIBODY IGM	1/1/2015	MEDICARE	$22.93	$0.00									
86648		DIPHTHERIA ANTIBODY	1/1/2015	MEDICARE	$20.69	$0.00									
86651		ENCEPHALITIS CALIFORN ANTBDY	1/1/2015	MEDICARE	$17.95	$0.00									
86652		ENCEPHALTIS EAST EQNE ANBDY	1/1/2015	MEDICARE	$17.95	$0.00									
86653		ENCEPHALTIS ST LOUIS ANTBODY	1/1/2015	MEDICARE	$17.95	$0.00									
86654		ENCEPHALTIS WEST EQNE ANTBDY	1/1/2015	MEDICARE	$17.95	$0.00									
86658		ENTEROVIRUS ANTIBODY	1/1/2015	MEDICARE	$17.73	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
86663		EPSTEIN-BARR ANTIBODY	1/1/2015	MEDICARE	$17.86	$0.00									
86664		EPSTEIN-BARR NUCLEAR ANTIGEN	1/1/2015	MEDICARE	$20.82	$0.00									
86665		EPSTEIN-BARR CAPSID VCA	1/1/2015	MEDICARE	$24.69	$0.00									
86666		EHRLICHIA ANTIBODY	1/1/2015	MEDICARE	$13.85	$0.00									
86668		FRANCISELLA TULARENSIS	1/1/2015	MEDICARE	$14.16	$0.00									
86671		FUNGUS NES ANTIBODY	1/1/2015	MEDICARE	$16.68	$0.00									
86674		GIARDIA LAMBLIA ANTIBODY	1/1/2015	MEDICARE	$20.03	$0.00									
86677		HELICOBACTER PYLORI ANTIBODY	1/1/2015	MEDICARE	$19.74	$0.00									
86682		HELMINTH ANTIBODY	1/1/2015	MEDICARE	$17.70	$0.00									
86684		HEMOPHILUS INFLUENZA ANTIBDY	1/1/2015	MEDICARE	$21.56	$0.00									
86687		HTLV-I ANTIBODY	1/1/2015	MEDICARE	$11.42	$0.00									
86688		HTLV-II ANTIBODY	1/1/2015	MEDICARE	$19.06	$0.00									
86689		HTLV/HIV CONFIRMJ ANTIBODY	1/1/2015	MEDICARE	$26.34	$0.00									
86692		HEPATITIS DELTA AGENT ANTBDY	1/1/2015	MEDICARE	$23.35	$0.00									
86694		HERPES SIMPLEX NES ANTBDY	1/1/2015	MEDICARE	$15.37	$0.00									
86695		HERPES SIMPLEX TYPE 1 TEST	1/1/2015	MEDICARE	$17.95	$0.00									
86696		HERPES SIMPLEX TYPE 2 TEST	1/1/2015	MEDICARE	$26.34	$0.00									
86698		HISTOPLASMA ANTIBODY	1/1/2015	MEDICARE	$17.01	$0.00									
86701		HIV-1ANTIBODY	1/1/2015	MEDICARE	$10.01	$0.00									
86701	QW	HIV-1ANTIBODY	1/1/2015	MEDICARE	$10.01	$0.00									
86702		HIV-2 ANTIBODY	1/1/2015	MEDICARE	$18.39	$0.00									
86703		HIV-1/HIV-2 1 RESULT ANTBDY	1/1/2015	MEDICARE	$18.66	$0.00									
86703	QW	HIV-1/HIV-2 1 RESULT ANTBDY	1/1/2012	MEDICARE	$19.43	$0.00									
86704		HEP B CORE ANTIBODY TOTAL	1/1/2015	MEDICARE	$16.40	$0.00									
86705		HEP B CORE ANTIBODY IGM	1/1/2015	MEDICARE	$16.03	$0.00									
86706		HEP B SURFACE ANTIBODY	1/1/2015	MEDICARE	$12.39	$0.00									
86707		HEPATITIS BE ANTIBODY	1/1/2015	MEDICARE	$15.75	$0.00									
86708		HEPATITIS A TOTAL ANTIBODY	1/1/2015	MEDICARE	$16.86	$0.00									
86709		HEPATITIS A IGM ANTIBODY	1/1/2015	MEDICARE	$15.32	$0.00									
86710		INFLUENZA VIRUS ANTIBODY	1/1/2015	MEDICARE	$18.44	$0.00									
86713		LEGIONELLA ANTIBODY	1/1/2015	MEDICARE	$20.82	$0.00									
86717		LEISHMANIA ANTIBODY	1/1/2015	MEDICARE	$16.67	$0.00									
86720		LEPTOSPIRA ANTIBODY	1/1/2015	MEDICARE	$17.95	$0.00									
86723		LISTERIA MONOCYTOGENES	1/1/2015	MEDICARE	$17.95	$0.00									
86727		LYMPH CHORIOMENINGITIS AB	1/1/2015	MEDICARE	$17.51	$0.00									
86729		LYMPHO VENEREUM ANTIBODY	1/1/2015	MEDICARE	$16.26	$0.00									
86732		MUCORMYCOSIS ANTIBODY	1/1/2015	MEDICARE	$17.95	$0.00									
86735		MUMPS ANTIBODY	1/1/2015	MEDICARE	$17.76	$0.00									
86738		MYCOPLASMA ANTIBODY	1/1/2015	MEDICARE	$18.02	$0.00									
86741		NEISSERIA MENINGITIDIS	1/1/2015	MEDICARE	$17.95	$0.00									
86744		NOCARDIA ANTIBODY	1/1/2015	MEDICARE	$17.95	$0.00									
86747		PARVOVIRUS ANTIBODY	1/1/2015	MEDICARE	$20.46	$0.00									
86750		MALARIA ANTIBODY	1/1/2015	MEDICARE	$17.95	$0.00									
86753		PROTOZOA ANTIBODY NOS	1/1/2015	MEDICARE	$16.86	$0.00									
86756		RESPIRATORY VIRUS ANTIBODY	1/1/2015	MEDICARE	$17.54	$0.00									
86757		RICKETTSIA ANTIBODY	1/1/2015	MEDICARE	$26.34	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
86759		ROTAVIRUS ANTIBODY	1/1/2015	MEDICARE	$17.95	$0.00									
86762		RUBELLA ANTIBODY	1/1/2015	MEDICARE	$15.37	$0.00									
86765		RUBEOLA ANTIBODY	1/1/2015	MEDICARE	$17.53	$0.00									
86768		SALMONELLA ANTIBODY	1/1/2015	MEDICARE	$17.95	$0.00									
86771		SHIGELLA ANTIBODY	1/1/2015	MEDICARE	$17.95	$0.00									
86774		TETANUS ANTIBODY	1/1/2015	MEDICARE	$20.14	$0.00									
86777		TOXOPLASMA ANTIBODY	1/1/2015	MEDICARE	$15.37	$0.00									
86778		TOXOPLASMA ANTIBODY IGM	1/1/2015	MEDICARE	$19.60	$0.00									
86780		TREPONEMA PALLIDUM	1/1/2015	MEDICARE	$18.02	$0.00									
86784		TRICHINELLA ANTIBODY	1/1/2015	MEDICARE	$17.09	$0.00									
86787		VARICELLA-ZOSTER ANTIBODY	1/1/2015	MEDICARE	$17.53	$0.00									
86788		WEST NILE VIRUS AB IGM	1/1/2015	MEDICARE	$22.93	$0.00									
86789		WEST NILE VIRUS ANTIBODY	1/1/2015	MEDICARE	$15.37	$0.00									
86790		VIRUS ANTIBODY NOS	1/1/2015	MEDICARE	$17.53	$0.00									
86793		YERSINIA ANTIBODY	1/1/2015	MEDICARE	$17.95	$0.00									
86800		THYROGLOBULIN ANTIBODY	1/1/2015	MEDICARE	$21.65	$0.00									
86803		HEPATITIS C AB TEST	1/1/2015	MEDICARE	$19.42	$0.00									
86803	QW	HEPATITIS C AB TEST	1/1/2015	MEDICARE	$19.42	$0.00									
86804		HEP C AB TEST CONFIRM	1/1/2015	MEDICARE	$21.00	$0.00									
86805		LYMPHOCYTOTOXICITY ASSAY	1/1/2015	MEDICARE	$71.16	$0.00									
86806		LYMPHOCYTOTOXICITY ASSAY	1/1/2015	MEDICARE	$64.76	$0.00									
86807		CYTOTOXIC ANTIBODY SCREENING	1/1/2015	MEDICARE	$53.86	$0.00									
86808		CYTOTOXIC ANTIBODY SCREENING	1/1/2015	MEDICARE	$40.39	$0.00									
86812		HLA TYPING A B OR C	1/1/2015	MEDICARE	$35.12	$0.00									
86813		HLA TYPING A B OR C	1/1/2015	MEDICARE	$78.92	$0.00									
86816		HLA TYPING DR/DQ	1/1/2015	MEDICARE	$37.91	$0.00									
86817		HLA TYPING DR/DQ	1/1/2015	MEDICARE	$87.62	$0.00									
86821		LYMPHOCYTE CULTURE MIXED	1/1/2015	MEDICARE	$76.83	$0.00									
86822		LYMPHOCYTE CULTURE PRIMED	1/1/2015	MEDICARE	$49.75	$0.00									
86825		HLA X-MATH NON-CYTOTOXIC	1/1/2015	MEDICARE	$109.30	$0.00									
86826		HLA X-MATCH NONCYTOTOXC ADDL	1/1/2015	MEDICARE	$36.44	$0.00									
86849		IMMUNOLOGY PROCEDURE	7/1/2014	FEE SCHED	$49.61	$0.00									
86850		RBC ANTIBODY SCREEN	7/1/2014	FEE SCHED	$16.30	$0.00									
86870		RBC ANTIBODY IDENTIFICATION	7/1/2014	FEE SCHED	$45.76	$0.00									
86880		COOMBS TEST DIRECT	1/1/2015	MEDICARE	$7.33	$0.00									
86885		COOMBS TEST INDIRECT QUAL	1/1/2015	MEDICARE	$7.79	$0.00									
86886		COOMBS TEST INDIRECT TITER	1/1/2015	MEDICARE	$7.04	$0.00									
86891		AUTOLOGOUS BLOOD OP SALVAGE	7/1/2014	FEE SCHED	$132.00	$0.00									
86900		BLOOD TYPING SEROLOGIC ABO	1/1/2015	MEDICARE	$4.06	$0.00									
86901		BLOOD TYPING SEROLOGIC RH(D)	1/1/2015	MEDICARE	$4.06	$0.00									
86902		BLOOD TYPE ANTIGEN DONOR EA	1/1/2015	MEDICARE	$5.20	$0.00									
86904		BLOOD TYPING PATIENT SERUM	1/1/2015	MEDICARE	$12.94	$0.00									
86905		BLOOD TYPING RBC ANTIGENS	1/1/2015	MEDICARE	$5.20	$0.00									
86906		BLD TYPING SEROLOGIC RH PHNT	1/1/2015	MEDICARE	$10.55	$0.00									
86920		COMPATIBILITY TEST SPIN	7/1/2014	FEE SCHED	$37.84	$0.00									
86940		HEMOLYSINS/AGGLUTININS AUTO	1/1/2015	MEDICARE	$11.16	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
86941		HEMOLYSINS/AGGLUTININS	1/1/2015	MEDICARE	$16.48	$0.00									
87003		SMALL ANIMAL INOCULATION	1/1/2015	MEDICARE	$22.91	$0.00									
87015		SPECIMEN INFECT AGNT CONCNTJ	1/1/2015	MEDICARE	$9.09	$0.00									
87040		BLOOD CULTURE FOR BACTERIA	1/1/2015	MEDICARE	$14.05	$0.00									
87045		FECES CULTURE AEROBIC BACT	1/1/2015	MEDICARE	$12.85	$0.00									
87046		STOOL CULTR AEROBIC BACT EA	1/1/2015	MEDICARE	$12.85	$0.00									
87070		CULTURE OTHR SPECIMN AEROBIC	1/1/2015	MEDICARE	$11.72	$0.00									
87071		CULTURE AEROBIC QUANT OTHER	1/1/2015	MEDICARE	$12.85	$0.00									
87073		CULTURE BACTERIA ANAEROBIC	1/1/2015	MEDICARE	$12.85	$0.00									
87075		CULTR BACTERIA EXCEPT BLOOD	1/1/2015	MEDICARE	$12.88	$0.00									
87076		CULTURE ANAEROBE IDENT EACH	1/1/2015	MEDICARE	$11.00	$0.00									
87077		CULTURE AEROBIC IDENTIFY	1/1/2015	MEDICARE	$11.00	$0.00									
87077	QW	CULTURE BACTERIAL; AEROBIC ISOLATI	1/1/2015	MEDICARE	$11.00	$0.00									
87081		CULTURE SCREEN ONLY	1/1/2015	MEDICARE	$7.73	$0.00									
87084		CULTURE OF SPECIMEN BY KIT	1/1/2015	MEDICARE	$11.72	$0.00									
87086		URINE CULTURE/COLONY COUNT	1/1/2015	MEDICARE	$10.99	$0.00									
87088		URINE BACTERIA CULTURE	1/1/2015	MEDICARE	$7.73	$0.00									
87101		SKIN FUNGI CULTURE	1/1/2015	MEDICARE	$10.49	$0.00									
87102		FUNGUS ISOLATION CULTURE	1/1/2015	MEDICARE	$9.52	$0.00									
87103		BLOOD FUNGUS CULTURE	1/1/2015	MEDICARE	$12.27	$0.00									
87106		FUNGI IDENTIFICATION YEAST	1/1/2015	MEDICARE	$7.47	$0.00									
87107		FUNGI IDENTIFICATION MOLD	1/1/2015	MEDICARE	$7.47	$0.00									
87109		MYCOPLASMA	1/1/2015	MEDICARE	$20.94	$0.00									
87110		CHLAMYDIA CULTURE	1/1/2015	MEDICARE	$26.66	$0.00									
87116		MYCOBACTERIA CULTURE	1/1/2015	MEDICARE	$14.70	$0.00									
87118		MYCOBACTERIC IDENTIFICATION	1/1/2015	MEDICARE	$14.90	$0.00									
87140		CULTURE TYPE IMMUNOFLUORESC	1/1/2015	MEDICARE	$7.59	$0.00									
87143		CULTURE TYPING GLC/HPLC	1/1/2015	MEDICARE	$17.05	$0.00									
87147		CULTURE TYPE IMMUNOLOGIC	1/1/2015	MEDICARE	$7.04	$0.00									
87149		CULTURE TYPE, NUCLEIC ACID	1/1/2015	MEDICARE	$27.29	$0.00									
87150		DNA/RNA AMPLIFIED PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87152		CULTURE TYPE PULSE FIELD GEL	1/1/2015	MEDICARE	$7.12	$0.00									
87153		DNA/RNA SEQUENCING	1/1/2015	MEDICARE	$156.98	$0.00									
87158		CULTURE TYPING ADDED METHOD	1/1/2015	MEDICARE	$7.12	$0.00									
87164		DARK FIELD EXAMINATION	1/1/2015	MEDICARE	$14.62	$0.00									
87166		DARK FIELD EXAMINATION	1/1/2015	MEDICARE	$15.37	$0.00									
87168		MACROSCOPIC EXAM ARTHROPOD	1/1/2015	MEDICARE	$5.81	$0.00									
87169		MACROSCOPIC EXAM PARASITE	1/1/2015	MEDICARE	$5.81	$0.00									
87172		PINWORM EXAM	1/1/2015	MEDICARE	$5.81	$0.00									
87176		TISSUE HOMOGENIZATION, CULTR	1/1/2015	MEDICARE	$8.01	$0.00									
87177		OVA AND PARASITES SMEARS	1/1/2015	MEDICARE	$12.11	$0.00									
87181		MICROBE SUSCEPTIBLE DIFFUSE	1/1/2015	MEDICARE	$5.60	$0.00									
87184		MICROBE SUSCEPTIBLE DISK	1/1/2015	MEDICARE	$9.39	$0.00									
87185		MICROBE SUSCEPTIBLE ENZYME	1/1/2015	MEDICARE	$5.60	$0.00									
87186		MICROBE SUSCEPTIBLE MIC	1/1/2015	MEDICARE	$11.77	$0.00									
87187		MICROBE SUSCEPTIBLE MLC	1/1/2015	MEDICARE	$14.10	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
87188		MICROBE SUSCEPT MACROBROTH	1/1/2015	MEDICARE	$9.04	$0.00									
87190		MICROBE SUSCEPT MYCOBACTERI	1/1/2015	MEDICARE	$7.69	$0.00									
87197		BACTERICIDAL LEVEL SERUM	1/1/2015	MEDICARE	$20.45	$0.00									
87205		SMEAR GRAM STAIN	1/1/2015	MEDICARE	$5.81	$0.00									
87206		SMEAR FLUORESCENT/ACID STAI	1/1/2015	MEDICARE	$7.33	$0.00									
87207		SMEAR SPECIAL STAIN	1/1/2015	MEDICARE	$8.15	$0.00									
87209		SMEAR COMPLEX STAIN	1/1/2015	MEDICARE	$24.46	$0.00									
87210		SMEAR WET MOUNT SALINE/INK	1/1/2015	MEDICARE	$5.81	$0.00									
87210	QW	SMEAR WET MOUNT SALINE/INK	1/1/2015	MEDICARE	$5.81	$0.00									
87220		TISSUE EXAM FOR FUNGI	1/1/2015	MEDICARE	$5.81	$0.00									
87230		ASSAY TOXIN OR ANTITOXIN	1/1/2015	MEDICARE	$26.87	$0.00									
87250		VIRUS INOCULATE EGGS/ANIMAL	1/1/2015	MEDICARE	$26.62	$0.00									
87252		VIRUS INOCULATION TISSUE	1/1/2015	MEDICARE	$33.96	$0.00									
87253		VIRUS INOCULATE TISSUE ADDL	1/1/2015	MEDICARE	$27.49	$0.00									
87254		VIRUS INOCULATION SHELL VIA	1/1/2015	MEDICARE	$26.62	$0.00									
87255		GENET VIRUS ISOLATE HSV	1/1/2015	MEDICARE	$46.08	$0.00									
87260		ADENOVIRUS AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87265		PERTUSSIS AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87267		ENTEROVIRUS ANTIBODY DFA	1/1/2015	MEDICARE	$16.32	$0.00									
87269		GIARDIA AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87270		CHLAMYDIA TRACHOMATIS AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87271		CYTOMEGALOVIRUS DFA	1/1/2015	MEDICARE	$16.32	$0.00									
87272		CRYPTOSPORIDIUM AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87273		HERPES SIMPLEX 2 AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87274		HERPES SIMPLEX 1 AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87275		INFLUENZA B AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87276		INFLUENZA A AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87277		LEGIONELLA MICDADEI AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87278		LEGION PNEUMOPHILIA AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87279		PARAINFLUENZA AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87280		RESPIRATORY SYNCYTIAL AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87281		PNEUMOCYSTIS CARINII AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87283		RUBEOLA AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87285		TREPONEMA PALLIDUM AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87290		VARICELLA ZOSTER AG IF	1/1/2015	MEDICARE	$16.32	$0.00									
87299		ANTIBODY DETECTION NOS IF	1/1/2015	MEDICARE	$16.32	$0.00									
87300		AG DETECTION POLYVAL IF	1/1/2015	MEDICARE	$16.32	$0.00									
87301		ADENOVIRUS AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87305		ASPERGILLUS AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87320		CHYLMD TRACH AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87324		CLOSTRIDIUM AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87327		CRYPTOCOCCUS NEOFORM AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87328		CRYPTOSPORIDIUM AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87329		GIARDIA AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87332		CYTOMEGALOVIRUS AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87335		E COLI 0157 AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
87336		ENTAMOEB HIST DISPR AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87337		ENTAMOEB HIST GROUP AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87338		HPYLORI STOOL EIA	1/1/2015	MEDICARE	$16.33	$0.00									
87339		H PYLORI AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87340		HEPATITIS B SURFACE AG EIA	1/1/2015	MEDICARE	$13.18	$0.00									
87341		HEPATITIS B SURFACE AG EIA	1/1/2015	MEDICARE	$13.18	$0.00									
87350		HEPATITIS BE AG EIA	1/1/2015	MEDICARE	$13.31	$0.00									
87380		HEPATITIS DELTA AG EIA	1/1/2015	MEDICARE	$22.33	$0.00									
87385		HISTOPLASMA CAPSUL AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87390		HIV-1 AG EIA	1/1/2015	MEDICARE	$24.01	$0.00									
87391		HIV-2 AG EIA	1/1/2015	MEDICARE	$24.01	$0.00									
87400		INFLUENZA A/B AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87420		RESP SYNCYTIAL AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87425		ROTAVIRUS AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87427		SHIGA-LIKE TOXIN AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87430		STREP A AG EIA	1/1/2015	MEDICARE	$16.32	$0.00									
87449		AG DETECT NOS EIA MULT	1/1/2015	MEDICARE	$16.32	$0.00									
87449	QW	AG DETECT NOS EIA MULT	1/1/2015	MEDICARE	$16.32	$0.00									
87450		AG DETECT NOS EIA SINGLE	1/1/2015	MEDICARE	$13.05	$0.00									
87451		AG DETECT POLYVAL EIA MULT	1/1/2015	MEDICARE	$13.05	$0.00									
87470		BARTONELLA DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87471		BARTONELLA DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87472		BARTONELLA DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87475		LYME DIS DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87476		LYME DIS DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87477		LYME DIS DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87480		CANDIDA DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87481		CANDIDA DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87482		CANDIDA DNA QUANT	1/1/2015	MEDICARE	$56.82	$0.00									
87485		CHYLMD PNEUM DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87486		CHYLMD PNEUM DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87487		CHYLMD PNEUM DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87490		CHYLMD TRACH DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87491		CHYLMD TRACH DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87492		CHYLMD TRACH DNA QUANT	1/1/2015	MEDICARE	$47.57	$0.00									
87493		C DIFF AMPLIFIED PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87495		CYTOMEG DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87496		CYTOMEG DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87497		CYTOMEG DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87498		ENTEROVIRUS DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87500		VANOMYCIN DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87501		INFLUENZA DNA AMP PROB 1+	1/1/2015	MEDICARE	$69.83	$0.00									
87502		INFLUENZA DNA AMP PROBE	1/1/2015	MEDICARE	$115.80	$0.00									
87503		INFLUENZA DNA AMP PROB ADDL	1/1/2015	MEDICARE	$28.26	$0.00									
87505		NFCT AGENT DETECTION GI	1/1/2015	MEDICARE	$174.58	$0.00									
87506		IADNA-DNA/RNA PROBE TQ 6-11	1/1/2015	MEDICARE	$290.45	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
87507		IADNA-DNA/RNA PROBE TQ 12-25	1/1/2015	MEDICARE	$567.18	$0.00									
87510		GARDNER VAG DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87511		GARDNER VAG DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87512		GARDNER VAG DNA QUANT	1/1/2015	MEDICARE	$56.82	$0.00									
87515		HEPATITIS B DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87516		HEPATITIS B DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87517		HEPATITIS B DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87520		HEPATITIS C RNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87521		HEPATITIS C RNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87522		HEPATITIS C RNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87525		HEPATITIS G DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87526		HEPATITIS G DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87527		HEPATITIS G DNA QUANT	1/1/2015	MEDICARE	$56.82	$0.00									
87528		HSV DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87529		HSV DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87530		HSV DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87531		HHV-6 DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87532		HHV-6 DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87533		HHV-6 DNA QUANT	1/1/2015	MEDICARE	$56.82	$0.00									
87534		HIV-1 DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87535		HIV-1 DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87536		HIV-1 DNA QUANT	1/1/2015	MEDICARE	$115.80	$0.00									
87537		HIV-2 DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87538		HIV-2 DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87539		HIV-2 DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87540		LEGION PNEUMO DNA DIR PROB	1/1/2015	MEDICARE	$27.29	$0.00									
87541		LEGION PNEUMO DNA AMP PROB	1/1/2015	MEDICARE	$47.76	$0.00									
87542		LEGION PNEUMO DNA QUANT	1/1/2015	MEDICARE	$56.82	$0.00									
87550		MYCOBACTERIA DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87551		MYCOBACTERIA DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87552		MYCOBACTERIA DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87555		M.TUBERCULO DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87556		M.TUBERCULO DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87557		M.TUBERCULO DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87560		M.AVIUM-INTRA DNA DIR PROB	1/1/2015	MEDICARE	$27.29	$0.00									
87561		M.AVIUM-INTRA DNA AMP PROB	1/1/2015	MEDICARE	$47.76	$0.00									
87562		M.AVIUM-INTRA DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87580		M.PNEUMON DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87581		M.PNEUMON DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87582		M.PNEUMON DNA QUANT	1/1/2015	MEDICARE	$56.82	$0.00									
87590		N.GONORRHOEAE DNA DIR PROB	1/1/2015	MEDICARE	$27.29	$0.00									
87591		N.GONORRHOEAE DNA AMP PROB	1/1/2015	MEDICARE	$47.76	$0.00									
87592		N.GONORRHOEAE DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87623		HPV LOW-RISK TYPES	1/1/2015	MEDICARE	$47.76	$0.00									
87624		HPV HIGH-RISK TYPES	1/1/2015	MEDICARE	$47.76	$0.00									
87625		HPV TYPES 16 & 18 ONLY	1/1/2015	MEDICARE	$47.76	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
87640		STAPH A DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87641		MR-STAPH DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87650		STREP A DNA DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87651		STREP A DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87652		STREP A DNA QUANT	1/1/2015	MEDICARE	$56.82	$0.00									
87653		STREP B DNA AMP PROBE	1/1/2015	MEDICARE	$47.76	$0.00									
87660		TRICHOMONAS VAGIN DIR PROBE	1/1/2015	MEDICARE	$27.29	$0.00									
87797		DETECT AGENT NOS DNA DIR	1/1/2015	MEDICARE	$27.29	$0.00									
87798		DETECT AGENT NOS DNA AMP	1/1/2015	MEDICARE	$47.76	$0.00									
87799		DETECT AGENT NOS DNA QUANT	1/1/2015	MEDICARE	$58.29	$0.00									
87800		DETECT AGNT MULT DNA DIREC	1/1/2015	MEDICARE	$54.59	$0.00									
87801		DETECT AGNT MULT DNA AMPLI	1/1/2015	MEDICARE	$95.52	$0.00									
87802		STREP B ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87803		CLOSTRIDIUM TOXIN A W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87804		INFLUENZA ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87804	QW	INFLUENZA ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87806		HIV ANTIGEN W/HIV ANTIBODIES	1/1/2015	MEDICARE	$32.77	$0.00									
87807		RSV ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87807	QW	RSV ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87808		TRICHOMONAS ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87808	QW	TRICHOMONAS ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87809		ADENOVIRUS ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87809	QW	ADENOVIRUS ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87810		CHYLMD TRACH ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87850		N. GONORRHOEAE ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87880		STREP A ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87880	QW	INFEC. AGENT ANTIGEN DETEC/ASSAY W	1/1/2015	MEDICARE	$16.32	$0.00									
87899		AGENT NOS ASSAY W/OPTIC	1/1/2015	MEDICARE	$16.32	$0.00									
87899	QW	INFEC AGENT ANTIGEN DETEC/ASSAY W	1/1/2015	MEDICARE	$16.32	$0.00									
87900		PHENOTYPE INFECT AGENT DRUG	1/1/2015	MEDICARE	$169.82	$0.00									
87901		GENOTYPE DNA HIV REVERSE T	1/1/2015	MEDICARE	$350.35	$0.00									
87902		GENOTYPE DNA/RNA HEP C	1/1/2015	MEDICARE	$350.35	$0.00									
87903		PHENOTYPE DNA HIV W/CULTURE	1/1/2015	MEDICARE	$664.98	$0.00									
87904		PHENOTYPE DNA HIV W/CLT ADD	1/1/2015	MEDICARE	$33.96	$0.00									
87905		SIALIDASE ENZYME ASSAY	1/1/2015	MEDICARE	$16.63	$0.00									
87905	QW	SIALIDASE ENZYME ASSAY	1/1/2015	MEDICARE	$16.63	$0.00									
87906		GENOTYPE DNA HIV REVERSE T	1/1/2015	MEDICARE	$175.18	$0.00									
88104		CYTOPATH FL NONGYN SMEARS	7/1/2014	RBRVS	$74.34	$74.34									
88104	TC	CYTOPATH FL NONGYN SMEARS	7/1/2014	RBRVS	$44.90	$44.90									
88104	26	CYTOPATH FL NONGYN SMEARS	7/1/2014	RBRVS	$29.48	$29.48									
88106		CYTOPATH FL NONGYN FILTER	7/1/2014	RBRVS	$84.74	$84.74									
88106	TC	CYTOPATH FL NONGYN FILTER	7/1/2014	RBRVS	$64.98	$64.98									
88106	26	CYTOPATH FL NONGYN FILTER	7/1/2014	RBRVS	$19.79	$19.79									
88108		CYTOPATH CONCENTRATE TECH	7/1/2014	RBRVS	$79.00	$79.00									
88108	TC	CYTOPATH CONCENTRATE TECH	7/1/2014	RBRVS	$56.01	$56.01									
88108	26	CYTOPATH CONCENTRATE TECH	7/1/2014	RBRVS	$23.02	$23.02									

