

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0042T	CT PERFUSION W/CONTRAST CBF	-	-	7/1/2018	Not Allowed	\$0.00
0054T	BONE SRGRY CMPTR FLUOR IMAGE	-	-	7/1/2018	Not Allowed	\$0.00
0055T	BONE SRGRY CMPTR CT/MRI IMAG	-	-	7/1/2018	Not Allowed	\$0.00
0071T	US LEIOMYOMATA ABLATE <200	-	-	7/1/2018	Not Allowed	\$0.00
0072T	US LEIOMYOMATA ABLATE >200	-	-	7/1/2018	Not Allowed	\$0.00
0100T	PROSTH RETINA RECEIVE&GEN	-	-	7/1/2018	Not Allowed	\$0.00
0101T	EXTRACORP SHOCKWV TX HI ENRG	-	-	7/1/2018	Not Allowed	\$0.00
0102T	EXTRACORP SHOCKWV TX ANESTH	-	-	7/1/2018	Not Allowed	\$0.00
0126T	CHD RISK IMT STUDY	-	-	7/1/2018	Not Allowed	\$0.00
0174T	CAD CXR WITH INTERP	-	-	7/1/2018	Not Allowed	\$0.00
0175T	CAD CXR REMOTE	-	-	7/1/2018	Not Allowed	\$0.00
0191T	INSERT ANT SEGMENT DRAIN INT	-	-	7/1/2018	Not Allowed	\$0.00
0200T	PERQ SACRAL AUGMT UNILAT INJ	-	-	7/1/2018	Not Allowed	\$0.00
0201T	PERQ SACRAL AUGMT BILAT INJ	-	-	7/1/2018	Not Allowed	\$0.00
0213T	NJX PARAVERT W/US CER/THOR	-	-	7/1/2018	Not Allowed	\$0.00
0214T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	No Separate Payment	\$0.00
0215T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	No Separate Payment	\$0.00
0216T	NJX PARAVERT W/US LUMB/SAC	-	-	7/1/2018	Not Allowed	\$0.00
0217T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	No Separate Payment	\$0.00
0218T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	No Separate Payment	\$0.00
0228T	NJX TFRML EPRL W/US CER/THOR	-	-	7/1/2018	Not Allowed	\$0.00
0229T	NJX TFRML EPRL W/US CER/THOR	-	Y	7/1/2018	No Separate Payment	\$0.00
0230T	NJX TFRML EPRL W/US LUMB/SAC	-	-	7/1/2018	Not Allowed	\$0.00
0231T	NJX TFRML EPRL W/US LUMB/SAC	-	Y	7/1/2018	No Separate Payment	\$0.00
0232T	NJX PLATELET PLASMA	-	Y	7/1/2018	No Separate Payment	\$0.00
0238T	TRLUML PERIP ATHRC ILIAC ART	-	-	7/1/2018	Not Allowed	\$0.00
0250T	INSERT BRONCHIAL VALVE	-	-	7/1/2018	Not Allowed	\$0.00
0251T	REMOV BRONCHIAL VALVE	-	-	7/1/2018	Not Allowed	\$0.00
0252T	REMOV BRONCH VALVE ADDL	-	-	7/1/2018	Not Allowed	\$0.00
0253T	INSERT AQUEOUS DRAIN DEVICE	-	-	7/1/2018	Not Allowed	\$0.00
0263T	IM B1 MRW CEL THER CMPL	-	-	7/1/2018	Not Allowed	\$0.00
0264T	IM B1 MRW CEL THER XCL HRVST	-	-	7/1/2018	Not Allowed	\$0.00
0265T	IM B1 MRW CEL THER HRVST ONL	-	-	7/1/2018	Not Allowed	\$0.00
0269T	REV/REML CRTD SNS DEV TOTAL	-	-	7/1/2018	Not Allowed	\$0.00
0270T	REV/REML CRTD SNS DEV LEAD	-	-	7/1/2018	Not Allowed	\$0.00
0271T	REV/REML CRTD SNS DEV GEN	-	-	7/1/2018	Not Allowed	\$0.00
0274T	PERQ LAMOT/LAM CRV/THRC	-	-	7/1/2018	Not Allowed	\$0.00
0275T	PERQ LAMOT/LAM LUMBAR	-	-	7/1/2018	Not Allowed	\$0.00
0278T	TEMPR	-	-	7/1/2018	Not Allowed	\$0.00
0290T	LASER INC FOR PKP/LKP RECIP	-	-	7/1/2018	No Separate Payment	\$0.00
0308T	INSJ OCULAR TELESCOPE PROSTH	-	-	7/1/2018	Not Allowed	\$0.00
0313T	LAPS RMVL NSTIM ARRAY VAGUS	-	-	7/1/2018	Not Allowed	\$0.00