Montana Medicaid - Fee Schedule
Psychiatrist 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
88112		CYTOPATH CELL ENHANCE TECH	7/1/2014	RBRVS	$63.22	$63.22									
88112	TC	CYTOPATH CELL ENHANCE TECH	7/1/2014	RBRVS	$34.86	$34.86									
88112	26	CYTOPATH CELL ENHANCE TECH	7/1/2014	RBRVS	$28.40	$28.40									
88120		CYTP URNE 3-5 PROBES EA SPEC	7/1/2014	RBRVS	$619.66	$619.66									
88120	TC	CYTP URNE 3-5 PROBES EA SPEC	7/1/2014	RBRVS	$560.31	$560.31									
88120	26	CYTP URNE 3-5 PROBES EA SPEC	7/1/2014	RBRVS	$59.35	$59.35									
88121		CYTP URINE 3-5 PROBES CMPTR	7/1/2014	RBRVS	$536.00	$536.00									
88121	TC	CYTP URINE 3-5 PROBES CMPTR	7/1/2014	RBRVS	$484.90	$484.90									
88121	26	CYTP URINE 3-5 PROBES CMPTR	7/1/2014	RBRVS	$51.10	$51.10									
88125		FORENSIC CYTOPATHOLOGY	7/1/2014	RBRVS	$22.34	$22.34									
88125	TC	FORENSIC CYTOPATHOLOGY	7/1/2014	RBRVS	$9.04	$9.04									
88125	26	FORENSIC CYTOPATHOLOGY	7/1/2014	RBRVS	$13.34	$13.34									
88130		SEX CHROMATIN IDENTIFICATION	1/1/2015	MEDICARE	$20.48	$0.00									
88140		SEX CHROMATIN IDENTIFICATION	1/1/2015	MEDICARE	$10.88	$0.00									
88141		CYTOPATH C/V INTERPRET	7/1/2014	RBRVS	$32.09	$32.09									
88142		CYTOPATH C/V THIN LAYER	1/1/2015	MEDICARE	$27.57	$0.00									
88143		CYTOPATH C/V THIN LAYER REDO	1/1/2015	MEDICARE	$27.57	$0.00									
88147		CYTOPATH C/V AUTOMATED	1/1/2015	MEDICARE	$15.49	$0.00									
88148		CYTOPATH C/V AUTO RESCREEN	1/1/2015	MEDICARE	$20.68	$0.00									
88150		CYTOPATH C/V MANUAL	1/1/2015	MEDICARE	$14.38	$0.00									
88152		CYTOPATH C/V AUTO REDO	1/1/2015	MEDICARE	$14.38	$0.00									
88153		CYTOPATH C/V REDO	1/1/2015	MEDICARE	$14.38	$0.00									
88154		CYTOPATH C/V SELECT	1/1/2015	MEDICARE	$14.38	$0.00									
88155		CYTOPATH C/V INDEX ADD-ON	1/1/2015	MEDICARE	$8.15	$0.00									
88160		CYTOPATH SMEAR OTHER SOURCE	7/1/2014	RBRVS	$64.66	$64.66									
88160	TC	CYTOPATH SMEAR OTHER SOURCE	7/1/2014	RBRVS	$38.08	$38.08									
88160	26	CYTOPATH SMEAR OTHER SOURCE	7/1/2014	RBRVS	$26.61	$26.61									
88161		CYTOPATH SMEAR OTHER SOURCE	7/1/2014	RBRVS	$58.92	$58.92									
88161	TC	CYTOPATH SMEAR OTHER SOURCE	7/1/2014	RBRVS	$33.42	$33.42									
88161	26	CYTOPATH SMEAR OTHER SOURCE	7/1/2014	RBRVS	$25.53	$25.53									
88162		CYTOPATH SMEAR OTHER SOURCE	7/1/2014	RBRVS	$96.71	$96.71									
88162	TC	CYTOPATH SMEAR OTHER SOURCE	7/1/2014	RBRVS	$56.01	$56.01									
88162	26	CYTOPATH SMEAR OTHER SOURCE	7/1/2014	RBRVS	$40.70	$40.70									
88164		CYTOPATH TBS C/V MANUAL	1/1/2015	MEDICARE	$14.38	$0.00									
88165		CYTOPATH TBS C/V REDO	1/1/2015	MEDICARE	$14.38	$0.00									
88166		CYTOPATH TBS C/V AUTO REDO	1/1/2015	MEDICARE	$14.38	$0.00									
88167		CYTOPATH TBS C/V SELECT	1/1/2015	MEDICARE	$14.38	$0.00									
88172		CYTOPATHOLOGY EVAL OF FNA	7/1/2014	RBRVS	$54.61	$54.61									
88172	TC	CYTOPATHOLOGY EVAL OF FNA	7/1/2014	RBRVS	$18.36	$18.36									
88172	26	CYTOPATHOLOGY EVAL OF FNA	7/1/2014	RBRVS	$36.29	$36.29									
88173		CYTOPATH EVAL FNA REPORT	7/1/2014	RBRVS	$147.31	$147.31									
88173	TC	CYTOPATH EVAL FNA REPORT	7/1/2014	RBRVS	$75.02	$75.02									
88173	26	CYTOPATH EVAL FNA REPORT	7/1/2014	RBRVS	$72.33	$72.33									
88174		CYTOPATH C/V AUTO IN FLUID	1/1/2015	MEDICARE	$29.08	$0.00									
88175		CYTOPATH C/V AUTO FLUID REDO	1/1/2015	MEDICARE	$36.05	$0.00									
88177		CYTP FNA EVAL EA ADDL	7/1/2014	RBRVS	$29.87	$29.87	ZZZ								

Montana Medicaid - Fee Schedule
Psychiatrist 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
88177	TC	CYTP FNA EVAL EA ADDL	7/1/2014	RBRVS	$7.60	$7.60	ZZZ								
88177	26	CYTP FNA EVAL EA ADDL	7/1/2014	RBRVS	$22.30	$22.30	ZZZ								
88182		CELL MARKER STUDY	7/1/2014	RBRVS	$110.45	$110.45									
88182	TC	CELL MARKER STUDY	7/1/2014	RBRVS	$73.33	$73.33									
88182	26	CELL MARKER STUDY	7/1/2014	RBRVS	$37.12	$37.12									
88184		FLOWCYTOMETRY/ TC 1 MARKER	7/1/2014	RBRVS	$87.93	$87.93									
88185		FLOWCYTOMETRY/TC ADD-ON	7/1/2014	RBRVS	$53.86	$53.86	ZZZ								
88187		FLOWCYTOMETRY/READ 2-8	7/1/2014	RBRVS	$72.19	$72.19									
88188		FLOWCYTOMETRY/READ 9-15	7/1/2014	RBRVS	$90.98	$90.98									
88189		FLOWCYTOMETRY/READ 16 & >	7/1/2014	RBRVS	$111.45	$111.45									
88230		TISSUE CULTURE LYMPHOCYTE	1/1/2015	MEDICARE	$158.54	$0.00									
88233		TISSUE CULTURE SKIN/BIOPSY	1/1/2015	MEDICARE	$191.51	$0.00									
88235		TISSUE CULTURE PLACENTA	1/1/2015	MEDICARE	$200.40	$0.00									
88237		TISSUE CULTURE BONE MARROW	1/1/2015	MEDICARE	$171.89	$0.00									
88239		TISSUE CULTURE TUMOR	1/1/2015	MEDICARE	$200.75	$0.00									
88240		CELL CRYOPRESERVE/STORAGE	1/1/2015	MEDICARE	$13.74	$0.00									
88241		FROZEN CELL PREPARATION	1/1/2015	MEDICARE	$13.74	$0.00									
88245		CHROMOSOME ANALYSIS 20-25	1/1/2015	MEDICARE	$202.58	$0.00									
88248		CHROMOSOME ANALYSIS 50-100	1/1/2015	MEDICARE	$235.67	$0.00									
88249		CHROMOSOME ANALYSIS 100	1/1/2015	MEDICARE	$235.67	$0.00									
88261		CHROMOSOME ANALYSIS 5	1/1/2015	MEDICARE	$240.51	$0.00									
88262		CHROMOSOME ANALYSIS 15-20	1/1/2015	MEDICARE	$169.62	$0.00									
88263		CHROMOSOME ANALYSIS 45	1/1/2015	MEDICARE	$204.52	$0.00									
88264		CHROMOSOME ANALYSIS 20-25	1/1/2015	MEDICARE	$169.62	$0.00									
88267		CHROMOSOME ANALYS PLACENTA	1/1/2015	MEDICARE	$244.64	$0.00									
88269		CHROMOSOME ANALYS AMNIOTIC	1/1/2015	MEDICARE	$226.34	$0.00									
88271		CYTOGENETICS DNA PROBE	1/1/2015	MEDICARE	$19.70	$0.00									
88272		CYTOGENETICS 3-5	1/1/2015	MEDICARE	$24.63	$0.00									
88273		CYTOGENETICS 10-30	1/1/2015	MEDICARE	$34.47	$0.00									
88274		CYTOGENETICS 25-99	1/1/2015	MEDICARE	$39.38	$0.00									
88275		CYTOGENETICS 100-300	1/1/2015	MEDICARE	$44.32	$0.00									
88280		CHROMOSOME KARYOTYPE STUDY	1/1/2015	MEDICARE	$34.15	$0.00									
88283		CHROMOSOME BANDING STUDY	1/1/2015	MEDICARE	$25.25	$0.00									
88285		CHROMOSOME COUNT ADDITIONAL	1/1/2015	MEDICARE	$25.86	$0.00									
88289		CHROMOSOME STUDY ADDITIONAL	1/1/2015	MEDICARE	$4.34	$0.00									
88291		CYTO/MOLECULAR REPORT	7/1/2014	RBRVS	$31.38	$31.38									
88300		SURGICAL PATH GROSS	7/1/2014	RBRVS	$14.81	$14.81									
88300	TC	SURGICAL PATH GROSS	7/1/2014	RBRVS	$10.11	$10.11									
88300	26	SURGICAL PATH GROSS	7/1/2014	RBRVS	$4.73	$4.73									
88302		TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$30.23	$30.23									
88302	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$23.02	$23.02									
88302	26	TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$7.24	$7.24									
88304		TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$43.50	$43.50									
88304	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$31.99	$31.99									
88304	26	TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$11.55	$11.55									
88305		TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$70.75	$70.75									

Montana Medicaid - Fee Schedule
Psychiatrist 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
88305	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$32.35	$32.35									
88305	26	TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$38.44	$38.44									
88307		TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$288.96	$288.96									
88307	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$204.47	$204.47									
88307	26	TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$84.52	$84.52									
88309		TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$439.93	$439.93									
88309	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$290.29	$290.29									
88309	26	TISSUE EXAM BY PATHOLOGIST	7/1/2014	RBRVS	$149.64	$149.64									
88311		DECALCIFY TISSUE	7/1/2014	RBRVS	$20.55	$20.55									
88311	TC	DECALCIFY TISSUE	7/1/2014	RBRVS	$7.96	$7.96									
88311	26	DECALCIFY TISSUE	7/1/2014	RBRVS	$12.62	$12.62									
88312		SPECIAL STAINS	7/1/2014	RBRVS	$94.78	$94.78									
88312	TC	SPECIAL STAINS	7/1/2014	RBRVS	$67.13	$67.13									
88312	26	SPECIAL STAINS	7/1/2014	RBRVS	$27.68	$27.68									
88313		SPECIAL STAINS	7/1/2014	RBRVS	$66.09	$66.09									
88313	TC	SPECIAL STAINS	7/1/2014	RBRVS	$53.86	$53.86									
88313	26	SPECIAL STAINS	7/1/2014	RBRVS	$12.26	$12.26									
88314		HISTOCHEMICAL STAINS ADD-ON	7/1/2014	RBRVS	$78.28	$78.28									
88314	TC	HISTOCHEMICAL STAINS ADD-ON	7/1/2014	RBRVS	$55.30	$55.30									
88314	26	HISTOCHEMICAL STAINS ADD-ON	7/1/2014	RBRVS	$23.02	$23.02									
88319		ENZYME HISTOCHEMISTRY	7/1/2014	RBRVS	$86.32	$86.32									
88319	TC	ENZYME HISTOCHEMISTRY	7/1/2014	RBRVS	$57.81	$57.81									
88319	26	ENZYME HISTOCHEMISTRY	7/1/2014	RBRVS	$28.51	$28.51									
88321		MICROSLIDE CONSULTATION	7/1/2014	RBRVS	$96.00	$86.67									
88323		MICROSLIDE CONSULTATION	7/1/2014	RBRVS	$148.03	$148.03									
88323	TC	MICROSLIDE CONSULTATION	7/1/2014	RBRVS	$59.60	$59.60									
88323	26	MICROSLIDE CONSULTATION	7/1/2014	RBRVS	$88.47	$88.47									
88325		COMPREHENSIVE REVIEW OF DATA	7/1/2014	RBRVS	$213.65	$135.48									
88329		PATH CONSULT INTROP	7/1/2014	RBRVS	$57.63	$36.83									
88331		PATH CONSULT INTRAOP 1 BLOC	7/1/2014	RBRVS	$99.08	$99.08									
88331	TC	PATH CONSULT INTRAOP 1 BLOC	7/1/2014	RBRVS	$36.29	$36.29									
88331	26	PATH CONSULT INTRAOP 1 BLOC	7/1/2014	RBRVS	$62.83	$62.83									
88332		PATH CONSULT INTRAOP, ADDL	7/1/2014	RBRVS	$43.86	$43.86									
88332	TC	PATH CONSULT INTRAOP, ADDL	7/1/2014	RBRVS	$12.62	$12.62									
88332	26	PATH CONSULT INTRAOP, ADDL	7/1/2014	RBRVS	$31.27	$31.27									
88333		INTRAOP CYTO PATH CONSULT 1	7/1/2014	RBRVS	$105.00	$105.00									
88333	TC	INTRAOP CYTO PATH CONSULT 1	7/1/2014	RBRVS	$40.95	$40.95									
88333	26	INTRAOP CYTO PATH CONSULT 1	7/1/2014	RBRVS	$64.08	$64.08									
88334		INTRAOP CYTO PATH CONSULT 2	7/1/2014	RBRVS	$65.52	$65.52									
88334	TC	INTRAOP CYTO PATH CONSULT 2	7/1/2014	RBRVS	$25.89	$25.89									
88334	26	INTRAOP CYTO PATH CONSULT 2	7/1/2014	RBRVS	$39.63	$39.63									
88341		IMMUNOHISTO ANTIBODY SLIDE	1/1/2015	RBRVS	$67.52	$67.52	ZZZ								
88341	TC	IMMUNOHISTO ANTIBODY SLIDE	1/1/2015	RBRVS	$45.61	$45.61	ZZZ								
88341	26	IMMUNOHISTO ANTIBODY SLIDE	1/1/2015	RBRVS	$21.95	$21.95	ZZZ								
88344		IMMUNOHISTO ANTIBODY SLIDE	1/1/2015	RBRVS	$117.37	$117.37									
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	1/1/2015	RBRVS	$77.17	$77.17									

Montana Medicaid - Fee Schedule
Psychiatrist 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
88344	26	IMMUNOHISTO ANTIBODY SLIDE	1/1/2015	RBRVS	$40.23	$40.23									
88346		IMMUNOFLUORESCENT STUDY	7/1/2014	RBRVS	$106.61	$106.61									
88346	TC	IMMUNOFLUORESCENT STUDY	7/1/2014	RBRVS	$63.54	$63.54									
88346	26	IMMUNOFLUORESCENT STUDY	7/1/2014	RBRVS	$43.10	$43.10									
88347		IMMUNOFLUORESCENT STUDY	7/1/2014	RBRVS	$89.04	$89.04									
88347	TC	IMMUNOFLUORESCENT STUDY	7/1/2014	RBRVS	$47.05	$47.05									
88347	26	IMMUNOFLUORESCENT STUDY	7/1/2014	RBRVS	$42.03	$42.03									
88348		ELECTRON MICROSCOPY	7/1/2014	RBRVS	$703.93	$703.93									
88348	TC	ELECTRON MICROSCOPY	7/1/2014	RBRVS	$626.94	$626.94									
88348	26	ELECTRON MICROSCOPY	7/1/2014	RBRVS	$76.99	$76.99									
88355		ANALYSIS SKELETAL MUSCLE	7/1/2014	RBRVS	$176.79	$176.79									
88355	TC	ANALYSIS SKELETAL MUSCLE	7/1/2014	RBRVS	$91.87	$91.87									
88355	26	ANALYSIS SKELETAL MUSCLE	7/1/2014	RBRVS	$84.92	$84.92									
88356		ANALYSIS NERVE	7/1/2014	RBRVS	$281.07	$281.07									
88356	TC	ANALYSIS NERVE	7/1/2014	RBRVS	$146.20	$146.20									
88356	26	ANALYSIS NERVE	7/1/2014	RBRVS	$134.87	$134.87									
88358		ANALYSIS TUMOR	7/1/2014	RBRVS	$83.80	$83.80									
88358	TC	ANALYSIS TUMOR	7/1/2014	RBRVS	$38.08	$38.08									
88358	26	ANALYSIS TUMOR	7/1/2014	RBRVS	$45.72	$45.72									
88360		SPECIAL WHOLE ORGAN SECT	7/1/2014	RBRVS	$130.42	$130.42									
88360	TC	SPECIAL WHOLE ORGAN SECT	7/1/2014	RBRVS	$75.38	$75.38									
88360	26	SPECIAL WHOLE ORGAN SECT	7/1/2014	RBRVS	$55.05	$55.05									
88361		TUMOR IMMUNOHISTOCHEM/COMPUT	7/1/2014	RBRVS	$158.43	$158.43									
88361	TC	TUMOR IMMUNOHISTOCHEM/COMPUT	7/1/2014	RBRVS	$98.69	$98.69									
88361	26	TUMOR IMMUNOHISTOCHEM/COMPUT	7/1/2014	RBRVS	$59.78	$59.78									
88362		NERVE TEASING PREPARATIONS	7/1/2014	RBRVS	$309.22	$309.22									
88362	TC	NERVE TEASING PREPARATIONS	7/1/2014	RBRVS	$194.97	$194.97									
88362	26	NERVE TEASING PREPARATIONS	7/1/2014	RBRVS	$114.29	$114.29									
88363		XM ARCHIVE TISSUE MOLEC ANAL	7/1/2014	RBRVS	$22.41	$19.54									
88364		INSITU HYBRIDIZATION (FISH)	1/1/2015	RBRVS	$97.65	$97.65	ZZZ								
88364	TC	INSITU HYBRIDIZATION (FISH)	1/1/2015	RBRVS	$70.36	$70.36	ZZZ								
88364	26	INSITU HYBRIDIZATION (FISH)	1/1/2015	RBRVS	$27.33	$27.33	ZZZ								
88365		INSITU HYBRIDIZATION (FISH)	7/1/2014	RBRVS	$177.76	$177.76									
88365	TC	INSITU HYBRIDIZATION (FISH)	7/1/2014	RBRVS	$117.33	$117.33									
88365	26	INSITU HYBRIDIZATION (FISH)	7/1/2014	RBRVS	$60.42	$60.42									
88366		INSITU HYBRIDIZATION (FISH)	1/1/2015	RBRVS	$149.64	$149.64									
88366	TC	INSITU HYBRIDIZATION (FISH)	1/1/2015	RBRVS	$86.49	$86.49									
88366	26	INSITU HYBRIDIZATION (FISH)	1/1/2015	RBRVS	$63.19	$63.19									
88367		INSITU HYBRIDIZATION AUTO	7/1/2014	RBRVS	$256.40	$256.40									
88367	TC	INSITU HYBRIDIZATION AUTO	7/1/2014	RBRVS	$193.36	$193.36									
88367	26	INSITU HYBRIDIZATION AUTO	7/1/2014	RBRVS	$63.04	$63.04									
88368		INSITU HYBRIDIZATION MANUAL	7/1/2014	RBRVS	$233.02	$233.02									
88368	TC	INSITU HYBRIDIZATION MANUAL	7/1/2014	RBRVS	$167.90	$167.90									
88368	26	INSITU HYBRIDIZATION MANUAL	7/1/2014	RBRVS	$65.16	$65.16									
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	1/1/2015	RBRVS	$73.98	$73.98	ZZZ								
88369	TC	M/PHMTRC ALYSISHQUANT/SEMIQ	1/1/2015	RBRVS	$48.84	$48.84	ZZZ								

Montana Medicaid - Fee Schedule
Psychiatrist 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
88369	26	M/PHMTRC ALYSISHQUANT/SEMIQ	1/1/2015	RBRVS	$25.17	$25.17	ZZZ								
88371		PROTEIN WESTERN BLOT TISSUE	1/1/2015	MEDICARE	$16.84	$0.00									
88372		PROTEIN ANALYSIS W/PROBE	1/1/2015	MEDICARE	$25.26	$0.00									
88373		M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	RBRVS	$60.35	$60.35	ZZZ								
88373	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	RBRVS	$39.16	$39.16	ZZZ								
88373	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	RBRVS	$21.23	$21.23	ZZZ								
88374		M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	RBRVS	$205.59	$205.59									
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	RBRVS	$160.37	$160.37									
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	RBRVS	$45.26	$45.26									
88377		M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	RBRVS	$214.91	$214.91									
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	RBRVS	$149.25	$149.25									
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	RBRVS	$65.70	$65.70									
88380		MICRODISSECTION LASER	7/1/2014	RBRVS	$191.06	$191.06									
88380	TC	MICRODISSECTION LASER	7/1/2014	RBRVS	$110.52	$110.52									
88380	26	MICRODISSECTION LASER	7/1/2014	RBRVS	$80.58	$80.58									
88381		MICRODISSECTION MANUAL	7/1/2014	RBRVS	$161.26	$161.26									
88381	TC	MICRODISSECTION MANUAL	7/1/2014	RBRVS	$105.86	$105.86									
88381	26	MICRODISSECTION MANUAL	7/1/2014	RBRVS	$55.40	$55.40									
88387		TISS EXAM MOLECULAR STUDY	7/1/2014	RBRVS	$35.97	$35.97									
88387	TC	TISS EXAM MOLECULAR STUDY	7/1/2014	RBRVS	$6.53	$6.53									
88387	26	TISS EXAM MOLECULAR STUDY	7/1/2014	RBRVS	$29.48	$29.48									
88388		TISS EX MOLECUL STUDY ADD-ON	7/1/2014	RBRVS	$33.10	$33.10									
88388	TC	TISS EX MOLECUL STUDY ADD-ON	7/1/2014	RBRVS	$9.04	$9.04									
88388	26	TISS EX MOLECUL STUDY ADD-ON	7/1/2014	RBRVS	$24.10	$24.10									
88720		BILIRUBIN TOTAL TRANSCUT	1/1/2015	MEDICARE	$6.83	$0.00									
88738		HGB QUANT TRANSCUTANEOUS	1/1/2015	MEDICARE	$6.83	$0.00									
88740		0RANSCUTANEOUS CARBOXYHB	1/1/2015	MEDICARE	$6.83	$0.00									
88741		TRANSCUTANEOUS METHB	1/1/2015	MEDICARE	$6.83	$0.00									
89049		CHCT FOR MAL HYPERTHERMIA	7/1/2014	RBRVS	$259.88	$66.59									
89050		BODY FLUID CELL COUNT	1/1/2015	MEDICARE	$6.43	$0.00									
89051		BODY FLUID CELL COUNT	1/1/2015	MEDICARE	$7.49	$0.00									
89055		LEUKOCYTE ASSESSMENT FECAL	1/1/2015	MEDICARE	$5.81	$0.00									
89060		EXAM SYNOVIAL FLUID CRYSTALS	1/1/2015	MEDICARE	$9.74	$0.00									
89125		SPECIMEN FAT STAIN	1/1/2015	MEDICARE	$5.88	$0.00									
89160		EXAM FECES FOR MEAT FIBERS	1/1/2015	MEDICARE	$5.02	$0.00									
89190		NASAL SMEAR FOR EOSINOPHILS	1/1/2015	MEDICARE	$6.46	$0.00									
89220		SPUTUM SPECIMEN COLLECTION	7/1/2014	RBRVS	$17.28	$17.28									
89230		COLLECT SWEAT FOR TEST	7/1/2014	RBRVS	$5.09	$5.09									
9003F		AORTIC ANRYSM5.5-5.9CM DIAM	1/1/2014	RBRVS	$0.00	$0.00									
9004F		AORTIC ANRYSM 6/> CM DIAM	1/1/2014	RBRVS	$0.00	$0.00									
9006F		SYMPT STEN-TIA/STRK<120DAYS	1/1/2014	RBRVS	$0.00	$0.00									
9007F		OTHER CAROT STEN 120 DAYS/>	1/1/2014	RBRVS	$0.00	$0.00									
90291		CMV IG IV	1/1/2009	EAC	$0.00	$0.00									
90371		HEP B IG IM	1/1/2015	FEE SCHED	$116.67	$0.00									
90375		RABIES IG IM/SC	1/1/2015	FEE SCHED	$243.58	$0.00									
90376		RABIES IG HEAT TREATED	1/1/2015	FEE SCHED	$225.42	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
90384		RH IG FULL-DOSE IM	7/1/2009	FEE SCHED	$79.90	$0.00									
90385		RH IG MINIDOSE IM	7/1/2014	FEE SCHED	$34.66	$0.00									
90386		RH IG IV	7/1/2009	FEE SCHED	$79.90	$0.00									
90389		TETANUS IG IM	1/1/2009	EAC	$0.00	$0.00									
90396		VARICELLA-ZOSTER IG IM	3/1/2013	FEE SCHED	$663.00	$0.00									
90460		IMADM ANY ROUTE 1ST VAC/TOX	1/1/2013	FEE SCHED	$21.32	$0.00									
90460	SL	IMADM ANY ROUTE 1ST VAC/TOX	1/1/2013	FEE SCHED	$21.32	$0.00									
90461		INADM ANY ROUTE ADDL VAC/TOX	1/1/2015	FEE SCHED	$12.69	$0.00									
90461	SL	INADM ANY ROUTE ADDL VAC/TOX	1/1/2011	FEE SCHED	$0.00	$0.00									
90471		IMMUNIZATION ADMIN	1/1/2013	FEE SCHED	$21.32	$0.00									
90471	SL	IMMUNIZATION ADMIN	1/1/2013	FEE SCHED	$21.32	$0.00									
90472		IMMUNIZATION ADMIN EACH ADD	1/1/2015	FEE SCHED	$12.69	$0.00									
90472	SL	IMMUNIZATION ADMIN EACH ADD	1/1/2015	FEE SCHED	$12.69	$0.00									
90473		IMMUNE ADMIN ORAL/NASAL	1/1/2013	FEE SCHED	$21.32	$0.00									
90473	SL	IMMUNE ADMIN ORAL/NASAL	1/1/2013	FEE SCHED	$21.32	$0.00									
90474		IMMUNE ADMIN ORAL/NASAL ADDL	1/1/2015	FEE SCHED	$12.69	$0.00									
90474	SL	IMMUNE ADMIN ORAL/NASAL ADDL	1/1/2015	FEE SCHED	$12.69	$0.00									
90585		BCG VACCINE PERCUT	1/1/2015	FEE SCHED	$120.44	$0.00									
90586		BCG VACCINE INTRAVESICAL	1/1/2015	FEE SCHED	$120.44	$0.00									
90632		HEP A VACCINE ADULT IM	1/1/2015	FEE SCHED	$50.88	$0.00									
90633		HEP A VACC PED/ADOL 2 DOSE	4/1/2013	FEE SCHED	$30.37	$0.00									
90636		HEP A/HEP B VACC ADULT IM	1/1/2013	FEE SCHED	$92.50	$0.00									
90645		HIB VACCINE HBOC IM	7/1/2010	FEE SCHED	$0.00	$0.00									
90647		HIB VACCINE PRP-OMP IM	7/1/2012	FEE SCHED	$22.77	$0.00									
90648		HIB VACCINE PRP-T IM	4/1/2013	FEE SCHED	$26.21	$0.00									
90650		HPV TYP BIVAL 3 DOSE IM	10/16/2009	FEE SCHED	$128.75	$0.00									
90654		FLU VACCINE NO PRESERV, ID	10/1/2013	FEE SCHED	$16.93	$0.00									
90655		FLU VACCINE NO PRESERV 6-35M	10/1/2013	FEE SCHED	$15.43	$0.00									
90656		FLU VACCINE NO PRESERV 3 & >	10/1/2014	FEE SCHED	$12.62	$0.00									
90657		FLU VACCINE 3 YRS IM	10/1/2012	FEE SCHED	$5.39	$0.00									
90658		FLU VACCINE AGE 3 & OVER IM	7/1/2013	FEE SCHED	$12.49	$0.00									
90660		FLU VACCINE NASAL	10/1/2012	FEE SCHED	$20.99	$0.00									
90670		PNEUMOCOCCAL VACC, 13 VAL IM	4/1/2014	FEE SCHED	$137.75	$0.00									
90672		FLU VACCINE 4 VALENT NASAL	10/1/2014	FEE SCHED	$23.03	$0.00									
90673		FLU VACC RIV3 NO PRESERV	1/1/2014	FEE SCHED	$32.64	$0.00									
90675		RABIES VACCINE IM	1/1/2015	FEE SCHED	$234.29	$0.00									
90680		ROTOVIRUS VACC 3 DOSE ORAL	4/1/2013	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	10/1/2014	FEE SCHED	$21.38	$0.00									
90686		FLU VAC NO PRSV 4 VAL 3 YRS+	10/1/2014	FEE SCHED	$16.09	$0.00									
90687		FLU VACCINE 4 VAL 6-35 MO IM	1/1/2015	FEE SCHED	$8.17	$0.00									
90688		FLU VACC 4 VAL 3 YRS PLUS IM	1/1/2015	FEE SCHED	$15.07	$0.00									
90690		TYPHOID VACCINE ORAL	7/1/2014	FEE SCHED	$19.24	$0.00									
90691		TYPHOID VACCINE IM	1/1/2015	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									

Montana Medicaid - Fee Schedule
Psychiatrist 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
90700		DTAP VACCINE < 7 YRS IM	7/1/2010	FEE SCHED	$0.00	$0.00									
90702		DT VACCINE < 7 YRS IM	4/1/2013	FEE SCHED	$21.74	$0.00									
90703		TETANUS VACCINE IM	1/1/2015	FEE SCHED	$39.71	$0.00									
90704		MUMPS VACCINE SC	7/1/2010	FEE SCHED	$20.30	$0.00									
90705		MEASLES VACCINE SC	7/1/2010	FEE SCHED	$17.22	$0.00									
90706		RUBELLA VACCINE SC	7/1/2010	FEE SCHED	$17.87	$0.00									
90707		MMR VACCINE SC	10/1/2013	FEE SCHED	$56.14	$0.00									
90713		POLIOVIRUS IPV SC/IM	4/1/2013	FEE SCHED	$27.44	$0.00									
90714		TD VACCINE NO PRSRV 7/> IM	1/1/2015	FEE SCHED	$21.59	$0.00									
90715		TDAP VACCINE 7 YRS/> IM	1/1/2015	FEE SCHED	$36.27	$0.00									
90716		CHICKEN POX VACCINE SC	10/1/2013	FEE SCHED	$94.14	$0.00									
90717		YELLOW FEVER VACCINE SC	4/1/2013	FEE SCHED	$75.06	$0.00									
90720		DTP/HIB VACCINE IM	4/1/2013	FEE SCHED	$41.06	$0.00									
90721		DTAP/HIB VACCINE IM	4/1/2013	FEE SCHED	$41.06	$0.00									
90723		DTAP-HEP B-IPV VACCINE IM	7/1/2004	FEE SCHED	$70.72	$0.00									
90732		PNEUMOCOCCAL VACCINE	4/1/2014	FEE SCHED	$69.66	$0.00									
90733		MENINGOCOCCAL VACCINE SC	4/1/2014	FEE SCHED	$106.49	$0.00									
90734		MENINGOCOCCAL VACCINE IM	4/1/2013	FEE SCHED	$112.93	$0.00									
90735		ENCEPHALITIS VACCINE SC	1/1/2010	FEE SCHED	$102.08	$0.00									
90736		ZOSTER VACC SC	10/1/2014	FEE SCHED	$173.98	$0.00									
90740		HEPB VACC ILL PAT 3 DOSE IM	1/1/2011	FEE SCHED	$106.85	$0.00									
90743		HEP B VACC ADOL 2 DOSE IM	1/1/2011	FEE SCHED	$21.67	$0.00									
90744		HEPB VACC PED/ADOL 3 DOSE IM	1/1/2012	FEE SCHED	$21.67	$0.00									
90746		HEP B VACCINE ADULT IM	1/1/2011	FEE SCHED	$53.42	$0.00									
90747		HEPB VACC ILL PAT 4 DOSE IM	1/1/2011	FEE SCHED	$106.85	$0.00									
90785		PSYTX COMPLEX INTERACTIVE	7/1/2014	RBRVS	$16.15	$16.15									
90791		PSYCH DIAGNOSTIC EVALUATION	7/1/2014	RBRVS	$150.93	$146.11									
90792		PSYCH DIAG EVAL W/MED SRVCS	7/1/2014	RBRVS	$162.57	$157.76									
90832		PSYTX PT&/FAMILY 30 MINUTES	7/1/2014	RBRVS	$73.10	$72.29									
90833		PSYTX PT&/FAM W/E&M 30 MIN	7/1/2014	RBRVS	$74.70	$74.30	ZZZ								
90834		PSYTX PT&/FAMILY 45 MINUTES	7/1/2014	RBRVS	$96.91	$96.51									
90836		PSYTX PT&/FAM W/E&M 45 MIN	7/1/2014	RBRVS	$94.46	$93.66	ZZZ								
90837		PSYTX PT&/FAMILY 60 MINUTES	7/1/2014	RBRVS	$144.90	$144.11									
90838		PSYTX PT&/FAM W/E&M 60 MIN	7/1/2014	RBRVS	$124.79	$123.98	ZZZ								
90839		PSYTX CRISIS INITIAL 60 MIN	7/1/2014	RBRVS	$151.33	$150.12									
90840		PSYTX CRISIS EA ADDL 30 MIN	7/1/2014	RBRVS	$72.69	$72.29									
90845		PSYCHOANALYSIS	7/1/2014	RBRVS	$104.54	$103.74									
90846		FAMILY PSYTX W/O PATIENT	7/1/2014	RBRVS	$117.47	$116.67									
90847		FAMILY PSYTX W/PATIENT	7/1/2014	RBRVS	$121.09	$120.28									
90849		MULTIPLE FAMILY GROUP PSYTX	7/1/2014	RBRVS	$38.75	$34.74									
90853		GROUP PSYCHOTHERAPY	7/1/2014	RBRVS	$29.92	$29.12									
90863		PHARMACOLOGIC MGMT W/PSYTX	7/1/2014	FEE SCHED	$33.00	$0.00									
90865		NARCOSYNTHESIS	7/1/2014	RBRVS	$190.69	$145.71									
90870		ELECTROCONVULSIVE THERAPY	7/1/2014	RBRVS	$200.73	$126.84	000								
90880		HYPNOTHERAPY	7/1/2014	RBRVS	$114.99	$106.96									
90885		PSY EVALUATION OF RECORDS	9/1/2011	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Psychiatrist 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
90887		CONSULTATION WITH FAMILY	9/1/2011	RBRVS	$0.00	$0.00									
90889		PREPARATION OF REPORT	7/1/2003	RBRVS	$0.00	$0.00									
90901		BIOFEEDBACK TRAIN ANY METH	7/1/2014	RBRVS	$45.05	$22.97	000		Y						
90911		BIOFEEDBACK PERI/URO/RECTAL	7/1/2014	RBRVS	$96.47	$51.88	000		Y						
90935		HEMODIALYSIS ONE EVALUATION	7/1/2014	RBRVS	$73.98	$73.98	000								
90937		HEMODIALYSIS REPEATED EVAL	7/1/2014	RBRVS	$106.07	$106.07	000								
90945		DIALYSIS ONE EVALUATION	7/1/2014	RBRVS	$87.25	$87.25	000								
90947		DIALYSIS REPEATED EVAL	7/1/2014	RBRVS	$126.69	$126.69	000								
90951		ESRD SERV 4 VISITS P MO <2	7/1/2014	RBRVS	$949.64	$949.64									
90954		ESRD SERV 4 VSTS P MO 2-11	7/1/2014	RBRVS	$824.13	$824.13									
90955		ESRD SRV 2-3 VSTS P MO 2-11	7/1/2014	RBRVS	$464.67	$464.67									
90956		ESRD SRV 1 VISIT P MO 2-11	7/1/2014	RBRVS	$323.60	$323.60									
90957		ESRD SRV 4 VSTS P MO 12-19	7/1/2014	RBRVS	$655.66	$655.66									
90958		ESRD SRV 2-3 VSTS P MO 12-19	7/1/2014	RBRVS	$443.44	$443.44									
90959		ESRD SERV 1 VST P MO 12-19	7/1/2014	RBRVS	$300.15	$300.15									
90960		ESRD SRV 4 VISITS P MO 20+	7/1/2014	RBRVS	$289.03	$289.03									
90961		ESRD SRV 2-3 VSTS P MO 20+	7/1/2014	RBRVS	$243.17	$243.17									
90962		ESRD SERV 1 VISIT P MO 20+	7/1/2014	RBRVS	$187.58	$187.58									
90963		ESRD HOME PT SERV P MO <2YRS	7/1/2014	RBRVS	$555.61	$555.61									
90964		ESRD HOME PT SERV P MO 2-11	7/1/2014	RBRVS	$484.22	$484.22									
90965		ESRD HOME PT SERV P MO 12-19	7/1/2014	RBRVS	$459.29	$459.29									
90966		ESRD HOME PT SERV P MO 20+	7/1/2014	RBRVS	$242.81	$242.81									
90967		ESRD HOME PT SERV P DAY <2	7/1/2014	RBRVS	$18.00	$18.00									
90968		ESRD HOME PT SRV P DAY 2-11	7/1/2014	RBRVS	$15.49	$15.49									
90969		ESRD HOME PT SRV P DAY 12-19	7/1/2014	RBRVS	$15.13	$15.13									
90970		ESRD HOME PT SERV P DAY 20+	7/1/2014	RBRVS	$7.96	$7.96									
90989		DIALYSIS TRAINING COMPLETE	7/1/2014	FEE SCHED	$377.99	$0.00									
90993		DIALYSIS TRAINING INCOMPL	7/1/2014	FEE SCHED	$20.00	$0.00									
90997		HEMOPERFUSION	7/1/2014	RBRVS	$94.20	$94.20	000								
91010		ESOPHAGUS MOTILITY STUDY	7/1/2014	RBRVS	$178.69	$178.69	000		Y						
91010	TC	ESOPHAGUS MOTILITY STUDY	7/1/2014	RBRVS	$109.09	$109.09	000		Y						
91010	26	ESOPHAGUS MOTILITY STUDY	7/1/2014	RBRVS	$69.64	$69.64	000								
91013		ESOPHGL MOTIL W/STIM/PERFUS	7/1/2014	RBRVS	$24.13	$24.13	ZZZ		Y						
91013	TC	ESOPHGL MOTIL W/STIM/PERFUS	7/1/2014	RBRVS	$14.42	$14.42	ZZZ		Y						
91013	26	ESOPHGL MOTIL W/STIM/PERFUS	7/1/2014	RBRVS	$9.75	$9.75	ZZZ								
91020		GASTRIC MOTILITY STUDIES	7/1/2014	RBRVS	$237.14	$237.14	000		Y						
91020	TC	GASTRIC MOTILITY STUDIES	7/1/2014	RBRVS	$158.93	$158.93	000		Y						
91020	26	GASTRIC MOTILITY STUDIES	7/1/2014	RBRVS	$78.25	$78.25	000								
91022		DUODENAL MOTILITY STUDY	7/1/2014	RBRVS	$171.05	$171.05	000		Y						
91022	TC	DUODENAL MOTILITY STUDY	7/1/2014	RBRVS	$93.67	$93.67	000		Y						
91022	26	DUODENAL MOTILITY STUDY	7/1/2014	RBRVS	$77.39	$77.39	000								
91030		ACID PERFUSION OF ESOPHAGUS	7/1/2014	RBRVS	$139.42	$139.42	000		Y						
91030	TC	ACID PERFUSION OF ESOPHAGUS	7/1/2014	RBRVS	$90.08	$90.08	000		Y						
91030	26	ACID PERFUSION OF ESOPHAGUS	7/1/2014	RBRVS	$49.38	$49.38	000								
91034		GASTROESOPHAGEAL REFLUX TEST	7/1/2014	RBRVS	$191.78	$191.78	000		Y						
91034	TC	GASTROESOPHAGEAL REFLUX TEST	7/1/2014	RBRVS	$139.57	$139.57	000		Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
91034	26	GASTROESOPHAGEAL REFLUX TEST	7/1/2014	RBRVS	$52.25	$52.25	000								
91035		G-ESOPH REFLX TST W/ELECTROD	7/1/2014	RBRVS	$487.44	$487.44	000		Y						
91035	TC	G-ESOPH REFLX TST W/ELECTROD	7/1/2014	RBRVS	$402.06	$402.06	000		Y						
91035	26	G-ESOPH REFLX TST W/ELECTROD	7/1/2014	RBRVS	$85.42	$85.42	000								
91037		ESOPH IMPED FUNCTION TEST	7/1/2014	RBRVS	$163.99	$163.99	000		Y						
91037	TC	ESOPH IMPED FUNCTION TEST	7/1/2014	RBRVS	$110.52	$110.52	000		Y						
91037	26	ESOPH IMPED FUNCTION TEST	7/1/2014	RBRVS	$53.50	$53.50	000								
91038		ESOPH IMPED FUNCT TEST > 1HR	7/1/2014	RBRVS	$456.86	$456.86	000		Y						
91038	TC	ESOPH IMPED FUNCT TEST > 1HR	7/1/2014	RBRVS	$397.40	$397.40	000		Y						
91038	26	ESOPH IMPED FUNCT TEST > 1HR	7/1/2014	RBRVS	$59.46	$59.46	000								
91040		ESOPH BALLOON DISTENSION TST	7/1/2014	RBRVS	$404.03	$404.03	000		Y						
91040	TC	ESOPH BALLOON DISTENSION TST	7/1/2014	RBRVS	$353.29	$353.29	000		Y						
91040	26	ESOPH BALLOON DISTENSION TST	7/1/2014	RBRVS	$50.74	$50.74	000								
91065		BREATH HYDROGEN TEST	7/1/2014	RBRVS	$83.30	$83.30	000		Y						
91065	TC	BREATH HYDROGEN TEST	7/1/2014	RBRVS	$72.51	$72.51	000		Y						
91065	26	BREATH HYDROGEN TEST	7/1/2014	RBRVS	$10.83	$10.83	000								
91110		GI TRACT CAPSULE ENDOSCOPY	7/1/2014	RBRVS	$901.74	$901.74			Y						
91110	TC	GI TRACT CAPSULE ENDOSCOPY	7/1/2014	RBRVS	$704.72	$704.72			Y						
91110	26	GI TRACT CAPSULE ENDOSCOPY	7/1/2014	RBRVS	$197.05	$197.05									
91111		ESOPHAGEAL CAPSULE ENDOSCOPY	7/1/2014	RBRVS	$737.21	$737.21			Y						
91111	TC	ESOPHAGEAL CAPSULE ENDOSCOPY	7/1/2014	RBRVS	$683.20	$683.20			Y						
91111	26	ESOPHAGEAL CAPSULE ENDOSCOPY	7/1/2014	RBRVS	$54.04	$54.04									
91112		GI WIRELESS CAPSULE MEASURE	7/1/2014	RBRVS	$1,084.30	$1,084.30			Y						
91112	TC	GI WIRELESS CAPSULE MEASURE	7/1/2014	RBRVS	$970.44	$970.44			Y						
91112	26	GI WIRELESS CAPSULE MEASURE	7/1/2014	RBRVS	$113.86	$113.86									
91117		COLON MOTILITY 6 HR STUDY	7/1/2014	RBRVS	$153.80	$153.80	000		Y						
91120		RECTAL SENSATION TEST	7/1/2014	RBRVS	$403.96	$403.96			Y						
91120	TC	RECTAL SENSATION TEST	7/1/2014	RBRVS	$351.50	$351.50			Y						
91120	26	RECTAL SENSATION TEST	7/1/2014	RBRVS	$52.46	$52.46									
91122		ANAL PRESSURE RECORD	7/1/2014	RBRVS	$224.77	$224.77	000		Y						
91122	TC	ANAL PRESSURE RECORD	7/1/2014	RBRVS	$132.75	$132.75	000		Y						
91122	26	ANAL PRESSURE RECORD	7/1/2014	RBRVS	$92.05	$92.05	000								
91132		ELECTROGASTROGRAPHY	7/1/2014	RBRVS	$154.81	$154.81			Y						
91132	TC	ELECTROGASTROGRAPHY	7/1/2014	RBRVS	$126.30	$126.30			Y						
91132	26	ELECTROGASTROGRAPHY	7/1/2014	RBRVS	$28.51	$28.51									
91133		ELECTROGASTROGRAPHY W/TEST	7/1/2014	RBRVS	$181.02	$181.02			Y						
91133	TC	ELECTROGASTROGRAPHY W/TEST	7/1/2014	RBRVS	$144.59	$144.59			Y						
91133	26	ELECTROGASTROGRAPHY W/TEST	7/1/2014	RBRVS	$36.47	$36.47									
91200		LIVER ELASTOGRAPHY	1/1/2015	RBRVS	$36.76	$36.76			Y						
91200	TC	LIVER ELASTOGRAPHY	1/1/2015	RBRVS	$21.59	$21.59			Y						
91200	26	LIVER ELASTOGRAPHY	1/1/2015	RBRVS	$15.17	$15.17			Y						
91299		GASTROENTEROLOGY PROCEDURE	7/1/2014	FEE SCHED	$201.83	$0.00			Y						
91299	TC	GASTROENTEROLOGY PROCEDURE	7/1/2014	FEE SCHED	$163.48	$0.00									
91299	26	GASTROENTEROLOGY PROCEDURE	7/1/2014	FEE SCHED	$38.35	$0.00									
92002		EYE EXAM NEW PATIENT	7/1/2014	RBRVS	$83.63	$50.63									
92004		EYE EXAM NEW PATIENT	7/1/2014	RBRVS	$151.97	$103.56									

Montana Medicaid - Fee Schedule
Psychiatrist 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
92012		EYE EXAM ESTABLISH PATIENT	7/1/2014	RBRVS	$87.57	$55.30									
92014		EYE EXAM&TX ESTAB PT 1/>VST	7/1/2014	RBRVS	$126.84	$83.45									
92015		DETERMINE REFRACTIVE STATE	7/1/2014	RBRVS	$20.62	$20.26									
92018		NEW EYE EXAM & TREATMENT	7/1/2014	RBRVS	$151.51	$151.51									
92019		EYE EXAM & TREATMENT	7/1/2014	RBRVS	$73.58	$73.58									
92020		SPECIAL EYE EVALUATION	7/1/2014	RBRVS	$28.15	$22.41									
92060		SPECIAL EYE EVALUATION	7/1/2014	RBRVS	$66.59	$66.59									
92060	TC	SPECIAL EYE EVALUATION	7/1/2014	RBRVS	$26.61	$26.61									
92060	26	SPECIAL EYE EVALUATION	7/1/2014	RBRVS	$39.98	$39.98									
92071		CONTACT LENS FITTING FOR TX	7/1/2014	RBRVS	$38.91	$34.96		Y			Y				
92072		FIT CONTAC LENS FOR MANAGMNT	7/1/2014	RBRVS	$140.50	$108.94		Y							
92081		VISUAL FIELD EXAMINATION(S)	7/1/2014	RBRVS	$35.04	$35.04									
92081	TC	VISUAL FIELD EXAMINATION(S)	7/1/2014	RBRVS	$17.64	$17.64									
92081	26	VISUAL FIELD EXAMINATION(S)	7/1/2014	RBRVS	$17.39	$17.39									
92082		VISUAL FIELD EXAMINATION(S)	7/1/2014	RBRVS	$50.13	$50.13									
92082	TC	VISUAL FIELD EXAMINATION(S)	7/1/2014	RBRVS	$26.61	$26.61									
92082	26	VISUAL FIELD EXAMINATION(S)	7/1/2014	RBRVS	$23.56	$23.56									
92083		VISUAL FIELD EXAMINATION(S)	7/1/2014	RBRVS	$65.52	$65.52									
92083	TC	VISUAL FIELD EXAMINATION(S)	7/1/2014	RBRVS	$36.29	$36.29									
92083	26	VISUAL FIELD EXAMINATION(S)	7/1/2014	RBRVS	$29.23	$29.23									
92100		SERIAL TONOMETRY EXAM(S)	7/1/2014	RBRVS	$81.22	$35.32									
92136		OPHTHALMIC BIOMETRY	7/1/2014	RBRVS	$90.83	$90.83									
92136	TC	OPHTHALMIC BIOMETRY	7/1/2014	RBRVS	$58.88	$58.88									
92136	26	OPHTHALMIC BIOMETRY	7/1/2014	RBRVS	$31.99	$31.99					Y				
92140		GLAUCOMA PROVOCATIVE TESTS	7/1/2014	RBRVS	$64.01	$27.79									
92145		CORNEAL HYSTERESIS DETER	1/1/2015	RBRVS	$15.89	$15.89									
92145	TC	CORNEAL HYSTERESIS DETER	1/1/2015	RBRVS	$6.89	$6.89									
92145	26	CORNEAL HYSTERESIS DETER	1/1/2015	RBRVS	$9.04	$9.04									
92225		SPECIAL EYE EXAM INITIAL	7/1/2014	RBRVS	$28.15	$22.77					Y				
92226		SPECIAL EYE EXAM SUBSEQUENT	7/1/2014	RBRVS	$25.17	$19.44					Y				
92230		EYE EXAM WITH PHOTOS	7/1/2014	RBRVS	$60.14	$35.39					Y				
92235		EYE EXAM WITH PHOTOS	7/1/2014	RBRVS	$111.06	$111.06					Y				
92235	TC	EYE EXAM WITH PHOTOS	7/1/2014	RBRVS	$62.47	$62.47					Y				
92235	26	EYE EXAM WITH PHOTOS	7/1/2014	RBRVS	$48.59	$48.59					Y				
92240		ICG ANGIOGRAPHY	7/1/2014	RBRVS	$256.29	$256.29					Y				
92240	TC	ICG ANGIOGRAPHY	7/1/2014	RBRVS	$190.49	$190.49					Y				
92240	26	ICG ANGIOGRAPHY	7/1/2014	RBRVS	$65.80	$65.80					Y				
92250		EYE EXAM WITH PHOTOS	7/1/2014	RBRVS	$79.36	$79.36									
92250	TC	EYE EXAM WITH PHOTOS	7/1/2014	RBRVS	$54.94	$54.94									
92250	26	EYE EXAM WITH PHOTOS	7/1/2014	RBRVS	$24.46	$24.46									
92260		OPHTHALMOSCOPY/DYNAMOMETRY	7/1/2014	RBRVS	$19.08	$11.55									
92265		EYE MUSCLE EVALUATION	7/1/2014	RBRVS	$77.57	$77.57									
92265	TC	EYE MUSCLE EVALUATION	7/1/2014	RBRVS	$35.21	$35.21									
92265	26	EYE MUSCLE EVALUATION	7/1/2014	RBRVS	$42.39	$42.39									
92270		ELECTRO-OCULOGRAPHY	7/1/2014	RBRVS	$91.34	$91.34									
92270	TC	ELECTRO-OCULOGRAPHY	7/1/2014	RBRVS	$49.20	$49.20									