0314T	LAPS RMVL VGL ARRY&PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0315T	RMVL VAGUS NERVE PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0316T	REPLC VAGUS NERVE PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0330T	TEAR FILM IMG UNI/BI W/I&R	-	-	7/1/2018	Not Allowed	\$0.00
0331T	HEART SYMP IMAGE PLNR	-	-	7/1/2018	Not Allowed	\$0.00
0332T	HEART SYMP IMAGE PLNR SPECT	-	-	7/1/2018	Not Allowed	\$0.00
0335T	INSJ SINUS TARSI IMPLANT	-	-	7/1/2018	Not Allowed	\$0.00
0338T	TRNSCTH RENAL SYMP DENRV UNL	-	-	7/1/2018	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0339T	TRNSCTH RENAL SYMP DENRV BIL	-	-	7/1/2018	Not Allowed	\$0.00
0342T	THXP APHERESIS W/HDL DELIP	-	-	7/1/2018	Not Allowed	\$0.00
0347T	INS BONE DEVICE FOR RSA	-	-	7/1/2018	Not Allowed	\$0.00
0348T	RSA SPINE EXAM	-	-	7/1/2018	No Separate Payment	\$0.00
0349T	RSA UPPER EXTR EXAM	-	-	7/1/2018	No Separate Payment	\$0.00
0350T	RSA LOWER EXTR EXAM	-	-	7/1/2018	No Separate Payment	\$0.00
0351T	INTRAOP OCT BRST/NODE SPEC	-	-	7/1/2018	Not Allowed	\$0.00
0353T	INTRAOP OCT BREAST CAVITY	-	-	7/1/2018	Not Allowed	\$0.00
0356T	INSRT DRUG DEVICE FOR IOP	-	-	7/1/2018	No Separate Payment	\$0.00
0376T	INSERT ANT SEGMENT DRAIN INT	-	-	7/1/2018	Not Allowed	\$0.00
0379T	VIS FIELD ASSMNT TECH SUPPT	-	-	7/1/2018	Not Allowed	\$0.00
0394T	HDR ELCTRNC SKN SURF BRCHYTX	-	-	7/1/2018	Not Allowed	\$0.00
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	-	-	7/1/2018	Not Allowed	\$0.00
0396T	INTRAOP KINETIC BALNCE SENSR	-	-	7/1/2018	Not Allowed	\$0.00
0397T	ERCP W/OPTICAL ENDOMICROSCPY	-	-	7/1/2018	Not Allowed	\$0.00
0400T	MLTISPECTRL DIGITAL LES ALYS	-	-	7/1/2018	Not Allowed	\$0.00
0401T	MLTISPECTRL DIGITAL LES ALYS	-	-	7/1/2018	Not Allowed	\$0.00
0402T	COLGN CROSS-LINK CRN MED SEP	-	-	7/1/2018	Not Allowed	\$0.00
0408T	INSJ/RPLC CARDIAC MODULJ SYS	-	-	7/1/2018	Not Allowed	\$0.00
0409T	INSJ/RPLC CAR MODULJ PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0410T	INSJ/RPLC CAR MODULJ ATR ELT	-	-	7/1/2018	Not Allowed	\$0.00
0411T	INSJ/RPLC CAR MODULJ VNT ELT	-	-	7/1/2018	Not Allowed	\$0.00
0412T	RMVL CARDIAC MODULJ PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0413T	RMVL CAR MODULJ TRANVNS ELT	-	-	7/1/2018	Not Allowed	\$0.00
0414T	RMVL & RPL CAR MODULJ PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0415T	REPOS CAR MODULJ TRANVNS ELT	-	-	7/1/2018	Not Allowed	\$0.00
0416T	RELOC SKIN POCKET PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0419T	DSTRJ NEUROFIBROMA XTNSV	-	-	7/1/2018	Not Allowed	\$0.00
0420T	DSTRJ NEUROFIBROMA XTNSV	-	-	7/1/2018	Not Allowed	\$0.00
0421T	WATERJET PROSTATE ABLTJ Cmpl	-	-	7/1/2018	Not Allowed	\$0.00
0422T	TACTILE BREAST IMG UNI/BI	-	-	7/1/2018	Not Allowed	\$0.00
0424T	INSJ/RPLC NSTIM APNEA COMPL	-	-	7/1/2018	Not Allowed	\$0.00
0425T	INSJ/RPLC NSTIM APNEA SEN LD	-	-	7/1/2018	Not Allowed	\$0.00
0426T	INSJ/RPLC NSTIM APNEA STM LD	-	-	7/1/2018	Not Allowed	\$0.00
0427T	INSJ/RPLC NSTIM APNEA PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0428T	RMVL NSTIM APNEA PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0429T	RMVL NSTIM APNEA SEN LD	-	-	7/1/2018	Not Allowed	\$0.00