Montana Medicaid - Fee Schedule
Psychiatrist 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
92270	26	ELECTRO-OCULOGRAPHY	7/1/2014	RBRVS	$42.14	$42.14									
92275		ELECTRORETINOGRAPHY	7/1/2014	RBRVS	$160.94	$160.94									
92275	TC	ELECTRORETINOGRAPHY	7/1/2014	RBRVS	$100.48	$100.48									
92275	26	ELECTRORETINOGRAPHY	7/1/2014	RBRVS	$60.50	$60.50									
92283		COLOR VISION EXAMINATION	7/1/2014	RBRVS	$55.69	$55.69									
92283	TC	COLOR VISION EXAMINATION	7/1/2014	RBRVS	$45.97	$45.97									
92283	26	COLOR VISION EXAMINATION	7/1/2014	RBRVS	$9.75	$9.75									
92284		DARK ADAPTATION EYE EXAM	7/1/2014	RBRVS	$61.07	$61.07									
92284	TC	DARK ADAPTATION EYE EXAM	7/1/2014	RBRVS	$48.48	$48.48									
92284	26	DARK ADAPTATION EYE EXAM	7/1/2014	RBRVS	$12.62	$12.62									
92285		EYE PHOTOGRAPHY	7/1/2014	RBRVS	$20.91	$20.91									
92285	TC	EYE PHOTOGRAPHY	7/1/2014	RBRVS	$17.64	$17.64									
92285	26	EYE PHOTOGRAPHY	7/1/2014	RBRVS	$3.30	$3.30									
92286		INTERNAL EYE PHOTOGRAPHY	7/1/2014	RBRVS	$38.84	$38.84									
92286	TC	INTERNAL EYE PHOTOGRAPHY	7/1/2014	RBRVS	$16.21	$16.21									
92286	26	INTERNAL EYE PHOTOGRAPHY	7/1/2014	RBRVS	$22.66	$22.66									
92287		INTERNAL EYE PHOTOGRAPHY	7/1/2014	RBRVS	$139.03	$139.03									
92287	TC	INTERNAL EYE PHOTOGRAPHY	7/1/2014	RBRVS	$90.44	$90.44									
92287	26	INTERNAL EYE PHOTOGRAPHY	7/1/2014	RBRVS	$48.59	$48.59									
92310		CONTACT LENS FITTING	7/1/2014	RBRVS	$97.29	$61.43		Y							
92311		CONTACT LENS FITTING	7/1/2014	RBRVS	$104.10	$58.92		Y							
92312		CONTACT LENS FITTING	7/1/2014	RBRVS	$117.19	$65.55		Y							
92313		CONTACT LENS FITTING	7/1/2014	RBRVS	$99.62	$50.13		Y							
92314		PRESCRIPTION OF CONTACT LENS	7/1/2014	RBRVS	$80.22	$36.11		Y							
92315		RX CNTACT LENS APHAKIA 1 EYE	7/1/2014	RBRVS	$74.48	$23.56		Y							
92316		RX CNTACT LENS APHAKIA 2 EYE	7/1/2014	RBRVS	$92.77	$34.68		Y							
92317		RX CORNEOSCLERAL CNTACT LENS	7/1/2014	RBRVS	$76.45	$22.30		Y							
92325		MODIFICATION OF CONTACT LENS	7/1/2014	RBRVS	$41.67	$41.67		Y							
92326		REPLACEMENT OF CONTACT LENS	7/1/2014	RBRVS	$35.93	$35.93		Y							
92340		FIT SPECTACLES MONOFOCAL	7/1/2014	RBRVS	$36.04	$19.54									
92341		FIT SPECTACLES BIFOCAL	7/1/2014	RBRVS	$41.06	$24.56									
92342		FIT SPECTACLES MULTIFOCAL	7/1/2014	RBRVS	$44.36	$27.86									
92352		FIT APHAKIA SPECTCL MONOFOCL	9/1/2011	RBRVS	$0.00	$0.00									
92353		FIT APHAKIA SPECTCL MULTIFOC	9/1/2011	RBRVS	$0.00	$0.00									
92354		FIT SPECTACLES SINGLE SYSTEM	9/1/2011	RBRVS	$0.00	$0.00									
92355		FIT SPECTACLES COMPOUND LENS	9/1/2011	RBRVS	$0.00	$0.00									
92358		APHAKIA PROSTH SERVICE TEMP	9/1/2011	RBRVS	$0.00	$0.00									
92371		REPAIR & ADJUST SPECTACLES	9/1/2011	RBRVS	$0.00	$0.00									
92499		EYE SERVICE OR PROCEDURE	7/1/2014	FEE SCHED	$104.21	$0.00									
92499	TC	EYE SERVICE OR PROCEDURE	7/1/2014	FEE SCHED	$84.41	$0.00									
92499	26	EYE SERVICE OR PROCEDURE	7/1/2014	FEE SCHED	$19.80	$0.00									
92502		EAR AND THROAT EXAMINATION	7/1/2014	RBRVS	$99.05	$99.05	000		Y						
92504		EAR MICROSCOPY EXAMINATION	7/1/2014	RBRVS	$30.55	$9.75			Y						
92507		SPEECH/HEARING THERAPY	7/1/2014	RBRVS	$81.12	$81.12			Y						
92508		SPEECH/HEARING THERAPY	7/1/2014	RBRVS	$23.74	$23.74			Y						
92511		NASOPHARYNGOSCOPY	7/1/2014	RBRVS	$138.60	$49.67	000		Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
92512		NASAL FUNCTION STUDIES	7/1/2014	RBRVS	$61.86	$29.23			Y						
92516		FACIAL NERVE FUNCTION TEST	7/1/2014	RBRVS	$70.82	$23.85			Y						
92520		LARYNGEAL FUNCTION STUDIES	7/1/2014	RBRVS	$75.56	$42.21			Y						
92521		EVALUATION OF SPEECH FLUENCY	7/1/2014	RBRVS	$128.39	$128.39									
92522		EVALUATE SPEECH PRODUCTION	7/1/2014	RBRVS	$104.22	$104.22									
92523		SPEECH SOUND LANG COMPREHEN	7/1/2014	RBRVS	$216.56	$216.56									
92524		BEHAVRAL QUALIT ANALYS VOICE	7/1/2014	RBRVS	$108.96	$108.96									
92526		ORAL FUNCTION THERAPY	7/1/2014	RBRVS	$88.29	$88.29			Y						
92531		SPONTANEOUS NYSTAGMUS STUDY	7/1/2008	RBRVS	$0.00	$0.00			Y						
92532		POSITIONAL NYSTAGMUS TEST	7/1/2008	RBRVS	$0.00	$0.00			Y						
92533		CALORIC VESTIBULAR TEST	7/1/2008	RBRVS	$0.00	$0.00			Y						
92534		OPTOKINETIC NYSTAGMUS TEST	7/1/2008	RBRVS	$0.00	$0.00			Y						
92540		BSC VSTBLR EVALUATION	7/1/2014	RBRVS	$102.85	$102.85			Y						
92540	TC	BSC VSTBLR EVALUATION	7/1/2014	RBRVS	$21.95	$21.95			Y						
92540	26	BSC VSTBLR EVALUATION	7/1/2014	RBRVS	$80.94	$80.94									
92541		SPONTANEOUS NYSTAGMUS TEST	7/1/2014	RBRVS	$30.95	$30.95			Y						
92541	TC	SPONTANEOUS NYSTAGMUS TEST	7/1/2014	RBRVS	$9.75	$9.75			Y						
92541	26	SPONTANEOUS NYSTAGMUS TEST	7/1/2014	RBRVS	$21.23	$21.23									
92542		POSITIONAL NYSTAGMUS TEST	7/1/2014	RBRVS	$26.64	$26.64			Y						
92542	TC	POSITIONAL NYSTAGMUS TEST	7/1/2014	RBRVS	$9.04	$9.04			Y						
92542	26	POSITIONAL NYSTAGMUS TEST	7/1/2014	RBRVS	$17.64	$17.64									
92543		CALORIC VESTIBULAR TEST	7/1/2014	RBRVS	$16.24	$16.24			Y						
92543	TC	CALORIC VESTIBULAR TEST	7/1/2014	RBRVS	$10.47	$10.47			Y						
92543	26	CALORIC VESTIBULAR TEST	7/1/2014	RBRVS	$5.81	$5.81									
92544		OPTOKINETIC NYSTAGMUS TEST	7/1/2014	RBRVS	$24.13	$24.13			Y						
92544	TC	OPTOKINETIC NYSTAGMUS TEST	7/1/2014	RBRVS	$10.11	$10.11			Y						
92544	26	OPTOKINETIC NYSTAGMUS TEST	7/1/2014	RBRVS	$14.06	$14.06									
92545		OSCILLATING TRACKING TEST	7/1/2014	RBRVS	$20.91	$20.91			Y						
92545	TC	OSCILLATING TRACKING TEST	7/1/2014	RBRVS	$8.68	$8.68			Y						
92545	26	OSCILLATING TRACKING TEST	7/1/2014	RBRVS	$12.26	$12.26									
92546		SINUSOIDAL ROTATIONAL TEST	7/1/2014	RBRVS	$103.74	$103.74			Y						
92546	TC	SINUSOIDAL ROTATIONAL TEST	7/1/2014	RBRVS	$88.29	$88.29			Y						
92546	26	SINUSOIDAL ROTATIONAL TEST	7/1/2014	RBRVS	$15.49	$15.49									
92547		SUPPLEMENTAL ELECTRICAL TEST	7/1/2014	RBRVS	$6.17	$6.17	ZZZ		Y						
92548		POSTUROGRAPHY	7/1/2014	RBRVS	$104.82	$104.82			Y						
92548	TC	POSTUROGRAPHY	7/1/2014	RBRVS	$78.61	$78.61			Y						
92548	26	POSTUROGRAPHY	7/1/2014	RBRVS	$26.25	$26.25									
92550		TYMPANOMETRY & REFLEX THRESH	7/1/2014	RBRVS	$21.23	$21.23			Y						
92551		PURE TONE HEARING TEST AIR	7/1/2014	RBRVS	$11.91	$11.91			Y						
92552		PURE TONE AUDIOMETRY AIR	7/1/2014	RBRVS	$30.91	$30.91			Y						
92553		AUDIOMETRY AIR & BONE	7/1/2014	RBRVS	$37.01	$37.01			Y						
92555		SPEECH THRESHOLD AUDIOMETRY	7/1/2014	RBRVS	$23.02	$23.02			Y						
92556		SPEECH AUDIOMETRY COMPLETE	7/1/2014	RBRVS	$36.65	$36.65			Y						
92557		COMPREHENSIVE HEARING TEST	7/1/2014	RBRVS	$38.19	$33.17			Y						
92561		BEKESY AUDIOMETRY DIAGNOSIS	7/1/2014	RBRVS	$37.72	$37.72			Y						
92562		LOUDNESS BALANCE TEST	7/1/2014	RBRVS	$46.33	$46.33			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
92563		TONE DECAY HEARING TEST	7/1/2014	RBRVS	$30.55	$30.55			Y						
92564		SISI HEARING TEST	7/1/2014	RBRVS	$28.40	$28.40			Y						
92565		STENGER TEST PURE TONE	7/1/2014	RBRVS	$16.57	$16.57			Y						
92567		TYMPANOMETRY	7/1/2014	RBRVS	$14.77	$11.19			Y						
92568		ACOUSTIC REFL THRESHOLD TST	7/1/2014	RBRVS	$15.85	$15.85			Y						
92570		ACOUSTIC IMMITANCE TESTING	7/1/2014	RBRVS	$32.81	$30.66			Y						
92571		FILTERED SPEECH HEARING TEST	7/1/2014	RBRVS	$26.97	$26.97			Y						
92572		STAGGERED SPONDAIC WORD TEST	7/1/2014	RBRVS	$51.35	$51.35			Y						
92575		SENSORINEURAL ACUITY TEST	7/1/2014	RBRVS	$75.02	$75.02			Y						
92576		SYNTHETIC SENTENCE TEST	7/1/2014	RBRVS	$34.86	$34.86			Y						
92577		STENGER TEST SPEECH	7/1/2014	RBRVS	$19.44	$19.44			Y						
92579		VISUAL AUDIOMETRY (VRA)	7/1/2014	RBRVS	$42.85	$38.19			Y						
92582		CONDITIONING PLAY AUDIOMETRY	7/1/2014	RBRVS	$68.56	$68.56			Y						
92583		SELECT PICTURE AUDIOMETRY	7/1/2014	RBRVS	$52.07	$52.07			Y						
92584		ELECTROCOCHLEOGRAPHY	7/1/2014	RBRVS	$70.72	$70.72			Y						
92585		AUDITOR EVOKE POTENT COMPRE	7/1/2014	RBRVS	$131.71	$131.71			Y						
92585	TC	AUDITOR EVOKE POTENT COMPRE	7/1/2014	RBRVS	$104.78	$104.78			Y						
92585	26	AUDITOR EVOKE POTENT COMPRE	7/1/2014	RBRVS	$26.97	$26.97									
92586		AUDITOR EVOKE POTENT LIMIT	7/1/2014	RBRVS	$84.34	$84.34			Y						
92587		EVOKED AUDITORY TEST	7/1/2014	RBRVS	$22.48	$22.48			Y						
92587	TC	EVOKED AUDITORY TEST	7/1/2014	RBRVS	$2.94	$2.94			Y						
92587	26	EVOKED AUDITORY TEST	7/1/2014	RBRVS	$19.54	$19.54									
92588		EVOKED AUDITORY TEST	7/1/2014	RBRVS	$33.89	$33.89			Y						
92588	TC	EVOKED AUDITORY TEST	7/1/2014	RBRVS	$4.02	$4.02			Y						
92588	26	EVOKED AUDITORY TEST	7/1/2014	RBRVS	$29.87	$29.87									
92596		EAR PROTECTOR EVALUATION	7/1/2014	RBRVS	$42.75	$42.75			Y						
92597		ORAL SPEECH DEVICE EVAL	7/1/2014	RBRVS	$73.94	$73.94			Y						
92601		COCHLEAR IMPLT F/UP EXAM <7	7/1/2014	RBRVS	$141.58	$122.21			Y						
92602		REPROGRAM COCHLEAR IMPLT 7/>	7/1/2014	RBRVS	$83.63	$67.49			Y						
92603		COCHLEAR IMPLT F/UP EXAM 7/>	7/1/2014	RBRVS	$149.46	$125.08			Y						
92604		REPROGRAM COCHLEAR IMPLT 7/>	7/1/2014	RBRVS	$89.94	$69.14			Y						
92611		MOTION FLUOROSCOPY/SWALLOW	7/1/2014	RBRVS	$92.63	$92.63			Y						
92612		ENDOSCOPY SWALLOW TST (FEES)	7/1/2014	RBRVS	$179.73	$70.00			Y						
92613		ENDOSCOPY SWALLOW TST (FEES)	7/1/2014	RBRVS	$38.62	$38.62			Y						
92614		LARYNGOSCOPIC SENSORY TEST	7/1/2014	RBRVS	$152.12	$70.00			Y						
92615		EVAL LARYNGOSCOPY SENSE TST	7/1/2014	RBRVS	$34.60	$34.25			Y						
92616		FEES W/LARYNGEAL SENSE TEST	7/1/2014	RBRVS	$214.34	$103.89			Y						
92617		INTERPRT FEES/LARYNGEAL TEST	7/1/2014	RBRVS	$42.92	$42.92			Y						
92620		AUDITORY FUNCTION 60 MIN	7/1/2014	RBRVS	$95.46	$85.42									
92621		AUDITORY FUNCTION + 15 MIN	7/1/2014	RBRVS	$22.66	$19.44	ZZZ								
92625		TINNITUS ASSESSMENT	7/1/2014	RBRVS	$70.93	$63.76									
92626		EVAL AUD REHAB STATUS	7/1/2014	RBRVS	$91.51	$78.25									
92627		EVAL AUD STATUS REHAB ADD-ON	7/1/2014	RBRVS	$21.95	$18.00	ZZZ								
92920		PRQ CARDIAC ANGIOPLAST 1 ART	7/1/2014	RBRVS	$574.30	$574.30	000		Y	Y					
92921		PRQ CARDIAC ANGIO ADDL ART	1/1/2013	RBRVS	$0.00	$0.00	ZZZ		Y						
92924		PRQ CARD ANGIO/ATHRECT 1 ART	7/1/2014	RBRVS	$683.24	$683.24	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
92925		PRQ CARD ANGIO/ATHRECT ADDL	1/1/2013	RBRVS	$0.00	$0.00	ZZZ		Y						
92928		PRQ CARD STENT W/ANGIO 1 VSL	7/1/2014	RBRVS	$637.81	$637.81	000		Y	Y					
92929		PRQ CARD STENT W/ANGIO ADDL	1/1/2013	RBRVS	$0.00	$0.00	ZZZ		Y						
92933		PRQ CARD STENT/ATH/ANGIO	7/1/2014	RBRVS	$713.69	$713.69	000		Y	Y					
92934		PRQ CARD STENT/ATH/ANGIO	1/1/2013	RBRVS	$0.00	$0.00	ZZZ		Y						
92937		PRQ REVASC BYP GRAFT 1 VSL	7/1/2014	RBRVS	$637.45	$637.45	000		Y	Y					
92938		PRQ REVASC BYP GRAFT ADDL	1/1/2013	RBRVS	$0.00	$0.00	ZZZ		Y						
92941		PRQ CARD REVASC MI 1 VSL	7/1/2014	RBRVS	$715.19	$715.19	000		Y	Y					
92943		PRQ CARD REVASC CHRONIC 1VSL	7/1/2014	RBRVS	$715.19	$715.19	000		Y	Y					
92944		PRQ CARD REVASC CHRONIC ADDL	1/1/2013	RBRVS	$0.00	$0.00	ZZZ		Y						
92950		HEART/LUNG RESUSCITATION CPR	7/1/2014	RBRVS	$307.36	$191.53	000								
92953		TEMPORARY EXTERNAL PACING	7/1/2014	RBRVS	$11.19	$11.19	000		Y						
92960		CARDIOVERSION ELECTRIC EXT	7/1/2014	RBRVS	$206.95	$124.47	000		Y						
92961		CARDIOVERSION ELECTRIC INT	7/1/2014	RBRVS	$250.27	$250.27	000		Y						
92970		CARDIOASSIST INTERNAL	7/1/2014	RBRVS	$180.30	$180.30	000		Y						
92971		CARDIOASSIST EXTERNAL	7/1/2014	RBRVS	$94.96	$94.96	000		Y						
92973		PERCUT CORONARY THROMBECTOMY	7/1/2014	RBRVS	$186.54	$186.54	ZZZ		Y						
92974		CATH PLACE CARDIO BRACHYTX	7/1/2014	RBRVS	$170.41	$170.41	ZZZ		Y						
92975		DISSOLVE CLOT HEART VESSEL	7/1/2014	RBRVS	$411.64	$411.64	000		Y	Y					
92977		DISSOLVE CLOT HEART VESSEL	7/1/2014	RBRVS	$127.12	$127.12			Y						
92978		INTRAVASC US HEART ADD-ON	7/1/2014	FEE SCHED	$460.21	$0.00			Y						
92978	TC	INTRAVASC US HEART ADD-ON	7/1/2014	FEE SCHED	$379.25	$0.00									
92978	26	INTRAVASC US HEART ADD-ON	7/1/2014	RBRVS	$91.37	$91.37	ZZZ								
92979		INTRAVASC US HEART ADD-ON	7/1/2014	FEE SCHED	$375.74	$0.00			Y						
92979	TC	INTRAVASC US HEART ADD-ON	7/1/2014	FEE SCHED	$304.35	$0.00									
92979	26	INTRAVASC US HEART ADD-ON	7/1/2014	RBRVS	$73.76	$73.76	ZZZ								
92986		REVISION OF AORTIC VALVE	7/1/2014	RBRVS	$1,400.15	$1,400.15	090		Y	Y					
92987		REVISION OF MITRAL VALVE	7/1/2014	RBRVS	$1,445.95	$1,445.95	090		Y	Y					
92990		REVISION OF PULMONARY VALVE	7/1/2014	RBRVS	$1,136.76	$1,136.76	090		Y	Y					
92992		REVISION OF HEART CHAMBER	7/1/2014	FEE SCHED	$1,965.72	$0.00			Y						
92993		REVISION OF HEART CHAMBER	7/1/2014	FEE SCHED	$1,965.72	$0.00			Y						
92997		PUL ART BALLOON REPR PERCUT	7/1/2014	RBRVS	$687.54	$687.54	000		Y	Y					
92998		PUL ART BALLOON REPR PERCUT	7/1/2014	RBRVS	$340.17	$340.17	ZZZ		Y						
93000		ELECTROCARDIOGRAM COMPLETE	7/1/2014	RBRVS	$16.96	$16.96			Y						
93005		ELECTROCARDIOGRAM TRACING	7/1/2014	RBRVS	$8.32	$8.32			Y						
93010		ELECTROCARDIOGRAM REPORT	7/1/2014	RBRVS	$8.68	$8.68			Y						
93015		CARDIOVASCULAR STRESS TEST	7/1/2014	RBRVS	$76.20	$76.20			Y						
93016		CARDIOVASCULAR STRESS TEST	7/1/2014	RBRVS	$22.30	$22.30			Y						
93017		CARDIOVASCULAR STRESS TEST	7/1/2014	RBRVS	$39.16	$39.16			Y						
93018		CARDIOVASCULAR STRESS TEST	7/1/2014	RBRVS	$14.77	$14.77			Y						
93024		CARDIAC DRUG STRESS TEST	7/1/2014	RBRVS	$112.53	$112.53			Y						
93024	TC	CARDIAC DRUG STRESS TEST	7/1/2014	RBRVS	$54.22	$54.22			Y						
93024	26	CARDIAC DRUG STRESS TEST	7/1/2014	RBRVS	$58.34	$58.34									
93025		MICROVOLT T-WAVE ASSESS	7/1/2014	RBRVS	$164.85	$164.85			Y						
93025	TC	MICROVOLT T-WAVE ASSESS	7/1/2014	RBRVS	$127.02	$127.02			Y						
93025	26	MICROVOLT T-WAVE ASSESS	7/1/2014	RBRVS	$37.83	$37.83									

Montana Medicaid - Fee Schedule
Psychiatrist 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
93040		RHYTHM ECG WITH REPORT	7/1/2014	RBRVS	$13.02	$13.02			Y						
93041		RHYTHM ECG TRACING	7/1/2014	RBRVS	$5.81	$5.81			Y						
93042		RHYTHM ECG REPORT	7/1/2014	RBRVS	$7.24	$7.24			Y						
93224		ECG MONITOR/REPORT, 24 HRS	7/1/2014	RBRVS	$91.98	$91.98			Y						
93225		ECG MONITOR/RECORD, 24 HRS	7/1/2014	RBRVS	$26.97	$26.97			Y						
93226		ECG MONITOR/REPORT, 24 HRS	7/1/2014	RBRVS	$38.08	$38.08			Y						
93227		ECG MONITOR/REVIEW, 24 HRS	7/1/2014	RBRVS	$26.97	$26.97			Y						
93228		REMOTE 30 DAY ECG REV/REPORT	7/1/2014	RBRVS	$26.72	$26.72			Y						
93229		REMOTE 30 DAY ECG TECH SUPP	7/1/2014	RBRVS	$669.94	$669.94			Y						
93260		PRGRMG DEV EVAL IMPLTBL SYS	1/1/2015	RBRVS	$66.59	$66.59			Y						
93260	TC	PRGRMG DEV EVAL IMPLTBL SYS	1/1/2015	RBRVS	$21.23	$21.23			Y						
93260	26	PRGRMG DEV EVAL IMPLTBL SYS	1/1/2015	RBRVS	$45.36	$45.36			Y						
93261		INTERROGATE SUBQ DEFIB	1/1/2015	RBRVS	$60.85	$60.85			Y						
93261	TC	INTERROGATE SUBQ DEFIB	1/1/2015	RBRVS	$21.23	$21.23			Y						
93261	26	INTERROGATE SUBQ DEFIB	1/1/2015	RBRVS	$39.63	$39.63			Y						
93268		ECG RECORD/REVIEW	7/1/2014	RBRVS	$205.66	$205.66			Y						
93270		ECG RECORDING	7/1/2014	RBRVS	$9.40	$9.40			Y						
93271		ECG/MONITORING AND ANALYSIS	7/1/2014	RBRVS	$170.77	$170.77			Y						
93272		ECG/REVIEW, INTERPRET ONLY	7/1/2014	RBRVS	$25.53	$25.53			Y						
93278		ECG/SIGNAL-AVERAGED	7/1/2014	RBRVS	$30.59	$30.59			Y						
93278	TC	ECG/SIGNAL-AVERAGED	7/1/2014	RBRVS	$18.00	$18.00			Y						
93278	26	ECG/SIGNAL-AVERAGED	7/1/2014	RBRVS	$12.62	$12.62									
93279		PM DEVICE PROGR EVAL SNGL	7/1/2014	RBRVS	$50.46	$50.46			Y						
93279	TC	PM DEVICE PROGR EVAL SNGL	7/1/2014	RBRVS	$17.28	$17.28			Y						
93279	26	PM DEVICE PROGR EVAL SNGL	7/1/2014	RBRVS	$33.17	$33.17									
93280		PM DEVICE PROGR EVAL DUAL	7/1/2014	RBRVS	$59.06	$59.06			Y						
93280	TC	PM DEVICE PROGR EVAL DUAL	7/1/2014	RBRVS	$19.79	$19.79			Y						
93280	26	PM DEVICE PROGR EVAL DUAL	7/1/2014	RBRVS	$39.27	$39.27									
93281		PM DEVICE PROGR EVAL MULTI	7/1/2014	RBRVS	$68.74	$68.74			Y						
93281	TC	PM DEVICE PROGR EVAL MULTI	7/1/2014	RBRVS	$23.02	$23.02			Y						
93281	26	PM DEVICE PROGR EVAL MULTI	7/1/2014	RBRVS	$45.72	$45.72									
93282		ICD DEVICE PROG EVAL 1 SNGL	7/1/2014	RBRVS	$63.36	$63.36			Y						
93282	TC	ICD DEVICE PROG EVAL 1 SNGL	7/1/2014	RBRVS	$20.15	$20.15			Y						
93282	26	ICD DEVICE PROG EVAL 1 SNGL	7/1/2014	RBRVS	$43.21	$43.21									
93283		ICD DEVICE PROGR EVAL DUAL	7/1/2014	RBRVS	$82.41	$82.41			Y						
93283	TC	ICD DEVICE PROGR EVAL DUAL	7/1/2014	RBRVS	$23.74	$23.74			Y						
93283	26	ICD DEVICE PROGR EVAL DUAL	7/1/2014	RBRVS	$58.70	$58.70									
93284		ICD DEVICE PROGR EVAL MULT	7/1/2014	RBRVS	$90.65	$90.65			Y						
93284	TC	ICD DEVICE PROGR EVAL MULT	7/1/2014	RBRVS	$26.97	$26.97			Y						
93284	26	ICD DEVICE PROGR EVAL MULT	7/1/2014	RBRVS	$63.72	$63.72									
93285		ILR DEVICE EVAL PROGR	7/1/2014	RBRVS	$42.06	$42.06			Y						
93285	TC	ILR DEVICE EVAL PROGR	7/1/2014	RBRVS	$15.85	$15.85			Y						
93285	26	ILR DEVICE EVAL PROGR	7/1/2014	RBRVS	$26.25	$26.25									
93286		PRE-OP PM DEVICE EVAL	7/1/2014	RBRVS	$27.36	$27.36			Y						
93286	TC	PRE-OP PM DEVICE EVAL	7/1/2014	RBRVS	$11.91	$11.91			Y						
93286	26	PRE-OP PM DEVICE EVAL	7/1/2014	RBRVS	$15.49	$15.49									