0430T	RMVL NSTIM APNEA STIMJ LD	-	-	7/1/2018	Not Allowed	\$0.00
0431T	RMVL/RPLC NSTIM APNEA PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0432T	REPOS NSTIM APNEA STIMJ LD	-	-	7/1/2018	Not Allowed	\$0.00
0433T	REPOS NSTIM APNEA SENSING LD	-	-	7/1/2018	Not Allowed	\$0.00
0434T	INTERRO EVAL NPGS APNEA	-	-	7/1/2018	Not Allowed	\$0.00
0437T	IMPLTJ SYNTH RNFcMT ABDL WAL	-	-	7/1/2018	Not Allowed	\$0.00
0439T	MYOCDR CONTRAST PRFUJ ECHO	-	-	7/1/2018	Not Allowed	\$0.00
0440T	ABL TJ PERC UXTR/PERPH NRV	-	-	7/1/2018	Not Allowed	\$0.00
0441T	ABL TJ PERC LXTR/PERPH NRV	-	-	7/1/2018	Not Allowed	\$0.00
0442T	ABL TJ PERC PLEX/TRNCL NRV	-	-	7/1/2018	Not Allowed	\$0.00
0443T	R-T SPCTRL ALYS PRST8 TISS	-	-	7/1/2018	Not Allowed	\$0.00
0444T	1ST PLMT DRUG ELUT OC INS	-	-	7/1/2018	Not Allowed	\$0.00
0445T	SBSQT PLMT DRUG ELUT OC INS	-	-	7/1/2018	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0446T	INSJ IMPLTBL GLUCOSE SENSOR	-	-	7/1/2018	Not Allowed	\$0.00
0447T	RMVL IMPLTBL GLUCOSE SENSOR	-	-	7/1/2018	Not Allowed	\$0.00
0448T	REMLV INSJ IMPLTBL GLUC SENS	-	-	7/1/2018	Not Allowed	\$0.00
0449T	INSJ AQUEOUS DRAIN DEV 1ST	-	-	7/1/2018	Not Allowed	\$0.00
0450T	INSJ AQUEOUS DRAIN DEV EACH	-	-	7/1/2018	Not Allowed	\$0.00
0465T	SUPCHRDL NJX RX W/O SUPPLY	-	-	7/1/2018	Not Allowed	\$0.00
0466T	INSJ CH WAL RESPIR ELTRD/RA	-	-	7/1/2018	Not Allowed	\$0.00
0467T	REVJ/RPLMNT CH RESPIR ELTRD	-	-	7/1/2018	Not Allowed	\$0.00
0468T	RMVL CH WAL RESPIR ELTRD/RA	-	-	7/1/2018	Not Allowed	\$0.00
0471T	OCT SKN IMG ACQUISJ I&R ADDL	-	-	7/1/2018	Not Allowed	\$0.00
0474T	INSJ AQUEOUS DRG DEV IO RSVR	-	-	7/1/2018	Not Allowed	\$0.00
0479T	FXJL ABL LSR 1ST 100 SQ CM	-	-	7/1/2018	Not Allowed	\$0.00
0480T	FXJL ABL LSR EA ADDL 100SQCM	-	-	7/1/2018	Not Allowed	\$0.00
0481T	NJX AUTOL WBC CONCENTRATE	-	-	7/1/2018	Not Allowed	\$0.00
0483T	TMVI PERCUTANEOUS APPROACH	-	-	7/1/2018	Not Allowed	\$0.00
0484T	TMVI TRANSTHORACIC EXPOSURE	-	-	7/1/2018	Not Allowed	\$0.00
0485T	OCT MID EAR I&R UNILATERAL	-	-	7/1/2018	Not Allowed	\$0.00
0486T	OCT MID EAR I&R BILATERAL	-	-	7/1/2018	Not Allowed	\$0.00
0487T	TRVG BIOMCHN MAPG W/REPT	-	-	7/1/2018	Not Allowed	\$0.00
0488T	DIABETES PREV ONLINE/ELEC	-	-	7/1/2018	Not Allowed	\$0.00
0491T	ABL LSR OPN WND 1ST 20 SQCM	-	-	7/1/2018	Not Allowed	\$0.00
0492T	ABL LSR OPN WND ADDL 20 SQCM	-	-	7/1/2018	Not Allowed	\$0.00
0493T	NEAR IFR SPECTRSC OF WOUNDS	-	-	7/1/2018	Not Allowed	\$0.00
0502T	COR FFR DATA PREP & TRANSMIS	-	-	7/1/2018	Not Allowed	\$0.00
0503T	COR FFR ALYS GNRJ FFR MDL	-	-	7/1/2018	Not Allowed	\$0.00
0508T	PLS ECHO US B1 DNS MEAS TIB	-	-	1/1/2019	Not Allowed	\$0.00
0510T	RMVL SINUS TARSI IMPLANT	-	-	1/1/2019	Not Allowed	\$0.00
0511T	RMVL&RINSJ SINUS TARSI IMPLT	-	-	1/1/2019	Not Allowed	\$0.00
0512T	ESW INTEG WND HLG 1ST WND	-	-	1/1/2019	Not Allowed	\$0.00
0513T	ESW INTEG WND HLG EA ADDL	-	-	1/1/2019	Not Allowed	\$0.00
0514T	INTRAOP VIS AXIS ID PT FIXJ	-	-	1/1/2019	Not Allowed	\$0.00
0523T	NTRAPX C FFR W/3D FUNCJL MAP	-	-	1/1/2019	Not Allowed	\$0.00