Montana Medicaid - Fee Schedule
Psychiatrist 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
93287		PRE-OP ICD DEVICE EVAL	7/1/2014	RBRVS	$35.97	$35.97			Y						
93287	TC	PRE-OP ICD DEVICE EVAL	7/1/2014	RBRVS	$12.98	$12.98			Y						
93287	26	PRE-OP ICD DEVICE EVAL	7/1/2014	RBRVS	$23.02	$23.02									
93288		PM DEVICE EVAL IN PERSON	7/1/2014	RBRVS	$37.04	$37.04			Y						
93288	TC	PM DEVICE EVAL IN PERSON	7/1/2014	RBRVS	$15.85	$15.85			Y						
93288	26	PM DEVICE EVAL IN PERSON	7/1/2014	RBRVS	$21.23	$21.23									
93289		ICD DEVICE INTERROGATE	7/1/2014	RBRVS	$65.87	$65.87			Y						
93289	TC	ICD DEVICE INTERROGATE	7/1/2014	RBRVS	$19.44	$19.44			Y						
93289	26	ICD DEVICE INTERROGATE	7/1/2014	RBRVS	$46.44	$46.44									
93290		ICM DEVICE EVAL	7/1/2014	RBRVS	$30.95	$30.95			Y						
93290	TC	ICM DEVICE EVAL	7/1/2014	RBRVS	$9.40	$9.40			Y						
93290	26	ICM DEVICE EVAL	7/1/2014	RBRVS	$21.59	$21.59									
93291		ILR DEVICE INTERROGATE	7/1/2014	RBRVS	$36.33	$36.33			Y						
93291	TC	ILR DEVICE INTERROGATE	7/1/2014	RBRVS	$14.77	$14.77			Y						
93291	26	ILR DEVICE INTERROGATE	7/1/2014	RBRVS	$21.59	$21.59									
93292		WCD DEVICE INTERROGATE	7/1/2014	RBRVS	$32.02	$32.02			Y						
93292	TC	WCD DEVICE INTERROGATE	7/1/2014	RBRVS	$10.83	$10.83			Y						
93292	26	WCD DEVICE INTERROGATE	7/1/2014	RBRVS	$21.23	$21.23									
93293		PM PHONE R-STRIP DEVICE EVAL	7/1/2014	RBRVS	$53.90	$53.90			Y						
93293	TC	PM PHONE R-STRIP DEVICE EVAL	7/1/2014	RBRVS	$37.72	$37.72			Y						
93293	26	PM PHONE R-STRIP DEVICE EVAL	7/1/2014	RBRVS	$16.21	$16.21									
93294		PM DEVICE INTERROGATE REMOTE	7/1/2014	RBRVS	$34.32	$34.32			Y						
93295		ICD DEVICE INTERROGAT REMOTE	7/1/2014	RBRVS	$68.24	$68.24			Y						
93296		PM/ICD REMOTE TECH SERV	7/1/2014	RBRVS	$25.89	$25.89			Y						
93297		ICM DEVICE INTERROGAT REMOTE	7/1/2014	RBRVS	$26.72	$26.72			Y						
93298		ILR DEVICE INTERROGAT REMOTE	7/1/2014	RBRVS	$27.07	$27.07			Y						
93299		ICM/ILR REMOTE TECH SERV	7/1/2014	FEE SCHED	$29.22	$0.00			Y						
93303		ECHO TRANSTHORACIC	7/1/2014	RBRVS	$239.83	$239.83			Y						
93303	TC	ECHO TRANSTHORACIC	7/1/2014	RBRVS	$175.07	$175.07			Y						
93303	26	ECHO TRANSTHORACIC	7/1/2014	RBRVS	$64.80	$64.80									
93304		ECHO TRANSTHORACIC	7/1/2014	RBRVS	$159.11	$159.11			Y						
93304	TC	ECHO TRANSTHORACIC	7/1/2014	RBRVS	$121.64	$121.64			Y						
93304	26	ECHO TRANSTHORACIC	7/1/2014	RBRVS	$37.47	$37.47									
93306		TTE W/DOPPLER COMPLETE	7/1/2014	RBRVS	$229.79	$229.79			Y						
93306	TC	TTE W/DOPPLER COMPLETE	7/1/2014	RBRVS	$165.03	$165.03			Y						
93306	26	TTE W/DOPPLER COMPLETE	7/1/2014	RBRVS	$64.80	$64.80									
93307		TTE W/O DOPPLER COMPLETE	7/1/2014	RBRVS	$132.93	$132.93			Y						
93307	TC	TTE W/O DOPPLER COMPLETE	7/1/2014	RBRVS	$86.85	$86.85			Y						
93307	26	TTE W/O DOPPLER COMPLETE	7/1/2014	RBRVS	$46.08	$46.08									
93308		TTE F-UP OR LMTD	7/1/2014	RBRVS	$123.82	$123.82			Y						
93308	TC	TTE F-UP OR LMTD	7/1/2014	RBRVS	$97.97	$97.97			Y						
93308	26	TTE F-UP OR LMTD	7/1/2014	RBRVS	$25.89	$25.89									
93312		ECHO TRANSESOPHAGEAL	7/1/2014	RBRVS	$334.47	$334.47			Y						
93312	TC	ECHO TRANSESOPHAGEAL	7/1/2014	RBRVS	$227.89	$227.89			Y						
93312	26	ECHO TRANSESOPHAGEAL	7/1/2014	RBRVS	$106.58	$106.58									
93313		ECHO TRANSESOPHAGEAL	7/1/2014	RBRVS	$43.10	$43.10			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
93314		ECHO TRANSESOPHAGEAL	7/1/2014	RBRVS	$309.90	$309.90			Y						
93314	TC	ECHO TRANSESOPHAGEAL	7/1/2014	RBRVS	$249.05	$249.05			Y						
93314	26	ECHO TRANSESOPHAGEAL	7/1/2014	RBRVS	$60.85	$60.85									
93315		ECHO TRANSESOPHAGEAL	7/1/2014	FEE SCHED	$750.05	$0.00			Y						
93315	TC	ECHO TRANSESOPHAGEAL	7/1/2014	FEE SCHED	$587.29	$0.00									
93315	26	ECHO TRANSESOPHAGEAL	7/1/2014	RBRVS	$141.86	$141.86									
93316		ECHO TRANSESOPHAGEAL	7/1/2014	RBRVS	$43.82	$43.82			Y						
93317		ECHO TRANSESOPHAGEAL	7/1/2014	FEE SCHED	$490.21	$0.00			Y						
93317	TC	ECHO TRANSESOPHAGEAL	7/1/2014	FEE SCHED	$397.07	$0.00									
93317	26	ECHO TRANSESOPHAGEAL	7/1/2014	RBRVS	$96.68	$96.68									
93318		ECHO TRANSESOPHAGEAL INTRAOP	7/1/2014	FEE SCHED	$587.42	$0.00			Y						
93318	TC	ECHO TRANSESOPHAGEAL INTRAOP	7/1/2014	FEE SCHED	$475.81	$0.00									
93318	26	ECHO TRANSESOPHAGEAL INTRAOP	7/1/2014	RBRVS	$115.83	$115.83									
93320		DOPPLER ECHO EXAM HEART	7/1/2014	RBRVS	$54.97	$54.97	ZZZ		Y						
93320	TC	DOPPLER ECHO EXAM HEART	7/1/2014	RBRVS	$36.29	$36.29	ZZZ		Y						
93320	26	DOPPLER ECHO EXAM HEART	7/1/2014	RBRVS	$18.72	$18.72	ZZZ								
93321		DOPPLER ECHO EXAM HEART	7/1/2014	RBRVS	$31.31	$31.31	ZZZ		Y						
93321	TC	DOPPLER ECHO EXAM HEART	7/1/2014	RBRVS	$23.74	$23.74	ZZZ		Y						
93321	26	DOPPLER ECHO EXAM HEART	7/1/2014	RBRVS	$7.60	$7.60	ZZZ								
93325		DOPPLER COLOR FLOW ADD-ON	7/1/2014	RBRVS	$26.29	$26.29	ZZZ		Y						
93325	TC	DOPPLER COLOR FLOW ADD-ON	7/1/2014	RBRVS	$22.66	$22.66	ZZZ		Y						
93325	26	DOPPLER COLOR FLOW ADD-ON	7/1/2014	RBRVS	$3.66	$3.66	ZZZ								
93350		ECHO TRANSTHORACIC	7/1/2014	RBRVS	$242.77	$242.77			Y						
93350	TC	ECHO TRANSTHORACIC	7/1/2014	RBRVS	$170.05	$170.05			Y						
93350	26	ECHO TRANSTHORACIC	7/1/2014	RBRVS	$72.72	$72.72									
93351		STRESS TTE COMPLETE	7/1/2014	RBRVS	$282.33	$282.33			Y						
93351	TC	STRESS TTE COMPLETE	7/1/2014	RBRVS	$195.62	$195.62			Y						
93351	26	STRESS TTE COMPLETE	7/1/2014	RBRVS	$86.71	$86.71									
93352		ADMIN ECG CONTRAST AGENT	7/1/2014	RBRVS	$33.78	$33.78	ZZZ		Y						
93355		ECHO TRANSESOPHAGEAL (TEE)	1/1/2015	RBRVS	$230.58	$230.58			Y						
93451		RIGHT HEART CATH	7/1/2014	RBRVS	$793.83	$793.83	000		Y	Y					
93451	TC	RIGHT HEART CATH	7/1/2014	RBRVS	$639.20	$639.20	000		Y						
93451	26	RIGHT HEART CATH	7/1/2014	RBRVS	$154.63	$154.63	000			Y					
93452		LEFT HRT CATH W/VENTRCLGRPHY	7/1/2014	RBRVS	$893.70	$893.70	000		Y	Y					
93452	TC	LEFT HRT CATH W/VENTRCLGRPHY	7/1/2014	RBRVS	$622.35	$622.35	000		Y						
93452	26	LEFT HRT CATH W/VENTRCLGRPHY	7/1/2014	RBRVS	$271.35	$271.35	000			Y					
93453		R&L HRT CATH W/VENTRICLGRPHY	7/1/2014	RBRVS	$1,158.03	$1,158.03	000		Y	Y					
93453	TC	R&L HRT CATH W/VENTRICLGRPHY	7/1/2014	RBRVS	$802.44	$802.44	000		Y						
93453	26	R&L HRT CATH W/VENTRICLGRPHY	7/1/2014	RBRVS	$355.59	$355.59	000			Y					
93454		CORONARY ARTERY ANGIO S&I	7/1/2014	RBRVS	$910.56	$910.56	000		Y	Y					
93454	TC	CORONARY ARTERY ANGIO S&I	7/1/2014	RBRVS	$637.41	$637.41	000		Y						
93454	26	CORONARY ARTERY ANGIO S&I	7/1/2014	RBRVS	$273.15	$273.15	000			Y					
93455		CORONARY ART/GRFT ANGIO S&I	7/1/2014	RBRVS	$1,059.95	$1,059.95	000		Y	Y					
93455	TC	CORONARY ART/GRFT ANGIO S&I	7/1/2014	RBRVS	$744.70	$744.70	000		Y						
93455	26	CORONARY ART/GRFT ANGIO S&I	7/1/2014	RBRVS	$315.25	$315.25	000			Y					
93456		R HRT CORONARY ARTERY ANGIO	7/1/2014	RBRVS	$1,140.92	$1,140.92	000		Y	Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
93456	TC	R HRT CORONARY ARTERY ANGIO	7/1/2014	RBRVS	$791.68	$791.68	000		Y						
93456	26	R HRT CORONARY ARTERY ANGIO	7/1/2014	RBRVS	$349.28	$349.28	000			Y					
93457		R HRT ART/GRFT ANGIO	7/1/2014	RBRVS	$1,289.63	$1,289.63	000		Y	Y					
93457	TC	R HRT ART/GRFT ANGIO	7/1/2014	RBRVS	$897.83	$897.83	000		Y						
93457	26	R HRT ART/GRFT ANGIO	7/1/2014	RBRVS	$391.81	$391.81	000			Y					
93458		L HRT ARTERY/VENTRICLE ANGIO	7/1/2014	RBRVS	$1,092.30	$1,092.30	000		Y	Y					
93458	TC	L HRT ARTERY/VENTRICLE ANGIO	7/1/2014	RBRVS	$759.05	$759.05	000		Y						
93458	26	L HRT ARTERY/VENTRICLE ANGIO	7/1/2014	RBRVS	$333.25	$333.25	000			Y					
93459		L HRT ART/GRFT ANGIO	7/1/2014	RBRVS	$1,206.44	$1,206.44	000		Y	Y					
93459	TC	L HRT ART/GRFT ANGIO	7/1/2014	RBRVS	$831.13	$831.13	000		Y						
93459	26	L HRT ART/GRFT ANGIO	7/1/2014	RBRVS	$375.31	$375.31	000			Y					
93460		R&L HRT ART/VENTRICLE ANGIO	7/1/2014	RBRVS	$1,294.08	$1,294.08	000		Y	Y					
93460	TC	R&L HRT ART/VENTRICLE ANGIO	7/1/2014	RBRVS	$876.31	$876.31	000		Y						
93460	26	R&L HRT ART/VENTRICLE ANGIO	7/1/2014	RBRVS	$417.80	$417.80	000			Y					
93461		R&L HRT ART/VENTRICLE ANGIO	7/1/2014	RBRVS	$1,480.19	$1,480.19	000		Y	Y					
93461	TC	R&L HRT ART/VENTRICLE ANGIO	7/1/2014	RBRVS	$1,019.07	$1,019.07	000		Y						
93461	26	R&L HRT ART/VENTRICLE ANGIO	7/1/2014	RBRVS	$461.12	$461.12	000			Y					
93462		L HRT CATH TRNSPTL PUNCTURE	7/1/2014	RBRVS	$219.36	$219.36	ZZZ		Y						
93463		DRUG ADMIN & HEMODYNMIC MEAS	7/1/2014	RBRVS	$111.56	$111.56	ZZZ		Y						
93464		EXERCISE W/HEMODYNAMIC MEAS	7/1/2014	RBRVS	$286.74	$286.74	ZZZ		Y						
93464	TC	EXERCISE W/HEMODYNAMIC MEAS	7/1/2014	RBRVS	$186.19	$186.19	ZZZ		Y						
93464	26	EXERCISE W/HEMODYNAMIC MEAS	7/1/2014	RBRVS	$100.55	$100.55	ZZZ								
93503		INSERT/PLACE HEART CATHETER	7/1/2014	RBRVS	$134.94	$134.94	000		Y						
93505		BIOPSY OF HEART LINING	7/1/2014	RBRVS	$770.09	$770.09	000		Y	Y					
93505	TC	BIOPSY OF HEART LINING	7/1/2014	RBRVS	$526.25	$526.25	000		Y						
93505	26	BIOPSY OF HEART LINING	7/1/2014	RBRVS	$243.85	$243.85	000			Y					
93530		RT HEART CATH CONGENITAL	7/1/2014	FEE SCHED	$1,221.79	$0.00			Y						
93530	TC	RT HEART CATH CONGENITAL	7/1/2014	FEE SCHED	$989.65	$0.00									
93530	26	RT HEART CATH CONGENITAL	7/1/2014	RBRVS	$240.41	$240.41	000			Y					
93531		R & L HEART CATH CONGENITAL	7/1/2014	FEE SCHED	$2,418.11	$0.00			Y						
93531	TC	R & L HEART CATH CONGENITAL	7/1/2014	FEE SCHED	$1,958.67	$0.00									
93531	26	R & L HEART CATH CONGENITAL	7/1/2014	RBRVS	$473.96	$473.96	000			Y					
93532		R & L HEART CATH CONGENITAL	7/1/2014	FEE SCHED	$2,892.53	$0.00			Y						
93532	TC	R & L HEART CATH CONGENITAL	7/1/2014	FEE SCHED	$2,342.95	$0.00									
93532	26	R & L HEART CATH CONGENITAL	7/1/2014	RBRVS	$568.13	$568.13	000			Y					
93533		R & L HEART CATH CONGENITAL	7/1/2014	FEE SCHED	$1,940.16	$0.00			Y						
93533	TC	R & L HEART CATH CONGENITAL	7/1/2014	FEE SCHED	$1,571.53	$0.00									
93533	26	R & L HEART CATH CONGENITAL	7/1/2014	RBRVS	$380.94	$380.94	000			Y					
93561		CARDIAC OUTPUT MEASUREMENT	7/1/2014	FEE SCHED	$127.16	$0.00			Y						
93561	TC	CARDIAC OUTPUT MEASUREMENT	7/1/2014	FEE SCHED	$102.98	$0.00									
93561	26	CARDIAC OUTPUT MEASUREMENT	7/1/2014	RBRVS	$24.99	$24.99	000								
93562		CARDIAC OUTPUT MEASUREMENT	7/1/2014	FEE SCHED	$39.89	$0.00			Y						
93562	TC	CARDIAC OUTPUT MEASUREMENT	7/1/2014	FEE SCHED	$32.31	$0.00									
93562	26	CARDIAC OUTPUT MEASUREMENT	7/1/2014	RBRVS	$7.96	$7.96	000								
93563		INJECT CONGENITAL CARD CATH	7/1/2014	RBRVS	$57.63	$57.63	ZZZ								
93564		INJECT HRT CONGNTL ART/GRFT	7/1/2014	RBRVS	$59.10	$59.10	ZZZ								

Montana Medicaid - Fee Schedule
Psychiatrist 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
93565		INJECT L VENTR/ATRIAL ANGIO	7/1/2014	RBRVS	$44.93	$44.93	ZZZ								
93566		INJECT R VENTR/ATRIAL ANGIO	7/1/2014	RBRVS	$173.31	$44.93	ZZZ								
93567		INJECT SUPRVLV AORTOGRAPHY	7/1/2014	RBRVS	$142.83	$50.31	ZZZ								
93568		INJECT PULM ART HRT CATH	7/1/2014	RBRVS	$155.02	$45.65	ZZZ								
93571		HEART FLOW RESERVE MEASURE	7/1/2014	FEE SCHED	$466.21	$0.00			Y						
93571	TC	HEART FLOW RESERVE MEASURE	7/1/2014	FEE SCHED	$377.63	$0.00									
93571	26	HEART FLOW RESERVE MEASURE	7/1/2014	RBRVS	$91.37	$91.37	ZZZ								
93572		HEART FLOW RESERVE MEASURE	7/1/2014	FEE SCHED	$377.63	$0.00			Y						
93572	TC	HEART FLOW RESERVE MEASURE	7/1/2014	FEE SCHED	$305.92	$0.00									
93572	26	HEART FLOW RESERVE MEASURE	7/1/2014	RBRVS	$74.16	$74.16	ZZZ								
93580		TRANSCATH CLOSURE OF ASD	7/1/2014	RBRVS	$1,034.88	$1,034.88	000		Y	Y					
93581		TRANSCATH CLOSURE OF VSD	7/1/2014	RBRVS	$1,397.46	$1,397.46	000		Y	Y					
93582		PERQ TRANSCATH CLOSURE PDA	7/1/2014	RBRVS	$799.33	$799.33	000			Y					
93583		PERQ TRANSCATH SEPTAL REDUXN	7/1/2014	RBRVS	$889.69	$889.69	000			Y					
93600		BUNDLE OF HIS RECORDING	7/1/2014	FEE SCHED	$624.26	$0.00			Y						
93600	TC	BUNDLE OF HIS RECORDING	7/1/2014	FEE SCHED	$505.65	$0.00									
93600	26	BUNDLE OF HIS RECORDING	7/1/2014	RBRVS	$125.19	$125.19	000								
93602		INTRA-ATRIAL RECORDING	7/1/2014	FEE SCHED	$622.47	$0.00			Y						
93602	TC	INTRA-ATRIAL RECORDING	7/1/2014	FEE SCHED	$504.20	$0.00									
93602	26	INTRA-ATRIAL RECORDING	7/1/2014	RBRVS	$123.75	$123.75	000								
93603		RIGHT VENTRICULAR RECORDING	7/1/2014	FEE SCHED	$620.63	$0.00			Y						
93603	TC	RIGHT VENTRICULAR RECORDING	7/1/2014	FEE SCHED	$520.71	$0.00									
93603	26	RIGHT VENTRICULAR RECORDING	7/1/2014	RBRVS	$123.04	$123.04	000								
93609		MAP TACHYCARDIA ADD-ON	7/1/2014	FEE SCHED	$1,470.68	$0.00			Y						
93609	TC	MAP TACHYCARDIA ADD-ON	7/1/2014	FEE SCHED	$1,191.25	$0.00									
93609	26	MAP TACHYCARDIA ADD-ON	7/1/2014	RBRVS	$293.05	$293.05	ZZZ								
93610		INTRA-ATRIAL PACING	7/1/2014	FEE SCHED	$884.58	$0.00			Y						
93610	TC	INTRA-ATRIAL PACING	7/1/2014	FEE SCHED	$716.51	$0.00									
93610	26	INTRA-ATRIAL PACING	7/1/2014	RBRVS	$175.43	$175.43	000								
93612		INTRAVENTRICULAR PACING	7/1/2014	FEE SCHED	$879.16	$0.00			Y						
93612	TC	INTRAVENTRICULAR PACING	7/1/2014	FEE SCHED	$712.12	$0.00									
93612	26	INTRAVENTRICULAR PACING	7/1/2014	RBRVS	$173.99	$173.99	000								
93613		ELECTROPHYS MAP 3D ADD-ON	7/1/2014	RBRVS	$412.00	$412.00	ZZZ		Y						
93615		ESOPHAGEAL RECORDING	7/1/2014	FEE SCHED	$253.79	$0.00			Y						
93615	TC	ESOPHAGEAL RECORDING	7/1/2014	FEE SCHED	$205.57	$0.00									
93615	26	ESOPHAGEAL RECORDING	7/1/2014	RBRVS	$54.08	$54.08	000								
93616		ESOPHAGEAL RECORDING	7/1/2014	FEE SCHED	$393.36	$0.00			Y						
93616	TC	ESOPHAGEAL RECORDING	7/1/2014	FEE SCHED	$278.12	$0.00									
93616	26	ESOPHAGEAL RECORDING	7/1/2014	RBRVS	$67.35	$67.35	000								
93618		HEART RHYTHM PACING	7/1/2014	FEE SCHED	$1,252.47	$0.00			Y						
93618	TC	HEART RHYTHM PACING	7/1/2014	FEE SCHED	$1,014.50	$0.00									
93618	26	HEART RHYTHM PACING	7/1/2014	RBRVS	$251.16	$251.16	000								
93619		ELECTROPHYSIOLOGY EVALUATION	7/1/2014	FEE SCHED	$2,151.00	$0.00			Y						
93619	TC	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	FEE SCHED	$1,742.31	$0.00									
93619	26	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	RBRVS	$428.56	$428.56	000			Y					
93620		ELECTROPHYSIOLOGY EVALUATION	7/1/2014	FEE SCHED	$3,412.11	$0.00			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
93620	TC	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	FEE SCHED	$2,763.18	$0.00									
93620	26	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	RBRVS	$681.27	$681.27	000			Y					
93621		ELECTROPHYSIOLOGY EVALUATION	7/1/2014	FEE SCHED	$618.84	$0.00			Y						
93621	TC	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	FEE SCHED	$501.26	$0.00									
93621	26	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	RBRVS	$123.39	$123.39	ZZZ								
93622		ELECTROPHYSIOLOGY EVALUATION	7/1/2014	FEE SCHED	$913.79	$0.00			Y						
93622	TC	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	FEE SCHED	$740.17	$0.00									
93622	26	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	RBRVS	$181.31	$181.31	ZZZ								
93623		STIMULATION PACING HEART	7/1/2014	FEE SCHED	$842.63	$0.00			Y						
93623	TC	STIMULATION PACING HEART	7/1/2014	FEE SCHED	$682.53	$0.00									
93623	26	STIMULATION PACING HEART	7/1/2014	RBRVS	$168.15	$168.15	ZZZ								
93624		ELECTROPHYSIOLOGIC STUDY	7/1/2014	FEE SCHED	$1,404.95	$0.00			Y						
93624	TC	ELECTROPHYSIOLOGIC STUDY	7/1/2014	FEE SCHED	$1,138.01	$0.00									
93624	26	ELECTROPHYSIOLOGIC STUDY	7/1/2014	RBRVS	$276.30	$276.30	000			Y					
93631		HEART PACING MAPPING	7/1/2014	FEE SCHED	$2,179.53	$0.00			Y						
93631	TC	HEART PACING MAPPING	7/1/2014	FEE SCHED	$1,765.42	$0.00									
93631	26	HEART PACING MAPPING	7/1/2014	RBRVS	$429.78	$429.78	000								
93640		EVALUATION HEART DEVICE	7/1/2014	FEE SCHED	$1,025.63	$0.00			Y						
93640	TC	EVALUATION HEART DEVICE	7/1/2014	FEE SCHED	$830.76	$0.00									
93640	26	EVALUATION HEART DEVICE	7/1/2014	RBRVS	$202.97	$202.97	000			Y					
93641		ELECTROPHYSIOLOGY EVALUATION	7/1/2014	FEE SCHED	$1,740.16	$0.00			Y						
93641	TC	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	FEE SCHED	$1,409.53	$0.00									
93641	26	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	RBRVS	$346.16	$346.16	000			Y					
93642		ELECTROPHYSIOLOGY EVALUATION	7/1/2014	RBRVS	$401.74	$401.74	000		Y	Y					
93642	TC	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	RBRVS	$150.43	$150.43	000		Y						
93642	26	ELECTROPHYSIOLOGY EVALUATION	7/1/2014	RBRVS	$251.31	$251.31	000			Y					
93644		ELECTROPHYSIOLOGY EVALUATION	1/1/2015	RBRVS	$318.54	$318.54	000		Y	Y					
93644	TC	ELECTROPHYSIOLOGY EVALUATION	1/1/2015	RBRVS	$105.97	$105.97	000		Y						
93644	26	ELECTROPHYSIOLOGY EVALUATION	1/1/2015	RBRVS	$212.58	$212.58	000		Y	Y					
93650		ABLATE HEART DYSRHYTHM FOCUS	7/1/2014	RBRVS	$629.27	$629.27	000		Y	Y					
93653		EP & ABLATE SUPRAVENT ARRHYT	7/1/2014	RBRVS	$884.52	$884.52	000		Y	Y					
93654		EP & ABLATE VENTRIC TACHY	7/1/2014	RBRVS	$1,177.93	$1,177.93	000		Y	Y					
93655		ABLATE ARRHYTHMIA ADD ON	7/1/2014	RBRVS	$442.05	$442.05	ZZZ		Y						
93656		TX ATRIAL FIB PULM VEIN ISOL	7/1/2014	RBRVS	$1,179.36	$1,179.36	000		Y	Y					
93657		TX L/R ATRIAL FIB ADDL	7/1/2014	RBRVS	$442.48	$442.48	ZZZ		Y						
93660		TILT TABLE EVALUATION	7/1/2014	RBRVS	$158.61	$158.61	000		Y	Y					
93660	TC	TILT TABLE EVALUATION	7/1/2014	RBRVS	$62.47	$62.47	000		Y						
93660	26	TILT TABLE EVALUATION	7/1/2014	RBRVS	$96.18	$96.18	000			Y					
93662		INTRACARDIAC ECG (ICE)	7/1/2014	FEE SCHED	$744.37	$0.00			Y						
93662	TC	INTRACARDIAC ECG (ICE)	7/1/2014	FEE SCHED	$602.94	$0.00			Y						
93662	26	INTRACARDIAC ECG (ICE)	7/1/2014	RBRVS	$148.50	$148.50	ZZZ		Y						
93701		BIOIMPEDANCE CV ANALYSIS	7/1/2014	RBRVS	$24.10	$24.10			Y						
93702		BIS XTRACELL FLUID ANALYSIS	1/1/2015	RBRVS	$115.18	$115.18			Y						
93724		ANALYZE PACEMAKER SYSTEM	7/1/2014	RBRVS	$275.05	$275.05	000		Y						
93724	TC	ANALYZE PACEMAKER SYSTEM	7/1/2014	RBRVS	$28.04	$28.04	000		Y						
93724	26	ANALYZE PACEMAKER SYSTEM	7/1/2014	RBRVS	$247.00	$247.00	000								