0524T	EV CATH DIR CHEM ABLTJ W/IMG	-	-	1/1/2019	Not Allowed	\$0.00
0525T	INSJ/RPLCMT COMPL IIMS	-	-	1/1/2019	Not Allowed	\$0.00
0526T	INSJ/RPLCMT IIMS ELTRD ONLY	-	-	1/1/2019	Not Allowed	\$0.00
0527T	INSJ/RPLCMT IIMS IMPLT MNTR	-	-	7/1/2019	Not Allowed	\$0.00
0530T	REMOVAL COMPLETE IIMS	-	-	7/1/2019	Not Allowed	\$0.00
0531T	REMOVAL IIMS ELECTRODE ONLY	-	-	7/1/2019	Not Allowed	\$0.00
0532T	REMOVAL IIMS IMPLT MNTR ONLY	-	-	7/1/2019	Not Allowed	\$0.00
0548T	TPRNL BALO CNTNC DEV BI	-	-	7/1/2019	Not Allowed	\$0.00
0549T	TPRNL BALO CNTNC DEV UNI	-	-	7/1/2019	Not Allowed	\$0.00
0550T	TPRNL BALO CNTNC DEV RMVL EA	-	-	7/1/2019	Not Allowed	\$0.00
0551T	TPRNL BALO CNTNC DEV ADJMT	-	-	7/1/2019	Not Allowed	\$0.00
0558T	CT SCAN F/BIOMCHN CT ALYS	-	-	7/1/2019	Not Allowed	\$0.00
0566T	AUTOL CELL IMPLT ADPS NJX	-	-	1/1/2020	Not Allowed	\$0.00
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	-	-	1/1/2020	Not Allowed	\$0.00
0588T	REVISION/REMOVAL ISDNS PTN	-	-	1/1/2020	Not Allowed	\$0.00
0594T	OSTEOT HUM XTRNL LNGTH DEV	-	-	7/1/2020	Not Allowed	\$0.00
0596T	TEMP FML IU VLV-PMP 1ST INSJ	-	-	7/1/2020	Not Allowed	\$0.00
0597T	TEMP FML IU VALVE-PMP RPLCMT	-	-	7/1/2020	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0598T	NCNTC R-T FLUOR WND IMG 1ST	-	-	7/1/2020	Not Allowed	\$0.00
0599T	NCNTC R-T FLUOR WND IMG EA	-	-	10/1/2020	Not Allowed	\$0.00
0600T	IRE ABLTJ 1+TUM ORGAN PERQ	-	-	7/1/2020	Not Allowed	\$0.00
0601T	IRE ABLTJ 1+TUMORS OPEN	-	-	7/1/2020	Not Allowed	\$0.00
0614T	RMVL&RPLCMT SS IMPL DFB PG	-	-	7/1/2020	Not Allowed	\$0.00
0616T	INSERTION OF IRIS PROSTHESIS	-	-	7/1/2020	Not Allowed	\$0.00
0617T	INSJ IRIS PROSTH W/RMVL&INSJ	-	-	7/1/2020	Not Allowed	\$0.00
0618T	INSJ IRIS PROSTH SEC IO LENS	-	-	7/1/2020	Not Allowed	\$0.00
0619T	AVF BY TISSUE W THERMAL E	-	-	7/1/2020	Not Allowed	\$0.00
10004	FNA BX W/O IMG GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10005	FNA BX W/US GDN 1ST LES	-	-	1/1/2020	Fee Schedule	\$75.07
10006	FNA BX W/US GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10007	FNA BX W/FLUOR GDN 1ST LES	-	-	1/1/2020	Fee Schedule	\$232.42
10008	FNA BX W/FLUOR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10009	FNA BX W/CT GDN 1ST LES	-	-	1/1/2020	Fee Schedule	\$308.23
10010	FNA BX W/CT GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10011	FNA BX W/MR GDN 1ST LES	-	-	1/1/2020	Fee Schedule	\$308.23
10012	FNA BX W/MR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10021	FNA BX W/O IMG GDN 1ST LES	Y	-	1/1/2020	Fee Schedule	\$59.19
10030	GUIDE CATHET FLUID DRAINAGE	Y	-	1/1/2020	Fee Schedule	\$308.23
10035	PERQ DEV SOFT TISS 1ST IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
10036	PERQ DEV SOFT TISS ADD IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
10040	ACNE SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
10060	DRAINAGE OF SKIN ABSCESS	Y	-	1/1/2020	Fee Schedule	\$75.43
10061	DRAINAGE OF SKIN ABSCESS	Y	-	1/1/2020	Fee Schedule	\$115.49
10080	DRAINAGE OF PILONIDAL CYST	Y	-	1/1/2020	Fee Schedule	\$165.29
10081	DRAINAGE OF PILONIDAL CYST	Y	-	1/1/2020	Fee Schedule	\$208.60
10120	REMOVE FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$106.83
10121	REMOVE FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$576.39
10140	DRAINAGE OF HEMATOMA/FLUID	Y	-	1/1/2020	Fee Schedule	\$110.07
10160	PUNCTURE DRAINAGE OF LESION	Y	-	1/1/2020	Fee Schedule	\$83.37
10180	COMPLEX DRAINAGE WOUND	Y	-	1/1/2020	Fee Schedule	\$994.34
11000	DEBRIDE INFECTED SKIN	Y	-	1/1/2020	Fee Schedule	\$34.29
11001	DEBRIDE INFECTED SKIN ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11010	DEBRIDE SKIN AT FX SITE	Y	-	1/1/2020	Fee Schedule	\$308.23
11011	DEBRIDE SKIN MUSC AT FX SITE	Y	-	1/1/2020	Fee Schedule	\$308.23
11012	DEB SKIN BONE AT FX SITE	Y	-	1/1/2020	Fee Schedule	\$994.34
11042	DEB SUBQ TISSUE 20 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$161.45
11043	DEB MUSC/FASCIA 20 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$251.14
11044	DEB BONE 20 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$576.39
11045	DEB SUBQ TISSUE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11046	DEB MUSC/FASCIA ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11047	DEB BONE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11055	TRIM SKIN LESION	-	-	7/1/2018	No Separate Payment	\$0.00
11056	TRIM SKIN LESIONS 2 TO 4	-	-	7/1/2018	No Separate Payment	\$0.00
11057	TRIM SKIN LESIONS OVER 4	Y	-	1/1/2020	Fee Schedule	\$58.10
11102	TANGNTL BX SKIN SINGLE LES	-	-	1/1/2020	Fee Schedule	\$75.79
11103	TANGNTL BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11104	PUNCH BX SKIN SINGLE LESION	-	-	1/1/2020	Fee Schedule	\$88.29
11105	PUNCH BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
11106	INCAL BX SKN SINGLE LES	-	-	1/1/2020	Fee Schedule	\$116.21
11107	INCAL BX SKN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11200	REMOVAL OF SKIN TAGS <W/15	-	-	7/1/2018	No Separate Payment	\$0.00
11201	REMOVE SKIN TAGS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11300	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
11301	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11302	SHAVE SKIN LESION 1.1-2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11303	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11305	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
11306	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11307	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	1/1/2020	Fee Schedule	\$88.29
11308	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11310	SHAVE SKIN LESION 0.5 CM/<	Y	-	1/1/2020	Fee Schedule	\$86.62
11311	SHAVE SKIN LESION 0.6-1.0 CM	Y	-	1/1/2020	Fee Schedule	\$88.29
11312	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	1/1/2020	Fee Schedule	\$111.16
11313	SHAVE SKIN LESION >2.0 CM	Y	-	1/1/2020	Fee Schedule	\$123.07
11400	EXC TR-EXT B9+MARG 0.5 CM<	Y	-	1/1/2020	Fee Schedule	\$92.39
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y	-	1/1/2020	Fee Schedule	\$105.38