Montana Medicaid - Fee Schedule
Psychiatrist 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
93740		TEMPERATURE GRADIENT STUDIES	9/1/2011	RBRVS	$0.00	$0.00			Y						
93745		SET-UP CARDIOVERT-DEFIBRILL	7/1/2014	FEE SCHED	$286.63	$0.00			Y						
93745	TC	SET-UP CARDIOVERT-DEFIBRILL	7/1/2014	FEE SCHED	$232.17	$0.00									
93745	26	SET-UP CARDIOVERT-DEFIBRILL	7/1/2014	FEE SCHED	$54.46	$0.00									
93750		INTERROGATION VAD IN PERSON	7/1/2014	RBRVS	$55.15	$46.19			Y						
93770		MEASURE VENOUS PRESSURE	9/1/2011	RBRVS	$0.00	$0.00			Y						
93784		AMBULATORY BP MONITORING	7/1/2014	RBRVS	$54.33	$54.33			Y						
93786		AMBULATORY BP RECORDING	7/1/2014	RBRVS	$29.84	$29.84			Y						
93788		AMBULATORY BP ANALYSIS	7/1/2014	RBRVS	$5.45	$5.45			Y						
93790		REVIEW/REPORT BP RECORDING	7/1/2014	RBRVS	$19.08	$19.08			Y						
93797		CARDIAC REHAB	7/1/2014	RBRVS	$16.57	$9.04	000		Y						
93798		CARDIAC REHAB/MONITOR	7/1/2014	RBRVS	$24.82	$14.06	000		Y						
93799		CARDIOVASCULAR PROCEDURE	7/1/2014	FEE SCHED	$20.97	$0.00			Y						
93799	TC	CARDIOVASCULAR PROCEDURE	7/1/2014	FEE SCHED	$16.98	$0.00									
93799	26	CARDIOVASCULAR PROCEDURE	7/1/2014	FEE SCHED	$3.98	$0.00									
93880		EXTRACRANIAL BILAT STUDY	7/1/2014	RBRVS	$192.50	$192.50			Y						
93880	TC	EXTRACRANIAL BILAT STUDY	7/1/2014	RBRVS	$161.80	$161.80			Y						
93880	26	EXTRACRANIAL BILAT STUDY	7/1/2014	RBRVS	$30.73	$30.73									
93882		EXTRACRANIAL UNI/LTD STUDY	7/1/2014	RBRVS	$124.79	$124.79			Y						
93882	TC	EXTRACRANIAL UNI/LTD STUDY	7/1/2014	RBRVS	$103.71	$103.71			Y						
93882	26	EXTRACRANIAL UNI/LTD STUDY	7/1/2014	RBRVS	$21.09	$21.09									
93886		INTRACRANIAL COMPLETE STUDY	7/1/2014	RBRVS	$362.11	$362.11			Y						
93886	TC	INTRACRANIAL COMPLETE STUDY	7/1/2014	RBRVS	$312.77	$312.77			Y						
93886	26	INTRACRANIAL COMPLETE STUDY	7/1/2014	RBRVS	$49.38	$49.38									
93888		INTRACRANIAL LIMITED STUDY	7/1/2014	RBRVS	$211.86	$211.86			Y						
93888	TC	INTRACRANIAL LIMITED STUDY	7/1/2014	RBRVS	$179.73	$179.73			Y						
93888	26	INTRACRANIAL LIMITED STUDY	7/1/2014	RBRVS	$32.17	$32.17									
93890		TCD VASOREACTIVITY STUDY	7/1/2014	RBRVS	$291.83	$291.83			Y						
93890	TC	TCD VASOREACTIVITY STUDY	7/1/2014	RBRVS	$239.98	$239.98			Y						
93890	26	TCD VASOREACTIVITY STUDY	7/1/2014	RBRVS	$51.89	$51.89									
93892		TCD EMBOLI DETECT W/O INJ	7/1/2014	RBRVS	$339.95	$339.95			Y						
93892	TC	TCD EMBOLI DETECT W/O INJ	7/1/2014	RBRVS	$279.78	$279.78			Y						
93892	26	TCD EMBOLI DETECT W/O INJ	7/1/2014	RBRVS	$60.17	$60.17									
93893		TCD EMBOLI DETECT W/INJ	7/1/2014	RBRVS	$351.07	$351.07			Y						
93893	TC	TCD EMBOLI DETECT W/INJ	7/1/2014	RBRVS	$290.54	$290.54			Y						
93893	26	TCD EMBOLI DETECT W/INJ	7/1/2014	RBRVS	$60.53	$60.53									
93922		EXTREMITY STUDY	7/1/2014	RBRVS	$89.40	$89.40			Y						
93922	TC	EXTREMITY STUDY	7/1/2014	RBRVS	$77.17	$77.17			Y						
93922	26	EXTREMITY STUDY	7/1/2014	RBRVS	$12.26	$12.26									
93923		EXTREMITY STUDY	7/1/2014	RBRVS	$140.50	$140.50			Y						
93923	TC	EXTREMITY STUDY	7/1/2014	RBRVS	$117.69	$117.69			Y						
93923	26	EXTREMITY STUDY	7/1/2014	RBRVS	$22.84	$22.84									
93924		EXTREMITY STUDY	7/1/2014	RBRVS	$176.36	$176.36			Y						
93924	TC	EXTREMITY STUDY	7/1/2014	RBRVS	$151.04	$151.04			Y						
93924	26	EXTREMITY STUDY	7/1/2014	RBRVS	$25.35	$25.35									
93925		LOWER EXTREMITY STUDY	7/1/2014	RBRVS	$248.69	$248.69			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
93925	TC	LOWER EXTREMITY STUDY	7/1/2014	RBRVS	$207.81	$207.81			Y						
93925	26	LOWER EXTREMITY STUDY	7/1/2014	RBRVS	$40.88	$40.88									
93926		LOWER EXTREMITY STUDY	7/1/2014	RBRVS	$142.79	$142.79			Y						
93926	TC	LOWER EXTREMITY STUDY	7/1/2014	RBRVS	$116.98	$116.98			Y						
93926	26	LOWER EXTREMITY STUDY	7/1/2014	RBRVS	$25.82	$25.82									
93930		UPPER EXTREMITY STUDY	7/1/2014	RBRVS	$231.94	$231.94			Y						
93930	TC	UPPER EXTREMITY STUDY	7/1/2014	RBRVS	$208.42	$208.42			Y						
93930	26	UPPER EXTREMITY STUDY	7/1/2014	RBRVS	$23.56	$23.56									
93931		UPPER EXTREMITY STUDY	7/1/2014	RBRVS	$158.75	$158.75			Y						
93931	TC	UPPER EXTREMITY STUDY	7/1/2014	RBRVS	$142.79	$142.79			Y						
93931	26	UPPER EXTREMITY STUDY	7/1/2014	RBRVS	$15.96	$15.96									
93965		EXTREMITY STUDY	7/1/2014	RBRVS	$122.18	$122.18			Y						
93965	TC	EXTREMITY STUDY	7/1/2014	RBRVS	$104.07	$104.07			Y						
93965	26	EXTREMITY STUDY	7/1/2014	RBRVS	$18.11	$18.11									
93970		EXTREMITY STUDY	7/1/2014	RBRVS	$189.45	$189.45			Y						
93970	TC	EXTREMITY STUDY	7/1/2014	RBRVS	$153.19	$153.19			Y						
93970	26	EXTREMITY STUDY	7/1/2014	RBRVS	$36.29	$36.29									
93971		EXTREMITY STUDY	7/1/2014	RBRVS	$115.04	$115.04			Y						
93971	TC	EXTREMITY STUDY	7/1/2014	RBRVS	$91.87	$91.87			Y						
93971	26	EXTREMITY STUDY	7/1/2014	RBRVS	$23.20	$23.20									
93975		VASCULAR STUDY	7/1/2014	RBRVS	$363.12	$363.12			Y						
93975	TC	VASCULAR STUDY	7/1/2014	RBRVS	$271.28	$271.28			Y						
93975	26	VASCULAR STUDY	7/1/2014	RBRVS	$91.84	$91.84									
93976		VASCULAR STUDY	7/1/2014	RBRVS	$214.26	$214.26			Y						
93976	TC	VASCULAR STUDY	7/1/2014	RBRVS	$152.12	$152.12			Y						
93976	26	VASCULAR STUDY	7/1/2014	RBRVS	$62.15	$62.15									
93978		VASCULAR STUDY	7/1/2014	RBRVS	$227.46	$227.46			Y						
93978	TC	VASCULAR STUDY	7/1/2014	RBRVS	$194.07	$194.07			Y						
93978	26	VASCULAR STUDY	7/1/2014	RBRVS	$33.42	$33.42									
93979		VASCULAR STUDY	7/1/2014	RBRVS	$157.35	$157.35			Y						
93979	TC	VASCULAR STUDY	7/1/2014	RBRVS	$135.26	$135.26			Y						
93979	26	VASCULAR STUDY	7/1/2014	RBRVS	$22.13	$22.13									
93980		PENILE VASCULAR STUDY	7/1/2014	RBRVS	$124.18	$124.18			Y						
93980	TC	PENILE VASCULAR STUDY	7/1/2014	RBRVS	$60.68	$60.68			Y						
93980	26	PENILE VASCULAR STUDY	7/1/2014	RBRVS	$63.54	$63.54									
93981		PENILE VASCULAR STUDY	7/1/2014	RBRVS	$75.20	$75.20			Y						
93981	TC	PENILE VASCULAR STUDY	7/1/2014	RBRVS	$52.79	$52.79			Y						
93981	26	PENILE VASCULAR STUDY	7/1/2014	RBRVS	$22.41	$22.41									
93982		ANEURYSM PRESSURE SENS STUDY	7/1/2014	RBRVS	$44.04	$44.04			Y						
93990		DOPPLER FLOW TESTING	7/1/2014	RBRVS	$196.44	$196.44			Y						
93990	TC	DOPPLER FLOW TESTING	7/1/2014	RBRVS	$183.32	$183.32			Y						
93990	26	DOPPLER FLOW TESTING	7/1/2014	RBRVS	$13.16	$13.16									
93998		NONINVAS VASC DX STUDY PROC	7/1/2014	FEE SCHED	$29.04	$0.00			Y						
94002		VENT MGMT INPAT INIT DAY	7/1/2014	RBRVS	$95.57	$95.57			Y						
94003		VENT MGMT INPAT SUBQ DAY	7/1/2014	RBRVS	$68.74	$68.74			Y						
94004		VENT MGMT NF PER DAY	7/1/2014	RBRVS	$50.63	$50.63			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
94005		HOME VENT MGMT SUPERVISION	9/1/2011	RBRVS	$0.00	$0.00			Y						
94010		BREATHING CAPACITY TEST	7/1/2014	RBRVS	$36.33	$36.33			Y						
94010	TC	BREATHING CAPACITY TEST	7/1/2014	RBRVS	$27.68	$27.68			Y						
94010	26	BREATHING CAPACITY TEST	7/1/2014	RBRVS	$8.68	$8.68									
94011		SPIROMETRY UP TO 2 YRS OLD	7/1/2014	RBRVS	$104.75	$104.75			Y						
94012		SPIRMTRY W/BRNCHDIL INF-2 YR	7/1/2014	RBRVS	$164.10	$164.10			Y						
94013		MEAS LUNG VOL THRU 2 YRS	7/1/2014	RBRVS	$32.53	$32.53			Y						
94014		PATIENT RECORDED SPIROMETRY	7/1/2014	RBRVS	$52.46	$52.46			Y						
94015		PATIENT RECORDED SPIROMETRY	7/1/2014	RBRVS	$26.97	$26.97			Y						
94016		REVIEW PATIENT SPIROMETRY	7/1/2014	RBRVS	$25.53	$25.53			Y						
94060		EVALUATION OF WHEEZING	7/1/2014	RBRVS	$61.07	$61.07			Y						
94060	TC	EVALUATION OF WHEEZING	7/1/2014	RBRVS	$47.77	$47.77			Y						
94060	26	EVALUATION OF WHEEZING	7/1/2014	RBRVS	$13.34	$13.34									
94070		EVALUATION OF WHEEZING	7/1/2014	RBRVS	$60.50	$60.50			Y						
94070	TC	EVALUATION OF WHEEZING	7/1/2014	RBRVS	$30.91	$30.91			Y						
94070	26	EVALUATION OF WHEEZING	7/1/2014	RBRVS	$29.58	$29.58									
94150		VITAL CAPACITY TEST	9/1/2011	RBRVS	$0.00	$0.00									
94150	TC	VITAL CAPACITY TEST	9/1/2011	RBRVS	$0.00	$0.00									
94150	26	VITAL CAPACITY TEST	9/1/2011	RBRVS	$0.00	$0.00									
94200		LUNG FUNCTION TEST (MBC/MVV)	7/1/2014	RBRVS	$24.85	$24.85			Y						
94200	TC	LUNG FUNCTION TEST (MBC/MVV)	7/1/2014	RBRVS	$19.08	$19.08			Y						
94200	26	LUNG FUNCTION TEST (MBC/MVV)	7/1/2014	RBRVS	$5.81	$5.81									
94250		EXPIRED GAS COLLECTION	7/1/2014	RBRVS	$26.64	$26.64			Y						
94250	TC	EXPIRED GAS COLLECTION	7/1/2014	RBRVS	$20.87	$20.87			Y						
94250	26	EXPIRED GAS COLLECTION	7/1/2014	RBRVS	$5.81	$5.81									
94375		RESPIRATORY FLOW VOLUME LOOP	7/1/2014	RBRVS	$39.55	$39.55			Y						
94375	TC	RESPIRATORY FLOW VOLUME LOOP	7/1/2014	RBRVS	$24.46	$24.46			Y						
94375	26	RESPIRATORY FLOW VOLUME LOOP	7/1/2014	RBRVS	$15.13	$15.13									
94400		CO2 BREATHING RESPONSE CURVE	7/1/2014	RBRVS	$56.41	$56.41			Y						
94400	TC	CO2 BREATHING RESPONSE CURVE	7/1/2014	RBRVS	$36.65	$36.65			Y						
94400	26	CO2 BREATHING RESPONSE CURVE	7/1/2014	RBRVS	$19.79	$19.79									
94450		HYPOXIA RESPONSE CURVE	7/1/2014	RBRVS	$68.60	$68.60			Y						
94450	TC	HYPOXIA RESPONSE CURVE	7/1/2014	RBRVS	$48.48	$48.48			Y						
94450	26	HYPOXIA RESPONSE CURVE	7/1/2014	RBRVS	$20.15	$20.15									
94452		HAST W/REPORT	7/1/2014	RBRVS	$58.20	$58.20			Y						
94452	TC	HAST W/REPORT	7/1/2014	RBRVS	$43.46	$43.46			Y						
94452	26	HAST W/REPORT	7/1/2014	RBRVS	$14.77	$14.77									
94453		HAST W/OXYGEN TITRATE	7/1/2014	RBRVS	$80.79	$80.79			Y						
94453	TC	HAST W/OXYGEN TITRATE	7/1/2014	RBRVS	$61.75	$61.75			Y						
94453	26	HAST W/OXYGEN TITRATE	7/1/2014	RBRVS	$19.08	$19.08									
94610		SURFACTANT ADMIN THRU TUBE	7/1/2014	RBRVS	$61.03	$61.03			Y						
94620		PULMONARY STRESS TEST/SIMPLE	7/1/2014	RBRVS	$56.55	$56.55			Y						
94620	TC	PULMONARY STRESS TEST/SIMPLE	7/1/2014	RBRVS	$25.17	$25.17			Y						
94620	26	PULMONARY STRESS TEST/SIMPLE	7/1/2014	RBRVS	$31.38	$31.38									
94621		PULM STRESS TEST/COMPLEX	7/1/2014	RBRVS	$165.31	$165.31			Y						
94621	TC	PULM STRESS TEST/COMPLEX	7/1/2014	RBRVS	$94.74	$94.74			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
94621	26	PULM STRESS TEST/COMPLEX	7/1/2014	RBRVS	$70.57	$70.57									
94640		AIRWAY INHALATION TREATMENT	7/1/2014	RBRVS	$18.36	$18.36			Y						
94642		AEROSOL INHALATION TREATMENT	7/1/2014	FEE SCHED	$11.00	$0.00			Y						
94644		CBT 1ST HOUR	7/1/2014	RBRVS	$44.18	$44.18			Y						
94645		CBT EACH ADDL HOUR	7/1/2014	RBRVS	$14.42	$14.42			Y						
94660		POS AIRWAY PRESSURE CPAP	7/1/2014	RBRVS	$63.76	$38.66			Y						
94662		NEG PRESS VENTILATION CNP	7/1/2014	RBRVS	$41.17	$41.17			Y						
94664		EVALUATE PT USE OF INHALER	7/1/2014	RBRVS	$17.28	$17.28			Y						
94667		CHEST WALL MANIPULATION	7/1/2014	RBRVS	$25.53	$25.53			Y						
94668		CHEST WALL MANIPULATION	7/1/2014	RBRVS	$29.48	$29.48			Y						
94669		MECHANICAL CHEST WALL OSCILL	7/1/2014	RBRVS	$39.83	$39.83									
94680		EXHALED AIR ANALYSIS O2	7/1/2014	RBRVS	$58.20	$58.20			Y						
94680	TC	EXHALED AIR ANALYSIS O2	7/1/2014	RBRVS	$45.26	$45.26			Y						
94680	26	EXHALED AIR ANALYSIS O2	7/1/2014	RBRVS	$12.98	$12.98									
94681		EXHALED AIR ANALYSIS O2/CO2	7/1/2014	RBRVS	$51.39	$51.39			Y						
94681	TC	EXHALED AIR ANALYSIS O2/CO2	7/1/2014	RBRVS	$41.31	$41.31			Y						
94681	26	EXHALED AIR ANALYSIS O2/CO2	7/1/2014	RBRVS	$10.11	$10.11									
94690		EXHALED AIR ANALYSIS	7/1/2014	RBRVS	$49.24	$49.24			Y						
94690	TC	EXHALED AIR ANALYSIS	7/1/2014	RBRVS	$45.26	$45.26			Y						
94690	26	EXHALED AIR ANALYSIS	7/1/2014	RBRVS	$4.02	$4.02									
94726		PULM FUNCT TST PLETHYSMOGRAP	7/1/2014	RBRVS	$53.61	$53.61			Y						
94726	TC	PULM FUNCT TST PLETHYSMOGRAP	7/1/2014	RBRVS	$40.99	$40.99			Y						
94726	26	PULM FUNCT TST PLETHYSMOGRAP	7/1/2014	RBRVS	$12.62	$12.62									
94727		PULM FUNCTION TEST BY GAS	7/1/2014	RBRVS	$42.42	$42.42			Y						
94727	TC	PULM FUNCTION TEST BY GAS	7/1/2014	RBRVS	$29.84	$29.84			Y						
94727	26	PULM FUNCTION TEST BY GAS	7/1/2014	RBRVS	$12.62	$12.62									
94728		PULM FUNCT TEST OSCILLOMETRY	7/1/2014	RBRVS	$40.63	$40.63			Y						
94728	TC	PULM FUNCT TEST OSCILLOMETRY	7/1/2014	RBRVS	$27.68	$27.68			Y						
94728	26	PULM FUNCT TEST OSCILLOMETRY	7/1/2014	RBRVS	$12.98	$12.98									
94729		CO/MEMBANE DIFFUSE CAPACITY	7/1/2014	RBRVS	$54.61	$54.61	ZZZ		Y						
94729	TC	CO/MEMBANE DIFFUSE CAPACITY	7/1/2014	RBRVS	$45.26	$45.26	ZZZ		Y						
94729	26	CO/MEMBANE DIFFUSE CAPACITY	7/1/2014	RBRVS	$9.40	$9.40	ZZZ								
94750		PULMONARY COMPLIANCE STUDY	7/1/2014	RBRVS	$81.87	$81.87			Y						
94750	TC	PULMONARY COMPLIANCE STUDY	7/1/2014	RBRVS	$70.36	$70.36			Y						
94750	26	PULMONARY COMPLIANCE STUDY	7/1/2014	RBRVS	$11.55	$11.55									
94760		MEASURE BLOOD OXYGEN LEVEL	9/1/2011	RBRVS	$0.00	$0.00			Y						
94761		MEASURE BLOOD OXYGEN LEVEL	9/1/2011	RBRVS	$0.00	$0.00			Y						
94762		MEASURE BLOOD OXYGEN LEVEL	7/1/2014	RBRVS	$24.82	$24.82			Y						
94770		EXHALED CARBON DIOXIDE TEST	7/1/2014	RBRVS	$8.43	$8.43			Y						
94777		PED HOME APNEA REC REPORT	7/1/2014	FEE SCHED	$37.40	$0.00			Y						
94780		CAR SEAT/BED TEST 60 MIN	7/1/2014	RBRVS	$52.18	$23.49			Y						
94781		CAR SEAT/BED TEST + 30 MIN	7/1/2014	RBRVS	$20.51	$8.68	ZZZ		Y						
95004		PERCUT ALLERGY SKIN TESTS	7/1/2014	RBRVS	$6.53	$6.53			Y						
95012		EXHALED NITRIC OXIDE MEAS	7/1/2014	RBRVS	$19.44	$19.44			Y						
95017		PERQ & ICUT ALLG TEST VENOMS	7/1/2014	RBRVS	$8.32	$4.02			Y						
95018		PERQ&IC ALLG TEST DRUGS/BIOL	7/1/2014	RBRVS	$20.15	$7.24			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
95024		ID ALLERGY TEST DRUG/BUG	7/1/2014	RBRVS	$7.96	$1.15			Y						
95027		ID ALLERGY TITRATE-AIRBORNE	7/1/2014	RBRVS	$4.73	$4.73			Y						
95028		ICUT ALLERGY TEST-DELAYED	7/1/2014	RBRVS	$13.70	$13.70			Y						
95044		ALLERGY PATCH TESTS	7/1/2014	RBRVS	$5.45	$5.45			Y						
95052		PHOTO PATCH TEST	7/1/2014	RBRVS	$6.53	$6.53			Y						
95056		PHOTOSENSITIVITY TESTS	7/1/2014	RBRVS	$43.46	$43.46			Y						
95060		EYE ALLERGY TESTS	7/1/2014	RBRVS	$33.78	$33.78			Y						
95065		NOSE ALLERGY TEST	7/1/2014	RBRVS	$26.61	$26.61			Y						
95070		BRONCHIAL ALLERGY TESTS	7/1/2014	RBRVS	$29.48	$29.48			Y						
95071		BRONCHIAL ALLERGY TESTS	7/1/2014	RBRVS	$35.21	$35.21			Y						
95076		INGEST CHALLENGE INI 120 MIN	7/1/2014	RBRVS	$117.91	$74.88			Y						
95079		INGEST CHALLENGE ADDL 60 MIN	7/1/2014	RBRVS	$84.56	$69.14	ZZZ		Y						
95115		IMMUNOTHERAPY ONE INJECTION	7/1/2014	RBRVS	$9.04	$9.04			Y						
95117		IMMUNOTHERAPY INJECTIONS	7/1/2014	RBRVS	$10.47	$10.47			Y						
95144		ANTIGEN THERAPY SERVICES	7/1/2014	RBRVS	$12.62	$3.30			Y						
95145		ANTIGEN THERAPY SERVICES	7/1/2014	RBRVS	$21.95	$3.30			Y						
95146		ANTIGEN THERAPY SERVICES	7/1/2014	RBRVS	$39.16	$3.30			Y						
95147		ANTIGEN THERAPY SERVICES	7/1/2014	RBRVS	$35.21	$3.30			Y						
95148		ANTIGEN THERAPY SERVICES	7/1/2014	RBRVS	$52.79	$3.30			Y						
95149		ANTIGEN THERAPY SERVICES	7/1/2014	RBRVS	$70.36	$3.30			Y						
95165		ANTIGEN THERAPY SERVICES	7/1/2014	RBRVS	$12.98	$3.30			Y						
95170		ANTIGEN THERAPY SERVICES	7/1/2014	RBRVS	$9.75	$3.30			Y						
95180		RAPID DESENSITIZATION	7/1/2014	RBRVS	$135.98	$103.35			Y						
95199		ALLERGY IMMUNOLOGY SERVICES	7/1/2014	FEE SCHED	$44.92	$0.00			Y						
95250		GLUCOSE MONITORING CONT	7/1/2014	RBRVS	$157.50	$157.50			Y						
95251		GLUC MONITOR CONT PHYS I&R	7/1/2014	RBRVS	$44.36	$44.36			Y						
95782		POLYSOM <6 YRS 4/> PARAMTRS	7/1/2014	RBRVS	$1,029.04	$1,029.04			Y						
95782	TC	POLYSOM <6 YRS 4/> PARAMTRS	7/1/2014	RBRVS	$895.78	$895.78			Y						
95782	26	POLYSOM <6 YRS 4/> PARAMTRS	7/1/2014	RBRVS	$133.29	$133.29									
95783		POLYSOM <6 YRS CPAP/BILVL	7/1/2014	RBRVS	$1,096.99	$1,096.99			Y						
95783	TC	POLYSOM <6 YRS CPAP/BILVL	7/1/2014	RBRVS	$951.83	$951.83			Y						
95783	26	POLYSOM <6 YRS CPAP/BILVL	7/1/2014	RBRVS	$145.16	$145.16									
95800		SLP STDY UNATTENDED	7/1/2014	RBRVS	$179.95	$179.95			Y						
95800	TC	SLP STDY UNATTENDED	7/1/2014	RBRVS	$127.02	$127.02			Y						
95800	26	SLP STDY UNATTENDED	7/1/2014	RBRVS	$52.97	$52.97									
95801		SLP STDY UNATND W/ANAL	7/1/2014	RBRVS	$95.67	$95.67			Y						
95801	TC	SLP STDY UNATND W/ANAL	7/1/2014	RBRVS	$45.97	$45.97			Y						
95801	26	SLP STDY UNATND W/ANAL	7/1/2014	RBRVS	$49.74	$49.74									
95803		ACTIGRAPHY TESTING	7/1/2014	RBRVS	$151.62	$151.62			Y						
95803	TC	ACTIGRAPHY TESTING	7/1/2014	RBRVS	$107.29	$107.29			Y						
95803	26	ACTIGRAPHY TESTING	7/1/2014	RBRVS	$44.36	$44.36									
95805		MULTIPLE SLEEP LATENCY TEST	7/1/2014	RBRVS	$423.97	$423.97			Y						
95805	TC	MULTIPLE SLEEP LATENCY TEST	7/1/2014	RBRVS	$363.51	$363.51			Y						
95805	26	MULTIPLE SLEEP LATENCY TEST	7/1/2014	RBRVS	$60.50	$60.50									
95806		SLEEP STUDY, UNATTENDED	7/1/2014	RBRVS	$173.67	$173.67			Y						
95806	TC	SLEEP STUDY, UNATTENDED	7/1/2014	RBRVS	$110.99	$110.99			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
95806	26	SLEEP STUDY, UNATTENDED	7/1/2014	RBRVS	$62.68	$62.68									
95807		SLEEP STUDY ATTENDED	7/1/2014	RBRVS	$477.83	$477.83			Y						
95807	TC	SLEEP STUDY ATTENDED	7/1/2014	RBRVS	$414.43	$414.43			Y						
95807	26	SLEEP STUDY ATTENDED	7/1/2014	RBRVS	$63.40	$63.40									
95808		POLYSOMNOGRAPHY 1-3	7/1/2014	RBRVS	$640.39	$640.39			Y						
95808	TC	POLYSOMNOGRAPHY 1-3	7/1/2014	RBRVS	$551.42	$551.42			Y						
95808	26	POLYSOMNOGRAPHY 1-3	7/1/2014	RBRVS	$89.00	$89.00									
95810		POLYSOMNOGRAPHY 4 OR MORE	7/1/2014	RBRVS	$623.07	$623.07			Y						
95810	TC	POLYSOMNOGRAPHY 4 OR MORE	7/1/2014	RBRVS	$498.38	$498.38			Y						
95810	26	POLYSOMNOGRAPHY 4 OR MORE	7/1/2014	RBRVS	$124.69	$124.69									
95811		POLYSOMNOGRAPHY W/CPAP	7/1/2014	RBRVS	$653.58	$653.58			Y						
95811	TC	POLYSOMNOGRAPHY W/CPAP	7/1/2014	RBRVS	$523.84	$523.84			Y						
95811	26	POLYSOMNOGRAPHY W/CPAP	7/1/2014	RBRVS	$129.74	$129.74									
95812		EEG 41-60 MINUTES	7/1/2014	RBRVS	$434.69	$434.69			Y						
95812	TC	EEG 41-60 MINUTES	7/1/2014	RBRVS	$376.35	$376.35			Y						
95812	26	EEG 41-60 MINUTES	7/1/2014	RBRVS	$58.34	$58.34									
95813		EEG OVER 1 HOUR	7/1/2014	RBRVS	$508.78	$508.78			Y						
95813	TC	EEG OVER 1 HOUR	7/1/2014	RBRVS	$415.15	$415.15			Y						
95813	26	EEG OVER 1 HOUR	7/1/2014	RBRVS	$93.67	$93.67									
95816		EEG AWAKE AND DROWSY	7/1/2014	RBRVS	$355.48	$355.48			Y						
95816	TC	EEG AWAKE AND DROWSY	7/1/2014	RBRVS	$296.74	$296.74			Y						
95816	26	EEG AWAKE AND DROWSY	7/1/2014	RBRVS	$58.74	$58.74									
95819		EEG AWAKE AND ASLEEP	7/1/2014	RBRVS	$405.65	$405.65			Y						
95819	TC	EEG AWAKE AND ASLEEP	7/1/2014	RBRVS	$347.30	$347.30			Y						
95819	26	EEG AWAKE AND ASLEEP	7/1/2014	RBRVS	$58.34	$58.34									
95822		EEG COMA OR SLEEP ONLY	7/1/2014	RBRVS	$361.54	$361.54			Y						
95822	TC	EEG COMA OR SLEEP ONLY	7/1/2014	RBRVS	$303.20	$303.20			Y						
95822	26	EEG COMA OR SLEEP ONLY	7/1/2014	RBRVS	$58.34	$58.34									
95824		EEG CEREBRAL DEATH ONLY	7/1/2014	FEE SCHED	$430.96	$0.00									
95824	TC	EEG CEREBRAL DEATH ONLY	7/1/2014	FEE SCHED	$374.19	$0.00									
95827		EEG ALL NIGHT RECORDING	7/1/2014	RBRVS	$781.07	$781.07			Y						
95827	TC	EEG ALL NIGHT RECORDING	7/1/2014	RBRVS	$722.33	$722.33			Y						
95827	26	EEG ALL NIGHT RECORDING	7/1/2014	RBRVS	$58.74	$58.74									
95829		SURGERY ELECTROCORTICOGRAM	7/1/2014	RBRVS	$1,860.88	$1,860.88			Y						
95829	TC	SURGERY ELECTROCORTICOGRAM	7/1/2014	RBRVS	$1,530.07	$1,530.07			Y						
95829	26	SURGERY ELECTROCORTICOGRAM	7/1/2014	RBRVS	$330.81	$330.81									
95830		INSERT ELECTRODES FOR EEG	7/1/2014	RBRVS	$254.64	$94.35			Y						
95831		LIMB MUSCLE TESTING MANUAL	7/1/2014	RBRVS	$27.79	$14.52			Y						
95832		HAND MUSCLE TESTING MANUAL	7/1/2014	RBRVS	$25.64	$14.52			Y						
95833		BODY MUSCLE TESTING MANUAL	7/1/2014	RBRVS	$37.72	$21.95			Y						
95834		BODY MUSCLE TESTING MANUAL	7/1/2014	RBRVS	$51.82	$32.09			Y						
95851		RANGE OF MOTION MEASUREMENTS	7/1/2014	RBRVS	$18.00	$7.96			Y						
95852		RANGE OF MOTION MEASUREMENTS	7/1/2014	RBRVS	$16.93	$6.17			Y						
95857		TENSILON TEST	7/1/2014	RBRVS	$55.83	$30.37			Y						
95860		MUSCLE TEST ONE LIMB	7/1/2014	RBRVS	$122.18	$122.18			Y						
95860	TC	MUSCLE TEST ONE LIMB	7/1/2014	RBRVS	$69.64	$69.64			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
95860	26	MUSCLE TEST ONE LIMB	7/1/2014	RBRVS	$52.53	$52.53									
95861		MUSCLE TEST 2 LIMBS	7/1/2014	RBRVS	$169.26	$169.26			Y						
95861	TC	MUSCLE TEST 2 LIMBS	7/1/2014	RBRVS	$85.42	$85.42			Y						
95861	26	MUSCLE TEST 2 LIMBS	7/1/2014	RBRVS	$83.84	$83.84									
95863		MUSCLE TEST 3 LIMBS	7/1/2014	RBRVS	$205.94	$205.94			Y						
95863	TC	MUSCLE TEST 3 LIMBS	7/1/2014	RBRVS	$104.42	$104.42			Y						
95863	26	MUSCLE TEST 3 LIMBS	7/1/2014	RBRVS	$101.56	$101.56									
95864		MUSCLE TEST 4 LIMBS	7/1/2014	RBRVS	$237.14	$237.14			Y						
95864	TC	MUSCLE TEST 4 LIMBS	7/1/2014	RBRVS	$129.17	$129.17			Y						
95864	26	MUSCLE TEST 4 LIMBS	7/1/2014	RBRVS	$108.01	$108.01									
95865		MUSCLE TEST LARYNX	7/1/2014	RBRVS	$137.63	$137.63			Y						
95865	TC	MUSCLE TEST LARYNX	7/1/2014	RBRVS	$53.86	$53.86			Y						
95865	26	MUSCLE TEST LARYNX	7/1/2014	RBRVS	$83.80	$83.80									
95866		MUSCLE TEST HEMIDIAPHRAGM	7/1/2014	RBRVS	$133.04	$133.04			Y		Y				
95866	TC	MUSCLE TEST HEMIDIAPHRAGM	7/1/2014	RBRVS	$64.26	$64.26			Y		Y				
95866	26	MUSCLE TEST HEMIDIAPHRAGM	7/1/2014	RBRVS	$68.78	$68.78					Y				
95867		MUSCLE TEST CRAN NERV UNILAT	7/1/2014	RBRVS	$94.20	$94.20			Y						
95867	TC	MUSCLE TEST CRAN NERV UNILAT	7/1/2014	RBRVS	$51.35	$51.35			Y						
95867	26	MUSCLE TEST CRAN NERV UNILAT	7/1/2014	RBRVS	$42.85	$42.85									
95868		MUSCLE TEST CRAN NERVE BILAT	7/1/2014	RBRVS	$131.18	$131.18			Y						
95868	TC	MUSCLE TEST CRAN NERVE BILAT	7/1/2014	RBRVS	$67.49	$67.49			Y						
95868	26	MUSCLE TEST CRAN NERVE BILAT	7/1/2014	RBRVS	$63.72	$63.72									
95869		MUSCLE TEST THOR PARASPINAL	7/1/2014	RBRVS	$75.77	$75.77			Y						
95869	TC	MUSCLE TEST THOR PARASPINAL	7/1/2014	RBRVS	$56.01	$56.01			Y						
95869	26	MUSCLE TEST THOR PARASPINAL	7/1/2014	RBRVS	$19.79	$19.79									
95870		MUSCLE TEST NONPARASPINAL	7/1/2014	RBRVS	$88.32	$88.32			Y						
95870	TC	MUSCLE TEST NONPARASPINAL	7/1/2014	RBRVS	$68.21	$68.21			Y						
95870	26	MUSCLE TEST NONPARASPINAL	7/1/2014	RBRVS	$20.15	$20.15									
95872		MUSCLE TEST ONE FIBER	7/1/2014	RBRVS	$206.20	$206.20			Y						
95872	TC	MUSCLE TEST ONE FIBER	7/1/2014	RBRVS	$48.84	$48.84			Y						
95872	26	MUSCLE TEST ONE FIBER	7/1/2014	RBRVS	$157.35	$157.35									
95873		GUIDE NERV DESTR ELEC STIM	7/1/2014	RBRVS	$75.05	$75.05	ZZZ		Y						
95873	TC	GUIDE NERV DESTR ELEC STIM	7/1/2014	RBRVS	$54.22	$54.22	ZZZ		Y						
95873	26	GUIDE NERV DESTR ELEC STIM	7/1/2014	RBRVS	$20.87	$20.87	ZZZ								
95874		GUIDE NERV DESTR NEEDLE EMG	7/1/2014	RBRVS	$72.54	$72.54	ZZZ		Y						
95874	TC	GUIDE NERV DESTR NEEDLE EMG	7/1/2014	RBRVS	$52.43	$52.43	ZZZ		Y						
95874	26	GUIDE NERV DESTR NEEDLE EMG	7/1/2014	RBRVS	$20.15	$20.15	ZZZ								
95875		LIMB EXERCISE TEST	7/1/2014	RBRVS	$128.02	$128.02			Y						
95875	TC	LIMB EXERCISE TEST	7/1/2014	RBRVS	$68.21	$68.21			Y						
95875	26	LIMB EXERCISE TEST	7/1/2014	RBRVS	$59.81	$59.81									
95885		MUSC TST DONE W/NERV TST LIM	7/1/2014	RBRVS	$58.92	$58.92	ZZZ		Y		Y				
95885	TC	MUSC TST DONE W/NERV TST LIM	7/1/2014	RBRVS	$39.88	$39.88	ZZZ		Y		Y				
95885	26	MUSC TST DONE W/NERV TST LIM	7/1/2014	RBRVS	$19.08	$19.08	ZZZ				Y				
95886		MUSC TEST DONE W/N TEST COMP	7/1/2014	RBRVS	$92.41	$92.41	ZZZ		Y		Y				
95886	TC	MUSC TEST DONE W/N TEST COMP	7/1/2014	RBRVS	$45.26	$45.26	ZZZ		Y		Y				
95886	26	MUSC TEST DONE W/N TEST COMP	7/1/2014	RBRVS	$47.16	$47.16	ZZZ				Y				