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y	-	1/1/2020	Fee Schedule	\$115.13
11403	EXC TR-EXT B9+MARG 2.1-3CM	Y	-	1/1/2020	Fee Schedule	\$124.87
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
11406	EXC TR-EXT B9+MARG >4.0 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
11420	EXC H-F-NK-SP B9+MARG 0.5/<	Y	-	1/1/2020	Fee Schedule	\$88.78
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y	-	1/1/2020	Fee Schedule	\$104.30
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y	-	1/1/2020	Fee Schedule	\$115.49
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y	-	1/1/2020	Fee Schedule	\$125.23
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y	-	1/1/2020	Fee Schedule	\$576.39
11426	EXC H-F-NK-SP B9+MARG >4 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
11440	EXC FACE-MM B9+MARG 0.5 CM/<	Y	-	1/1/2020	Fee Schedule	\$101.41
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y	-	1/1/2020	Fee Schedule	\$114.04
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y	-	1/1/2020	Fee Schedule	\$123.43
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y	-	1/1/2020	Fee Schedule	\$136.78
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
11446	EXC FACE-MM B9+MARG >4 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
11450	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11451	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11462	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11463	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11470	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11471	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	Y	-	1/1/2020	Fee Schedule	\$136.06
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y	-	1/1/2020	Fee Schedule	\$151.58
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y	-	1/1/2020	Fee Schedule	\$161.45
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y	-	1/1/2020	Fee Schedule	\$175.40
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y	-	1/1/2020	Fee Schedule	\$308.23
11606	EXC TR-EXT MAL+MARG >4 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	Y	-	1/1/2020	Fee Schedule	\$136.42
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y	-	1/1/2020	Fee Schedule	\$151.94
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y	-	1/1/2020	Fee Schedule	\$164.93
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y	-	1/1/2020	Fee Schedule	\$181.17

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y	-	1/1/2020	Fee Schedule	\$576.39
11626	EXC S/N/H/F/G MAL+MRG >4 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y	-	1/1/2020	Fee Schedule	\$140.39
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y	-	1/1/2020	Fee Schedule	\$156.63
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y	-	1/1/2020	Fee Schedule	\$171.43
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y	-	1/1/2020	Fee Schedule	\$187.67
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y	-	1/1/2020	Fee Schedule	\$576.39
11646	EXC F/E/E/N/L MAL+MRG >4 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
11719	TRIM NAIL(S) ANY NUMBER	-	-	7/1/2018	No Separate Payment	\$0.00
11720	DEBRIDE NAIL 1-5	-	-	7/1/2018	No Separate Payment	\$0.00
11721	DEBRIDE NAIL 6 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
11730	REMOVAL OF NAIL PLATE	-	-	7/1/2018	No Separate Payment	\$0.00
11732	REMOVE NAIL PLATE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11740	DRAIN BLOOD FROM UNDER NAIL	-	-	7/1/2018	No Separate Payment	\$0.00
11750	REMOVAL OF NAIL BED	Y	-	1/1/2020	Fee Schedule	\$99.25
11755	BIOPSY NAIL UNIT	Y	-	1/1/2020	Fee Schedule	\$76.87
11760	REPAIR OF NAIL BED	Y	-	1/1/2020	Fee Schedule	\$251.14
11762	RECONSTRUCTION OF NAIL BED	Y	-	1/1/2020	Fee Schedule	\$186.94
11765	EXCISION OF NAIL FOLD TOE	-	-	7/1/2018	No Separate Payment	\$0.00
11770	REMOVE PILONIDAL CYST SIMPLE	Y	-	1/1/2020	Fee Schedule	\$994.34
11771	REMOVE PILONIDAL CYST EXTEN	Y	-	1/1/2020	Fee Schedule	\$994.34
11772	REMOVE PILONIDAL CYST COMPL	Y	-	1/1/2020	Fee Schedule	\$994.34
11900	INJECT SKIN LESIONS <=7	-	-	7/1/2018	No Separate Payment	\$0.00
11901	INJECT SKIN LESIONS >7	-	-	7/1/2018	No Separate Payment	\$0.00
11920	CORRECT SKIN COLOR 6.0 CM/<	Y	-	1/1/2020	Fee Schedule	\$124.15
11921	CORRECT SKN COLOR 6.1-20.0CM	Y	-	1/1/2020	Fee Schedule	\$137.50
11922	CORRECT SKIN COLOR EA 20.0CM	-	-	7/1/2018	No Separate Payment	\$0.00
11950	TX CONTOUR DEFECTS 1 CC/<	-	-	7/1/2018	Not Allowed	\$0.00
11951	TX CONTOUR DEFECTS 1.1-5.0CC	-	-	7/1/2018	Not Allowed	\$0.00
11952	TX CONTOUR DEFECTS 5.1-10CC	-	-	7/1/2018	Not Allowed	\$0.00
11954	TX CONTOUR DEFECTS >10.0 CC	-	-	7/1/2018	Not Allowed	\$0.00
11960	INSERT TISSUE EXPANDER(S)	Y	-	1/1/2020	Fee Schedule	\$1,504.38
11970	REPLACE TISSUE EXPANDER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
11971	REMOVE TISSUE EXPANDER(S)	-	-	1/1/2020	Fee Schedule	\$994.34
11976	REMOVE CONTRACEPTIVE CAPSULE	-	-	1/1/2020	Fee Schedule	\$75.43
11980	IMPLANT HORMONE PELLETT(S)	-	-	7/1/2018	No Separate Payment	\$0.00
11981	INSERT DRUG IMPLANT DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
11982	REMOVE DRUG IMPLANT DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
11983	REMOVE/INSERT DRUG IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	-	-	7/1/2018	No Separate Payment	\$0.00
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM	-	-	7/1/2018	No Separate Payment	\$0.00
12005	RPR S/N/A/GEN/TRK12.6-20.0CM	-	-	1/1/2020	Fee Schedule	\$161.45
12006	RPR S/N/A/GEN/TRK20.1-30.0CM	-	-	1/1/2020	Fee Schedule	\$161.45
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	Y	-	1/1/2020	Fee Schedule	\$88.29
12011	RPR F/E/E/N/L/M 2.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	-	-	7/1/2018	No Separate Payment	\$0.00
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	-	-	1/1/2020	Fee Schedule	\$88.29
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	-	-	1/1/2020	Fee Schedule	\$161.45

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	-	-	1/1/2020	Fee Schedule	\$161.45