Montana Medicaid - Fee Schedule
Psychiatrist 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
95887		MUSC TST DONE W/N TST NONEXT	7/1/2014	RBRVS	$86.96	$86.96	ZZZ		Y		Y				
95887	TC	MUSC TST DONE W/N TST NONEXT	7/1/2014	RBRVS	$48.48	$48.48	ZZZ		Y		Y				
95887	26	MUSC TST DONE W/N TST NONEXT	7/1/2014	RBRVS	$38.48	$38.48	ZZZ				Y				
95905		MOTOR &/ SENS NRVE CNDJ TEST	7/1/2014	RBRVS	$68.60	$68.60			Y						
95905	TC	MOTOR &/ SENS NRVE CNDJ TEST	7/1/2014	RBRVS	$65.70	$65.70			Y						
95905	26	MOTOR &/ SENS NRVE CNDJ TEST	7/1/2014	RBRVS	$2.94	$2.94									
95907		NVR CNDJ TST 1-2 STUDIES	7/1/2014	RBRVS	$95.75	$95.75			Y						
95907	TC	NVR CNDJ TST 1-2 STUDIES	7/1/2014	RBRVS	$41.78	$41.78			Y						
95907	26	NVR CNDJ TST 1-2 STUDIES	7/1/2014	RBRVS	$53.97	$53.97									
95908		NRV CNDJ TST 3-4 STUDIES	7/1/2014	RBRVS	$118.05	$118.05			Y						
95908	TC	NRV CNDJ TST 3-4 STUDIES	7/1/2014	RBRVS	$50.74	$50.74			Y						
95908	26	NRV CNDJ TST 3-4 STUDIES	7/1/2014	RBRVS	$67.31	$67.31									
95909		NRV CNDJ TST 5-6 STUDIES	7/1/2014	RBRVS	$142.18	$142.18			Y						
95909	TC	NRV CNDJ TST 5-6 STUDIES	7/1/2014	RBRVS	$61.61	$61.61			Y						
95909	26	NRV CNDJ TST 5-6 STUDIES	7/1/2014	RBRVS	$80.58	$80.58									
95910		NRV CNDJ TEST 7-8 STUDIES	7/1/2014	RBRVS	$186.83	$186.83			Y						
95910	TC	NRV CNDJ TEST 7-8 STUDIES	7/1/2014	RBRVS	$79.25	$79.25			Y						
95910	26	NRV CNDJ TEST 7-8 STUDIES	7/1/2014	RBRVS	$107.58	$107.58									
95911		NRV CNDJ TEST 9-10 STUDIES	7/1/2014	RBRVS	$227.17	$227.17			Y						
95911	TC	NRV CNDJ TEST 9-10 STUDIES	7/1/2014	RBRVS	$92.63	$92.63			Y						
95911	26	NRV CNDJ TEST 9-10 STUDIES	7/1/2014	RBRVS	$134.55	$134.55									
95912		NRV CNDJ TEST 11-12 STUDIES	7/1/2014	RBRVS	$267.16	$267.16			Y						
95912	TC	NRV CNDJ TEST 11-12 STUDIES	7/1/2014	RBRVS	$105.61	$105.61			Y						
95912	26	NRV CNDJ TEST 11-12 STUDIES	7/1/2014	RBRVS	$161.55	$161.55									
95913		NRV CNDJ TEST 13/> STUDIES	7/1/2014	RBRVS	$309.29	$309.29			Y						
95913	TC	NRV CNDJ TEST 13/> STUDIES	7/1/2014	RBRVS	$117.91	$117.91			Y						
95913	26	NRV CNDJ TEST 13/> STUDIES	7/1/2014	RBRVS	$191.38	$191.38									
95921		AUTONOMIC NRV PARASYM INERVJ	7/1/2014	RBRVS	$90.30	$90.30			Y						
95921	TC	AUTONOMIC NRV PARASYM INERVJ	7/1/2014	RBRVS	$43.46	$43.46			Y						
95921	26	AUTONOMIC NRV PARASYM INERVJ	7/1/2014	RBRVS	$46.87	$46.87									
95922		AUTONOMIC NRV ADRENRG INERVJ	7/1/2014	RBRVS	$108.23	$108.23			Y						
95922	TC	AUTONOMIC NRV ADRENRG INERVJ	7/1/2014	RBRVS	$57.81	$57.81			Y						
95922	26	AUTONOMIC NRV ADRENRG INERVJ	7/1/2014	RBRVS	$50.46	$50.46									
95923		AUTONOMIC NRV SYST FUNJ TEST	7/1/2014	RBRVS	$207.92	$207.92			Y						
95923	TC	AUTONOMIC NRV SYST FUNJ TEST	7/1/2014	RBRVS	$160.37	$160.37			Y						
95923	26	AUTONOMIC NRV SYST FUNJ TEST	7/1/2014	RBRVS	$47.59	$47.59									
95924		ANS PARASYMP & SYMP W/TILT	7/1/2014	RBRVS	$147.21	$147.21			Y						
95924	TC	ANS PARASYMP & SYMP W/TILT	7/1/2014	RBRVS	$57.09	$57.09			Y						
95924	26	ANS PARASYMP & SYMP W/TILT	7/1/2014	RBRVS	$90.12	$90.12									
95925		SOMATOSENSORY TESTING	7/1/2014	RBRVS	$174.75	$174.75			Y						
95925	TC	SOMATOSENSORY TESTING	7/1/2014	RBRVS	$146.38	$146.38			Y						
95925	26	SOMATOSENSORY TESTING	7/1/2014	RBRVS	$28.40	$28.40									
95926		SOMATOSENSORY TESTING	7/1/2014	RBRVS	$146.20	$146.20			Y						
95926	TC	SOMATOSENSORY TESTING	7/1/2014	RBRVS	$117.69	$117.69			Y						
95926	26	SOMATOSENSORY TESTING	7/1/2014	RBRVS	$28.51	$28.51									
95927		SOMATOSENSORY TESTING	7/1/2014	RBRVS	$162.91	$162.91			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
95927	TC	SOMATOSENSORY TESTING	7/1/2014	RBRVS	$134.91	$134.91			Y						
95927	26	SOMATOSENSORY TESTING	7/1/2014	RBRVS	$28.04	$28.04									
95928		C MOTOR EVOKED UPPR LIMBS	7/1/2014	RBRVS	$254.86	$254.86			Y						
95928	TC	C MOTOR EVOKED UPPR LIMBS	7/1/2014	RBRVS	$173.02	$173.02			Y						
95928	26	C MOTOR EVOKED UPPR LIMBS	7/1/2014	RBRVS	$81.83	$81.83									
95929		C MOTOR EVOKED LWR LIMBS	7/1/2014	RBRVS	$248.40	$248.40			Y						
95929	TC	C MOTOR EVOKED LWR LIMBS	7/1/2014	RBRVS	$167.29	$167.29			Y						
95929	26	C MOTOR EVOKED LWR LIMBS	7/1/2014	RBRVS	$81.12	$81.12									
95930		VISUAL EVOKED POTENTIAL TEST	7/1/2014	RBRVS	$134.22	$134.22			Y						
95930	TC	VISUAL EVOKED POTENTIAL TEST	7/1/2014	RBRVS	$115.54	$115.54			Y						
95930	26	VISUAL EVOKED POTENTIAL TEST	7/1/2014	RBRVS	$18.72	$18.72									
95933		BLINK REFLEX TEST	7/1/2014	RBRVS	$83.80	$83.80			Y						
95933	TC	BLINK REFLEX TEST	7/1/2014	RBRVS	$51.71	$51.71			Y						
95933	26	BLINK REFLEX TEST	7/1/2014	RBRVS	$32.09	$32.09									
95937		NEUROMUSCULAR JUNCTION TEST	7/1/2014	RBRVS	$82.05	$82.05			Y						
95937	TC	NEUROMUSCULAR JUNCTION TEST	7/1/2014	RBRVS	$46.33	$46.33			Y						
95937	26	NEUROMUSCULAR JUNCTION TEST	7/1/2014	RBRVS	$35.75	$35.75									
95938		SOMATOSENSORY TESTING	7/1/2014	RBRVS	$339.31	$339.31			Y						
95938	TC	SOMATOSENSORY TESTING	7/1/2014	RBRVS	$292.44	$292.44			Y						
95938	26	SOMATOSENSORY TESTING	7/1/2014	RBRVS	$46.87	$46.87									
95939		C MOTOR EVOKED UPR&LWR LIMBS	7/1/2014	RBRVS	$496.12	$496.12			Y						
95939	TC	C MOTOR EVOKED UPR&LWR LIMBS	7/1/2014	RBRVS	$373.55	$373.55			Y						
95939	26	C MOTOR EVOKED UPR&LWR LIMBS	7/1/2014	RBRVS	$122.57	$122.57									
95940		IONM IN OPERATNG ROOM 15 MIN	7/1/2014	RBRVS	$32.81	$32.81									
95941		IONM REMOTE/>1 PT OR PER HR	1/1/2013	RBRVS	$0.00	$0.00									
95943		PARASYMP&SYMP HRT RATE TEST	7/1/2014	FEE SCHED	$206.87	$0.00			Y						
95943	TC	PARASYMP&SYMP HRT RATE TEST	7/1/2014	FEE SCHED	$157.56	$0.00									
95943	26	PARASYMP&SYMP HRT RATE TEST	7/1/2014	FEE SCHED	$39.30	$0.00									
95950		AMBULATORY EEG MONITORING	7/1/2014	RBRVS	$336.26	$336.26			Y						
95950	TC	AMBULATORY EEG MONITORING	7/1/2014	RBRVS	$254.07	$254.07			Y						
95950	26	AMBULATORY EEG MONITORING	7/1/2014	RBRVS	$82.19	$82.19									
95951		EEG MONITORING/VIDEORECORD	7/1/2014	FEE SCHED	$1,919.11	$0.00			Y						
95951	TC	EEG MONITORING/VIDEORECORD	7/1/2014	FEE SCHED	$1,554.48	$0.00									
95951	26	EEG MONITORING/VIDEORECORD	7/1/2014	RBRVS	$334.07	$334.07									
95953		EEG MONITORING/COMPUTER	7/1/2014	RBRVS	$435.63	$435.63			Y						
95953	TC	EEG MONITORING/COMPUTER	7/1/2014	RBRVS	$268.77	$268.77			Y						
95953	26	EEG MONITORING/COMPUTER	7/1/2014	RBRVS	$166.86	$166.86									
95954		EEG MONITORING/GIVING DRUGS	7/1/2014	RBRVS	$441.97	$441.97			Y						
95954	TC	EEG MONITORING/GIVING DRUGS	7/1/2014	RBRVS	$316.89	$316.89			Y						
95954	26	EEG MONITORING/GIVING DRUGS	7/1/2014	RBRVS	$125.08	$125.08									
95955		EEG DURING SURGERY	7/1/2014	RBRVS	$230.15	$230.15			Y						
95955	TC	EEG DURING SURGERY	7/1/2014	RBRVS	$175.43	$175.43			Y						
95955	26	EEG DURING SURGERY	7/1/2014	RBRVS	$54.76	$54.76									
95956		EEG MONITORING, CABLE/RADIO	7/1/2014	RBRVS	$1,672.87	$1,672.87			Y						
95956	TC	EEG MONITORING, CABLE/RADIO	7/1/2014	RBRVS	$1,477.61	$1,477.61			Y						
95956	26	EEG MONITORING, CABLE/RADIO	7/1/2014	RBRVS	$195.26	$195.26									

Montana Medicaid - Fee Schedule
Psychiatrist 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
95957		EEG DIGITAL ANALYSIS	7/1/2014	RBRVS	$443.88	$443.88			Y						
95957	TC	EEG DIGITAL ANALYSIS	7/1/2014	RBRVS	$336.08	$336.08			Y						
95957	26	EEG DIGITAL ANALYSIS	7/1/2014	RBRVS	$107.83	$107.83									
95958		EEG MONITORING/FUNCTION TEST	7/1/2014	RBRVS	$569.85	$569.85			Y						
95958	TC	EEG MONITORING/FUNCTION TEST	7/1/2014	RBRVS	$340.92	$340.92			Y						
95958	26	EEG MONITORING/FUNCTION TEST	7/1/2014	RBRVS	$228.97	$228.97									
95961		ELECTRODE STIMULATION BRAIN	7/1/2014	RBRVS	$288.42	$288.42			Y						
95961	TC	ELECTRODE STIMULATION BRAIN	7/1/2014	RBRVS	$128.45	$128.45			Y						
95961	26	ELECTRODE STIMULATION BRAIN	7/1/2014	RBRVS	$159.97	$159.97									
95962		ELECTRODE STIM BRAIN ADD-ON	7/1/2014	RBRVS	$254.35	$254.35	ZZZ		Y						
95962	TC	ELECTRODE STIM BRAIN ADD-ON	7/1/2014	RBRVS	$81.83	$81.83	ZZZ		Y						
95962	26	ELECTRODE STIM BRAIN ADD-ON	7/1/2014	RBRVS	$172.52	$172.52	ZZZ								
95965		MEG SPONTANEOUS	7/1/2014	FEE SCHED	$2,282.47	$0.00			Y						
95965	TC	MEG SPONTANEOUS	7/1/2014	FEE SCHED	$1,848.80	$0.00									
95965	26	MEG SPONTANEOUS	7/1/2014	RBRVS	$437.89	$437.89									
95966		MEG EVOKED SINGLE	7/1/2014	FEE SCHED	$1,044.42	$0.00			Y						
95966	TC	MEG EVOKED SINGLE	7/1/2014	FEE SCHED	$845.98	$0.00									
95966	26	MEG EVOKED SINGLE	7/1/2014	RBRVS	$222.33	$222.33									
95967		MEG EVOKED EACH ADDL	7/1/2014	FEE SCHED	$917.63	$0.00			Y						
95967	TC	MEG EVOKED EACH ADDL	7/1/2014	FEE SCHED	$743.28	$0.00									
95967	26	MEG EVOKED EACH ADDL	7/1/2014	RBRVS	$195.29	$195.29	ZZZ								
95970		ANALYZE NEUROSTIM NO PROG	7/1/2014	RBRVS	$69.46	$24.99			Y						
95971		ANALYZE NEUROSTIM SIMPLE	7/1/2014	RBRVS	$61.39	$42.03			Y						
95972		ANALYZE NEUROSTIM COMPLEX	7/1/2014	RBRVS	$110.84	$80.36			Y						
95973		ANALYZE NEUROSTIM COMPLEX	7/1/2014	RBRVS	$64.30	$50.31	ZZZ		Y						
95974		CRANIAL NEUROSTIM COMPLEX	7/1/2014	RBRVS	$210.89	$167.50			Y						
95975		CRANIAL NEUROSTIM COMPLEX	7/1/2014	RBRVS	$112.53	$94.24	ZZZ		Y						
95978		ANALYZE NEUROSTIM BRAIN/1H	7/1/2014	RBRVS	$254.93	$198.99			Y						
95979		ANALYZ NEUROSTIM BRAIN ADDON	7/1/2014	RBRVS	$110.13	$91.84	ZZZ		Y						
95980		IO ANAL GAST N-STIM INIT	7/1/2014	RBRVS	$46.44	$46.44			Y						
95981		IO ANAL GAST N-STIM SUBSQ	7/1/2014	RBRVS	$32.45	$18.11			Y						
95982		IO GA N-STIM SUBSQ W/REPROG	7/1/2014	RBRVS	$52.28	$36.51			Y						
95990		SPIN/BRAIN PUMP REFIL & MAIN	7/1/2014	RBRVS	$93.06	$93.06			Y						
95991		SPIN/BRAIN PUMP REFIL & MAIN	7/1/2014	RBRVS	$122.57	$40.45			Y						
95999		NEUROLOGICAL PROCEDURE	7/1/2014	FEE SCHED	$353.80	$0.00			Y						
96000		MOTION ANALYSIS VIDEO/3D	7/1/2014	RBRVS	$96.75	$96.75			Y						
96001		MOTION TEST W/FT PRESS MEAS	7/1/2014	RBRVS	$100.69	$100.69			Y						
96002		DYNAMIC SURFACE EMG	7/1/2014	RBRVS	$21.70	$21.70			Y						
96003		DYNAMIC FINE WIRE EMG	7/1/2014	RBRVS	$20.26	$20.26			Y						
96004		PHYS REVIEW OF MOTION TESTS	7/1/2014	RBRVS	$119.45	$119.45			Y						
96020		FUNCTIONAL BRAIN MAPPING	7/1/2014	FEE SCHED	$876.21	$0.00			Y						
96020	TC	FUNCTIONAL BRAIN MAPPING	7/1/2014	FEE SCHED	$711.35	$0.00									
96020	26	FUNCTIONAL BRAIN MAPPING	7/1/2014	RBRVS	$175.00	$175.00									
96101		PSYCHO TESTING BY PSYCH/PHYS	7/1/2014	RBRVS	$91.24	$90.45									
96102		PSYCHO TESTING BY TECHNICIAN	7/1/2014	RBRVS	$66.52	$23.85									
96103		PSYCHO TESTING ADMIN BY COMP	7/1/2014	RBRVS	$28.15	$27.07									

Montana Medicaid - Fee Schedule
Psychiatrist 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	7/1/2014	RBRVS	$114.34	$114.34									
96110		DEVELOPMENTAL SCREEN W/SCORE	7/1/2014	RBRVS	$9.31	$9.31									
96111		DEVELOPMENTAL TEST EXTEND	7/1/2014	RBRVS	$146.79	$138.76									
96116		NEUROBEHAVIORAL STATUS EXAM	7/1/2014	RBRVS	$107.11	$100.28									
96118		NEUROPSYCH TST BY PSYCH/PHYS	7/1/2014	RBRVS	$111.73	$90.04									
96119		NEUROPSYCH TESTING BY TECH	7/1/2014	RBRVS	$91.24	$26.58									
96120		NEUROPSYCH TST ADMIN W/COMP	7/1/2014	RBRVS	$54.01	$29.52									
96127		BRIEF EMOTIONAL/BEHAV ASSMT	1/1/2015	RBRVS	$5.45	$5.45									
96150		ASSESS HLTH/BEHAVE INIT	7/1/2014	RBRVS	$21.59	$21.23			Y						
96360		HYDRATION IV INFUSION INIT	7/1/2014	RBRVS	$57.20	$57.20			Y						
96361		HYDRATE IV INFUSION ADD-ON	7/1/2014	RBRVS	$15.13	$15.13	ZZZ		Y						
96365		THER/PROPH/DIAG IV INF INIT	7/1/2014	RBRVS	$69.03	$69.03			Y						
96366		THER/PROPH/DIAG IV INF ADDON	7/1/2014	RBRVS	$18.72	$18.72	ZZZ		Y						
96367		TX/PROPH/DG ADDL SEQ IV INF	7/1/2014	RBRVS	$30.19	$30.19	ZZZ		Y						
96368		THER/DIAG CONCURRENT INF	7/1/2014	RBRVS	$20.51	$20.51	ZZZ		Y						
96369		SC THER INFUSION UP TO 1 HR	7/1/2014	RBRVS	$195.26	$195.26			Y						
96370		SC THER INFUSION ADDL HR	7/1/2014	RBRVS	$15.49	$15.49	ZZZ		Y						
96371		SC THER INFUSION RESET PUMP	7/1/2014	RBRVS	$91.16	$91.16	ZZZ		Y						
96372		THER/PROPH/DIAG INJ SC/IM	7/1/2014	RBRVS	$25.17	$25.17			Y						
96373		THER/PROPH/DIAG INJ IA	7/1/2014	RBRVS	$19.44	$19.44			Y						
96374		THER/PROPH/DIAG INJ IV PUSH	7/1/2014	RBRVS	$56.48	$56.48			Y						
96375		TX/PRO/DX INJ NEW DRUG ADDON	7/1/2014	RBRVS	$22.30	$22.30	ZZZ		Y						
96401		CHEMO ANTI-NEOPL SQ/IM	7/1/2014	RBRVS	$74.12	$74.12			Y						
96402		CHEMO HORMON ANTINEOPL SQ/IM	7/1/2014	RBRVS	$31.99	$31.99			Y						
96405		CHEMO INTRALESIONAL UP TO 7	7/1/2014	RBRVS	$81.58	$30.66	000		Y	Y					
96406		CHEMO INTRALESIONAL OVER 7	7/1/2014	RBRVS	$113.93	$46.87	000		Y	Y					
96409		CHEMO IV PUSH SNGL DRUG	7/1/2014	RBRVS	$109.30	$109.30			Y						
96411		CHEMO IV PUSH ADDL DRUG	7/1/2014	RBRVS	$61.50	$61.50	ZZZ		Y						
96413		CHEMO IV INFUSION 1 HR	7/1/2014	RBRVS	$133.69	$133.69			Y						
96415		CHEMO IV INFUSION ADDL HR	7/1/2014	RBRVS	$28.04	$28.04	ZZZ		Y						
96416		CHEMO PROLONG INFUSE W/PUMP	7/1/2014	RBRVS	$139.57	$139.57			Y						
96417		CHEMO IV INFUS EACH ADDL SEQ	7/1/2014	RBRVS	$62.22	$62.22	ZZZ		Y						
96420		CHEMO IA PUSH TECNIQUE	7/1/2014	RBRVS	$104.82	$104.82			Y						
96422		CHEMO IA INFUSION UP TO 1 HR	7/1/2014	RBRVS	$168.29	$168.29			Y						
96423		CHEMO IA INFUSE EACH ADDL HR	7/1/2014	RBRVS	$77.71	$77.71	ZZZ		Y						
96425		CHEMOTHERAPY INFUSION METHOD	7/1/2014	RBRVS	$181.34	$181.34			Y						
96440		CHEMOTHERAPY INTRACAVITARY	7/1/2014	RBRVS	$858.70	$145.45	000		Y						
96446		CHEMOTX ADMN PRTL CAVITY	7/1/2014	RBRVS	$194.07	$22.66			Y						
96450		CHEMOTHERAPY INTO CNS	7/1/2014	RBRVS	$182.81	$82.76	000		Y						
96521		REFILL/MAINT PORTABLE PUMP	7/1/2014	RBRVS	$135.48	$135.48			Y						
96522		REFILL/MAINT PUMP/RESVR SYST	7/1/2014	RBRVS	$111.45	$111.45			Y						
96523		IRRIG DRUG DELIVERY DEVICE	9/1/2011	RBRVS	$0.00	$0.00			Y						
96542		CHEMOTHERAPY INJECTION	7/1/2014	RBRVS	$118.95	$42.92			Y						
96549		CHEMOTHERAPY UNSPECIFIED	7/1/2014	FEE SCHED	$123.00	$0.00			Y						
96567		PHOTODYNAMIC TX SKIN	7/1/2014	RBRVS	$132.40	$132.40			Y						
96570		PHOTODYNMC TX 30 MIN ADD-ON	7/1/2014	RBRVS	$59.10	$59.10	ZZZ		Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
96571		PHOTODYNAMIC TX ADDL 15 MIN	7/1/2014	RBRVS	$27.15	$27.15	ZZZ		Y						
96900		ULTRAVIOLET LIGHT THERAPY	7/1/2014	RBRVS	$20.51	$20.51			Y						
96902		TRICHOGRAM	9/1/2011	RBRVS	$0.00	$0.00			Y						
96904		WHOLE BODY PHOTOGRAPHY	7/1/2014	RBRVS	$67.13	$67.13			Y						
96910		PHOTOCHEMOTHERAPY WITH UV-B	7/1/2014	RBRVS	$69.64	$69.64			Y						
96912		PHOTOCHEMOTHERAPY WITH UV-A	7/1/2014	RBRVS	$89.72	$89.72			Y						
96913		PHOTOCHEMOTHERAPY UV-A OR B	7/1/2014	RBRVS	$126.30	$126.30			Y						
96920		LASER TX SKIN < 250 SQ CM	7/1/2014	RBRVS	$153.73	$67.31	000		Y	Y					
96921		LASER TX SKIN 250-500 SQ CM	7/1/2014	RBRVS	$169.51	$75.92	000		Y	Y					
96922		LASER TX SKIN >500 SQ CM	7/1/2014	RBRVS	$235.35	$123.47	000		Y	Y					
96999		DERMATOLOGICAL PROCEDURE	7/1/2014	FEE SCHED	$134.85	$0.00			Y						
97001		PT EVALUATION	7/1/2014	RBRVS	$76.31	$76.31			Y						
97002		PT RE-EVALUATION	7/1/2014	RBRVS	$42.85	$42.85			Y						
97003		OT EVALUATION	7/1/2014	RBRVS	$85.63	$85.63			Y						
97004		OT RE-EVALUATION	7/1/2014	RBRVS	$53.61	$53.61			Y						
97010		HOT OR COLD PACKS THERAPY	9/1/2011	RBRVS	$0.00	$0.00			Y						
97012		MECHANICAL TRACTION THERAPY	7/1/2014	RBRVS	$16.21	$16.21			Y						
97016		VASOPNEUMATIC DEVICE THERAPY	7/1/2014	RBRVS	$19.44	$19.44			Y						
97018		PARAFFIN BATH THERAPY	7/1/2014	RBRVS	$11.19	$11.19			Y						
97022		WHIRLPOOL THERAPY	7/1/2014	RBRVS	$23.74	$23.74			Y						
97024		DIATHERMY EG MICROWAVE	7/1/2014	RBRVS	$6.53	$6.53			Y						
97026		INFRARED THERAPY	7/1/2014	RBRVS	$6.17	$6.17			Y						
97028		ULTRAVIOLET THERAPY	7/1/2014	RBRVS	$7.60	$7.60			Y						
97032		ELECTRICAL STIMULATION	7/1/2014	RBRVS	$19.44	$19.44			Y						
97033		ELECTRIC CURRENT THERAPY	7/1/2014	RBRVS	$32.70	$32.70			Y						
97034		CONTRAST BATH THERAPY	7/1/2014	RBRVS	$18.36	$18.36			Y						
97035		ULTRASOUND THERAPY	7/1/2014	RBRVS	$12.98	$12.98			Y						
97036		HYDROTHERAPY	7/1/2014	RBRVS	$33.06	$33.06			Y						
97110		THERAPEUTIC EXERCISES	7/1/2014	RBRVS	$32.35	$32.35			Y						
97112		NEUROMUSCULAR REEDUCATION	7/1/2014	RBRVS	$33.78	$33.78			Y						
97113		AQUATIC THERAPY/EXERCISES	7/1/2014	RBRVS	$43.46	$43.46			Y						
97116		GAIT TRAINING THERAPY	7/1/2014	RBRVS	$28.76	$28.76			Y						
97124		MASSAGE THERAPY	7/1/2014	RBRVS	$26.61	$26.61			Y						
97140		MANUAL THERAPY 1/> REGIONS	7/1/2014	RBRVS	$30.19	$30.19			Y						
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2014	RBRVS	$17.64	$17.64			Y						
97530		THERAPEUTIC ACTIVITIES	7/1/2014	RBRVS	$35.21	$35.21			Y						
97532		COGNITIVE SKILLS DEVELOPMENT	7/1/2014	RBRVS	$26.97	$26.97			Y						
97533		SENSORY INTEGRATION	7/1/2014	RBRVS	$29.48	$29.48			Y						
97535		SELF CARE MNGMENT TRAINING	7/1/2014	RBRVS	$35.21	$35.21			Y						
97537		COMMUNITY/WORK REINTEGRATION	7/1/2014	RBRVS	$30.55	$30.55			Y						
97542		WHEELCHAIR MNGMENT TRAINING	7/1/2014	RBRVS	$30.91	$30.91			Y						
97597		ACTIVE WOUND CARE/20 CM OR <	7/1/2014	RBRVS	$77.39	$25.03	000		Y						
97598		RMVL DEVITAL TIS ADDL 20CM/<	7/1/2014	RBRVS	$25.64	$12.01	ZZZ		Y						
97602		WOUND(S) CARE NON-SELECTIVE	7/1/2008	RBRVS	$0.00	$0.00			Y						
97605		NEG PRESS WOUND TX </=50 CM	7/1/2014	RBRVS	$43.50	$28.08			Y						
97606		NEG PRESS WOUND TX >50 CM	7/1/2014	RBRVS	$46.51	$31.09			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
97750		PHYSICAL PERFORMANCE TEST	7/1/2014	RBRVS	$33.89	$33.89			Y						
97755		ASSISTIVE TECHNOLOGY ASSESS	7/1/2014	RBRVS	$36.76	$36.76			Y						
97760		ORTHOTIC MGMT AND TRAINING	7/1/2014	RBRVS	$38.91	$38.91			Y						
97761		PROSTHETIC TRAINING	7/1/2014	RBRVS	$33.89	$33.89			Y						
97762		C/O FOR ORTHOTIC/PROSTH USE	7/1/2014	RBRVS	$48.12	$48.12			Y						
97802		MEDICAL NUTRITION INDIV IN	7/1/2014	RBRVS	$36.04	$33.53			Y						
97803		MED NUTRITION INDIV SUBSEQ	7/1/2014	RBRVS	$31.02	$28.87			Y						
97804		MEDICAL NUTRITION GROUP	7/1/2014	RBRVS	$16.21	$15.49			Y						
98925		OSTEOPATH MANJ 1-2 REGIONS	7/1/2014	RBRVS	$31.74	$24.21	000		Y						
98926		OSTEOPATH MANJ 3-4 REGIONS	7/1/2014	RBRVS	$45.72	$36.40	000		Y						
98927		OSTEOPATH MANJ 5-6 REGIONS	7/1/2014	RBRVS	$59.78	$47.94	000		Y						
98928		OSTEOPATH MANJ 7-8 REGIONS	7/1/2014	RBRVS	$73.87	$61.32	000		Y						
98929		OSTEOPATH MANJ 9-10 REGIONS	7/1/2014	RBRVS	$88.75	$73.69	000		Y						
98960		SELF-MGMT EDUC & TRAIN 1 PT	9/1/2011	RBRVS	$0.00	$0.00			Y						
98961		SELF-MGMT EDUC/TRAIN 2-4 PT	9/1/2011	RBRVS	$0.00	$0.00			Y						
98962		SELF-MGMT EDUC/TRAIN 5-8 PT	9/1/2011	RBRVS	$0.00	$0.00			Y						
99000		SPECIMEN HANDLING	7/1/2003	RBRVS	$0.00	$0.00									
99001		SPECIMEN HANDLING	7/1/2003	RBRVS	$0.00	$0.00									
99002		DEVICE HANDLING	7/1/2003	RBRVS	$0.00	$0.00			Y						
99024		POSTOP FOLLOW-UP VISIT	7/1/2003	RBRVS	$0.00	$0.00			Y						
99026		IN-HOSPITAL ON CALL SERVICE	1/1/2003	RBRVS	$0.00	$0.00									
99027		OUT-OF-HOSP ON CALL SERVICE	1/1/2003	RBRVS	$0.00	$0.00			Y						
99050		MEDICAL SERVICES AFTER HRS	7/1/2003	RBRVS	$0.00	$0.00			Y						
99051		MED SERV EVE/WKEND/HOLIDAY	1/1/2006	RBRVS	$0.00	$0.00			Y						
99053		MED SERV 10PM-8AM 24 HR FAC	1/1/2006	RBRVS	$0.00	$0.00			Y						
99056		MED SERVICE OUT OF OFFICE	7/1/2003	RBRVS	$0.00	$0.00			Y						
99058		OFFICE EMERGENCY CARE	7/1/2003	RBRVS	$0.00	$0.00									
99060		OUT OF OFFICE EMERG MED SERV	1/1/2006	RBRVS	$0.00	$0.00			Y						
99070		SPECIAL SUPPLIES	7/1/2003	RBRVS	$0.00	$0.00			Y						
99071		PATIENT EDUCATION MATERIALS	7/1/2003	RBRVS	$0.00	$0.00			Y						
99078		GROUP HEALTH EDUCATION	7/1/2003	RBRVS	$0.00	$0.00			Y						
99080		SPECIAL REPORTS OR FORMS	7/1/2003	RBRVS	$0.00	$0.00			Y						
99082		UNUSUAL PHYSICIAN TRAVEL	7/1/2014	FEE SCHED	$66.00	$0.00			Y						
99090		COMPUTER DATA ANALYSIS	7/1/2003	RBRVS	$0.00	$0.00			Y						
99091		COLLECT/REVIEW DATA FROM PT	9/1/2011	RBRVS	$0.00	$0.00			Y						
99100		SPECIAL ANESTHESIA SERVICE	7/1/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99116		ANESTHESIA WITH HYPOTHERMIA	7/1/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99135		SPECIAL ANESTHESIA PROCEDURE	7/1/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99140		EMERGENCY ANESTHESIA	7/1/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99143		MOD CS BY SAME PHYS < 5 YRS	7/1/2014	FEE SCHED	$68.30	$0.00			Y						
99144		MOD CS BY SAME PHYS 5 YRS +	7/1/2014	FEE SCHED	$65.24	$0.00			Y						
99145		MOD CS BY SAME PHYS ADD-ON	7/1/2014	FEE SCHED	$29.48	$0.00			Y						
99148		MOD CS DIFF PHYS < 5 YRS	7/1/2014	FEE SCHED	$66.00	$0.00			Y						
99149		MOD CS DIFF PHYS 5 YRS +	7/1/2014	FEE SCHED	$71.04	$0.00			Y						
99150		MOD CS DIFF PHYS ADD-ON	7/1/2014	FEE SCHED	$24.46	$0.00			Y						
99170		ANOGENITAL EXAM CHILD	7/1/2014	RBRVS	$175.28	$91.37	000			Y					

Montana Medicaid - Fee Schedule
Psychiatrist 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
99172		OCULAR FUNCTION SCREEN	7/1/2014	FEE SCHED	$15.40	$0.00									
99173		VISUAL ACUITY SCREEN	7/1/2014	RBRVS	$2.94	$2.94			Y						
99175		INDUCTION OF VOMITING	7/1/2014	RBRVS	$16.93	$16.93			Y						
99183		HYPERBARIC OXYGEN THERAPY	7/1/2014	RBRVS	$216.63	$125.19			Y						
99184		HYPOTHERMIA ILL NEONATE	1/1/2015	RBRVS	$238.94	$238.94			Y						
99195		PHLEBOTOMY	7/1/2014	RBRVS	$99.26	$99.26			Y						
99201		OFFICE/OUTPATIENT VISIT NEW	7/1/2014	RBRVS	$48.87	$30.00			Y						
99202		OFFICE/OUTPATIENT VISIT NEW	7/1/2014	RBRVS	$84.02	$57.10			Y						
99203		OFFICE/OUTPATIENT VISIT NEW	7/1/2014	RBRVS	$122.13	$87.19			Y						
99204		OFFICE/OUTPATIENT VISIT NEW	7/1/2014	RBRVS	$187.80	$149.25			Y						
99205		OFFICE/OUTPATIENT VISIT NEW	7/1/2014	RBRVS	$233.86	$192.50			Y						
99211		OFFICE/OUTPATIENT VISIT EST	7/1/2014	RBRVS	$22.56	$10.52			Y						
99212		OFFICE/OUTPATIENT VISIT EST	7/1/2014	RBRVS	$49.28	$28.79			Y						
99213		OFFICE/OUTPATIENT VISIT EST	7/1/2014	RBRVS	$82.40	$58.31			Y						
99214		OFFICE/OUTPATIENT VISIT EST	7/1/2014	RBRVS	$121.57	$89.44			Y						
99215		OFFICE/OUTPATIENT VISIT EST	7/1/2014	RBRVS	$162.70	$125.75			Y						
99217		OBSERVATION CARE DISCHARGE	7/1/2014	RBRVS	$82.05	$82.05			Y						
99218		INITIAL OBSERVATION CARE	7/1/2014	RBRVS	$112.38	$112.38			Y						
99219		INITIAL OBSERVATION CARE	7/1/2014	RBRVS	$153.66	$153.66			Y						
99220		INITIAL OBSERVATION CARE	7/1/2014	RBRVS	$210.36	$210.36			Y						
99221		INITIAL HOSPITAL CARE	7/1/2014	RBRVS	$115.59	$115.59			Y						
99222		INITIAL HOSPITAL CARE	7/1/2014	RBRVS	$156.83	$156.83			Y						
99223		INITIAL HOSPITAL CARE	7/1/2014	RBRVS	$230.77	$230.77			Y						
99224		SUBSEQUENT OBSERVATION CARE	7/1/2014	RBRVS	$40.52	$40.52			Y						
99225		SUBSEQUENT OBSERVATION CARE	7/1/2014	RBRVS	$73.23	$73.23			Y						
99226		SUBSEQUENT OBSERVATION CARE	7/1/2014	RBRVS	$105.72	$105.72			Y						
99231		SUBSEQUENT HOSPITAL CARE	7/1/2014	RBRVS	$44.49	$44.49			Y						
99232		SUBSEQUENT HOSPITAL CARE	7/1/2014	RBRVS	$81.64	$81.64			Y						
99233		SUBSEQUENT HOSPITAL CARE	7/1/2014	RBRVS	$117.60	$117.60			Y						
99234		OBSERV/HOSP SAME DATE	7/1/2014	RBRVS	$153.61	$153.61			Y						
99235		OBSERV/HOSP SAME DATE	7/1/2014	RBRVS	$191.77	$191.77			Y						
99236		OBSERV/HOSP SAME DATE	7/1/2014	RBRVS	$247.64	$247.64			Y						
99238		HOSPITAL DISCHARGE DAY	7/1/2014	RBRVS	$82.01	$82.01			Y						
99239		HOSPITAL DISCHARGE DAY	7/1/2014	RBRVS	$121.21	$121.21			Y						
99281		EMERGENCY DEPT VISIT	7/1/2014	RBRVS	$23.90	$23.90									
99282		EMERGENCY DEPT VISIT	7/1/2014	RBRVS	$47.07	$47.07									
99283		EMERGENCY DEPT VISIT	7/1/2014	RBRVS	$70.16	$70.16									
99284		EMERGENCY DEPT VISIT	7/1/2014	RBRVS	$133.94	$133.94									
99285		EMERGENCY DEPT VISIT	7/1/2014	RBRVS	$196.71	$196.71									
99288		DIRECT ADVANCED LIFE SUPPORT	7/1/2003	RBRVS	$0.00	$0.00			Y						
99291		CRITICAL CARE FIRST HOUR	7/1/2014	RBRVS	$310.21	$253.99			Y						
99292		CRITICAL CARE ADDL 30 MIN	7/1/2014	RBRVS	$139.28	$127.23	ZZZ		Y						
99304		NURSING FACILITY CARE INIT	7/1/2014	RBRVS	$94.35	$94.35									
99305		NURSING FACILITY CARE INIT	7/1/2014	RBRVS	$134.51	$134.51									
99306		NURSING FACILITY CARE INIT	7/1/2014	RBRVS	$170.19	$170.19									
99307		NURSING FAC CARE SUBSEQ	7/1/2014	RBRVS	$45.08	$45.08									

Montana Medicaid - Fee Schedule
Psychiatrist 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
99308		NURSING FAC CARE SUBSEQ	7/1/2014	RBRVS	$69.64	$69.64									
99309		NURSING FAC CARE SUBSEQ	7/1/2014	RBRVS	$91.55	$91.55									
99310		NURSING FAC CARE SUBSEQ	7/1/2014	RBRVS	$136.30	$136.30									
99315		NURSING FAC DISCHARGE DAY	7/1/2014	RBRVS	$82.85	$82.85									
99316		NURSING FAC DISCHARGE DAY	7/1/2014	RBRVS	$118.76	$118.76									
99318		ANNUAL NURSING FAC ASSESSMNT	7/1/2014	RBRVS	$97.07	$97.07									
99324		DOMICIL/R-HOME VISIT NEW PAT	7/1/2014	RBRVS	$56.37	$56.37									
99325		DOMICIL/R-HOME VISIT NEW PAT	7/1/2014	RBRVS	$82.01	$82.01									
99326		DOMICIL/R-HOME VISIT NEW PAT	7/1/2014	RBRVS	$141.11	$141.11									
99327		DOMICIL/R-HOME VISIT NEW PAT	7/1/2014	RBRVS	$188.44	$188.44									
99328		DOMICIL/R-HOME VISIT NEW PAT	7/1/2014	RBRVS	$218.32	$218.32									
99334		DOMICIL/R-HOME VISIT EST PAT	7/1/2014	RBRVS	$61.39	$61.39									
99335		DOMICIL/R-HOME VISIT EST PAT	7/1/2014	RBRVS	$96.00	$96.00									
99336		DOMICIL/R-HOME VISIT EST PAT	7/1/2014	RBRVS	$135.23	$135.23									
99337		DOMICIL/R-HOME VISIT EST PAT	7/1/2014	RBRVS	$195.29	$195.29									
99339		DOMICIL/R-HOME CARE SUPERVIS	9/1/2011	RBRVS	$0.00	$0.00									
99340		DOMICIL/R-HOME CARE SUPERVIS	9/1/2011	RBRVS	$0.00	$0.00									
99341		HOME VISIT NEW PATIENT	7/1/2014	RBRVS	$62.73	$62.73			Y						
99342		HOME VISIT NEW PATIENT	7/1/2014	RBRVS	$90.68	$90.68			Y						
99343		HOME VISIT NEW PATIENT	7/1/2014	RBRVS	$148.12	$148.12			Y						
99344		HOME VISIT NEW PATIENT	7/1/2014	RBRVS	$206.64	$206.64			Y						
99345		HOME VISIT NEW PATIENT	7/1/2014	RBRVS	$249.05	$249.05			Y						
99347		HOME VISIT EST PATIENT	7/1/2014	RBRVS	$63.13	$63.13			Y						
99348		HOME VISIT EST PATIENT	7/1/2014	RBRVS	$95.46	$95.46			Y						
99349		HOME VISIT EST PATIENT	7/1/2014	RBRVS	$144.22	$144.22			Y						
99350		HOME VISIT EST PATIENT	7/1/2014	RBRVS	$201.42	$201.42			Y						
99354		PROLONGED SERVICE OFFICE	7/1/2014	RBRVS	$113.17	$105.54	ZZZ		Y						
99355		PROLONGED SERVICE OFFICE	7/1/2014	RBRVS	$110.76	$103.14	ZZZ		Y						
99356		PROLONGED SERVICE INPATIENT	7/1/2014	RBRVS	$104.33	$104.33	ZZZ		Y						
99357		PROLONGED SERVICE INPATIENT	7/1/2014	RBRVS	$103.54	$103.54	ZZZ		Y						
99358		PROLONGED SERV, W/O CONTACT	9/1/2011	RBRVS	$0.00	$0.00			Y						
99359		PROLONGED SERV, W/O CONTACT	9/1/2011	RBRVS	$0.00	$0.00	ZZZ		Y						
99363		ANTICOAGULANT MGMT INITIAL	9/1/2011	RBRVS	$0.00	$0.00			Y						
99364		ANTICOAGULANT MGMT SUBSEQ	9/1/2011	RBRVS	$0.00	$0.00			Y						
99366		TEAM CONF W/PAT BY HC PROF	9/1/2011	RBRVS	$0.00	$0.00			Y						
99367		TEAM CONF W/O PAT BY PHYS	9/1/2011	RBRVS	$0.00	$0.00			Y						
99368		TEAM CONF W/O PAT BY HC PRO	9/1/2011	RBRVS	$0.00	$0.00			Y						
99374		HOME HEALTH CARE SUPERVISION	9/1/2011	RBRVS	$0.00	$0.00			Y						
99377		HOSPICE CARE SUPERVISION	9/1/2011	RBRVS	$0.00	$0.00			Y						
99379		NURSING FAC CARE SUPERVISION	9/1/2011	RBRVS	$0.00	$0.00			Y						
99380		NURSING FAC CARE SUPERVISION	9/1/2011	RBRVS	$0.00	$0.00			Y						
99381		INIT PM E/M NEW PAT INFANT	7/1/2014	RBRVS	$111.78	$78.78			Y						
99382		INIT PM E/M NEW PAT 1-4 YRS	7/1/2014	RBRVS	$116.37	$83.37			Y						
99383		PREV VISIT NEW AGE 5-11	7/1/2014	RBRVS	$121.46	$88.47			Y						
99384		PREV VISIT NEW AGE 12-17	7/1/2014	RBRVS	$137.34	$104.35			Y						
99385		PREV VISIT NEW AGE 18-39	7/1/2014	RBRVS	$133.40	$100.41			Y						

Montana Medicaid - Fee Schedule
Psychiatrist 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
99386		PREV VISIT NEW AGE 40-64	7/1/2014	RBRVS	$153.95	$121.67			Y						
99387		INIT PM E/M NEW PAT 65+ YRS	7/1/2014	RBRVS	$167.32	$130.75			Y						
99391		PER PM REEVAL EST PAT INFANT	7/1/2014	RBRVS	$100.59	$71.90			Y						
99392		PREV VISIT EST AGE 1-4	7/1/2014	RBRVS	$107.47	$78.78			Y						
99393		PREV VISIT EST AGE 5-11	7/1/2014	RBRVS	$107.11	$78.78			Y						
99394		PREV VISIT EST AGE 12-17	7/1/2014	RBRVS	$117.15	$88.47			Y						
99395		PREV VISIT EST AGE 18-39	7/1/2014	RBRVS	$119.66	$90.98			Y						
99396		PREV VISIT EST AGE 40-64	7/1/2014	RBRVS	$127.59	$98.90			Y						
99397		PREV VISIT, EST, 65 & OVER	7/1/2014	RBRVS	$137.34	$104.35			Y						
99401		PREVENTIVE COUNSELING INDIV	7/1/2014	RBRVS	$41.17	$27.91			Y						
99402		PREVENTIVE COUNSELING INDIV	7/1/2014	RBRVS	$70.77	$57.91			Y						
99403		PREVENTIVE COUNSELING INDIV	7/1/2014	RBRVS	$98.68	$85.82			Y						
99404		PREVENTIVE COUNSELING INDIV	7/1/2014	RBRVS	$126.43	$113.57			Y						
99406		BEHAV CHNG SMOKING 3-10 MIN	7/1/2014	RBRVS	$14.06	$12.26			Y						
99407		BEHAV CHNG SMOKING < 10 MIN	7/1/2014	RBRVS	$27.79	$26.00			Y						
99411		PREVENTIVE COUNSELING GROUP	7/1/2014	RBRVS	$18.55	$8.91			Y						
99412		PREVENTIVE COUNSELING GROUP	7/1/2014	RBRVS	$24.18	$14.53			Y						
99420		HEALTH RISK ASSESSMENT TEST	7/1/2014	RBRVS	$12.12	$12.12			Y						
99441		PHONE E/M BY PHYS 5-10 MIN	7/1/2014	RBRVS	$14.06	$12.98			Y						
99442		PHONE E/M BY PHYS 11-20 MIN	7/1/2014	RBRVS	$27.43	$26.00			Y						
99443		PHONE E/M BY PHYS 21-30 MIN	7/1/2014	RBRVS	$40.81	$39.37			Y						
99446		INTERPROF PHONE/ONLINE 5-10	1/1/2014	RBRVS	$0.00	$0.00									
99447		INTERPROF PHONE/ONLINE 11-20	1/1/2014	RBRVS	$0.00	$0.00									
99448		INTERPROF PHONE/ONLINE 21-30	1/1/2014	RBRVS	$0.00	$0.00									
99449		INTERPROF PHONE/ONLINE 31/>	1/1/2014	RBRVS	$0.00	$0.00									
99460		INIT NB EM PER DAY HOSP	7/1/2014	RBRVS	$106.96	$106.96									M
99461		INIT NB EM PER DAY NON-FAC	7/1/2014	RBRVS	$110.97	$73.62									M
99462		SBSQ NB EM PER DAY HOSP	7/1/2014	RBRVS	$47.71	$47.71									M
99463		SAME DAY NB DISCHARGE	7/1/2014	RBRVS	$129.65	$129.65									M
99464		ATTENDANCE AT DELIVERY	7/1/2014	RBRVS	$80.40	$80.40									M
99465		NB RESUSCITATION	7/1/2014	RBRVS	$167.69	$167.69									M
99468		NEONATE CRIT CARE INITIAL	7/1/2014	RBRVS	$1,060.27	$1,060.27									M
99469		NEONATE CRIT CARE SUBSQ	7/1/2014	RBRVS	$448.06	$448.06									M
99471		PED CRITICAL CARE INITIAL	7/1/2014	RBRVS	$863.40	$863.40									
99472		PED CRITICAL CARE SUBSQ	7/1/2014	RBRVS	$406.87	$406.87									
99475		PED CRIT CARE AGE 2-5 INIT	7/1/2014	RBRVS	$584.34	$584.34									
99476		PED CRIT CARE AGE 2-5 SUBSQ	7/1/2014	RBRVS	$353.33	$353.33									
99477		INIT DAY HOSP NEONATE CARE	7/1/2014	RBRVS	$393.15	$393.15									M
99478		IC LBW INF < 1500 GM SUBSQ	7/1/2014	RBRVS	$156.15	$156.15									M
99479		IC LBW INF 1500-2500 G SUBSQ	7/1/2014	RBRVS	$141.58	$141.58									M
99480		IC INF PBW 2501-5000 G SUBSQ	7/1/2014	RBRVS	$136.35	$136.35									M
99482		SELECTIVE HEAD HYPOTHERMIA	1/1/2014	EAC	$0.00	$0.00	ZZZ								
99485		SUPRV INTERFACILTY TRANSPORT	1/1/2013	RBRVS	$0.00	$0.00									
99486		SUPRV INTERFAC TRNSPORT ADDL	1/1/2013	RBRVS	$0.00	$0.00									
99487		CMPLX CHRON CARE W/O PT VSIT	1/1/2013	RBRVS	$0.00	$0.00									
99489		COMPLX CHRON CARE ADDL30 MIN	1/1/2013	RBRVS	$0.00	$0.00	ZZZ								

Montana Medicaid - Fee Schedule
Psychiatrist 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
99490		CHRON CARE MGMT SRVC 20 MIN	1/1/2015	RBRVS	$0.00	$0.00			Y						
99495		TRANS CARE MGMT 14 DAY DISCH	7/1/2014	RBRVS	$164.99	$112.28									
99496		TRANS CARE MGMT 7 DAY DISCH	7/1/2014	RBRVS	$233.13	$162.48									