12018	RPR F/E/E/N/L/M >30.0 CM	-	-	1/1/2020	Fee Schedule	\$88.29
12020	CLOSURE OF SPLIT WOUND	Y	-	1/1/2020	Fee Schedule	\$251.14
12021	CLOSURE OF SPLIT WOUND	Y	-	1/1/2020	Fee Schedule	\$161.45
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	Y	-	1/1/2020	Fee Schedule	\$161.45
12032	INTMD RPR S/A/T/EXT 2.6-7.5	Y	-	1/1/2020	Fee Schedule	\$161.45
12034	INTMD RPR S/TR/EXT 7.6-12.5	Y	-	1/1/2020	Fee Schedule	\$161.45
12035	INTMD RPR S/A/T/EXT 12.6-20	Y	-	1/1/2020	Fee Schedule	\$161.45
12036	INTMD RPR S/A/T/EXT 20.1-30	Y	-	1/1/2020	Fee Schedule	\$251.14
12037	INTMD RPR S/TR/EXT >30.0 CM	Y	-	1/1/2020	Fee Schedule	\$819.95
12041	INTMD RPR N-HF/GENIT 2.5CM/<	-	-	1/1/2020	Fee Schedule	\$161.45
12042	INTMD RPR N-HF/GENIT2.6-7.5	Y	-	1/1/2020	Fee Schedule	\$161.45
12044	INTMD RPR N-HF/GENIT7.6-12.5	Y	-	1/1/2020	Fee Schedule	\$251.14
12045	INTMD RPR N-HF/GENIT12.6-20	Y	-	1/1/2020	Fee Schedule	\$251.14
12046	INTMD RPR N-HF/GENIT20.1-30	Y	-	1/1/2020	Fee Schedule	\$161.45
12047	INTMD RPR N-HF/GENIT >30.0CM	Y	-	1/1/2020	Fee Schedule	\$819.95
12051	INTMD RPR FACE/MM 2.5 CM/<	Y	-	1/1/2020	Fee Schedule	\$161.45
12052	INTMD RPR FACE/MM 2.6-5.0 CM	Y	-	1/1/2020	Fee Schedule	\$161.45
12053	INTMD RPR FACE/MM 5.1-7.5 CM	Y	-	1/1/2020	Fee Schedule	\$161.45
12054	INTMD RPR FACE/MM 7.6-12.5CM	-	-	1/1/2020	Fee Schedule	\$161.45
12055	INTMD RPR FACE/MM 12.6-20 CM	Y	-	1/1/2020	Fee Schedule	\$161.45
12056	INTMD RPR FACE/MM 20.1-30.0	-	-	1/1/2020	Fee Schedule	\$161.45
12057	INTMD RPR FACE/MM >30.0 CM	Y	-	1/1/2020	Fee Schedule	\$161.45
13100	CMPLX RPR TRUNK 1.1-2.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13101	CMPLX RPR TRUNK 2.6-7.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13102	CMPLX RPR TRUNK ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
13120	CMPLX RPR S/A/L 1.1-2.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13121	CMPLX RPR S/A/L 2.6-7.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13122	CMPLX RPR S/A/L ADDL 5 CM/>	-	-	7/1/2018	No Separate Payment	\$0.00
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	1/1/2020	Fee Schedule	\$161.45
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	1/1/2020	Fee Schedule	\$251.14
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	-	-	7/1/2018	No Separate Payment	\$0.00
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13153	CMPLX RPR E/N/E/L ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
13160	LATE CLOSURE OF WOUND	Y	-	1/1/2020	Fee Schedule	\$819.95
14000	TIS TRNFR TRUNK 10 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$819.95
14001	TIS TRNFR TRUNK 10.1-30SQCM	Y	-	1/1/2020	Fee Schedule	\$819.95
14020	TIS TRNFR S/A/L 10 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$819.95
14021	TIS TRNFR S/A/L 10.1-30 SQCM	Y	-	1/1/2020	Fee Schedule	\$819.95
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	1/1/2020	Fee Schedule	\$819.95
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	1/1/2020	Fee Schedule	\$819.95
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$819.95
14061	TIS TRNFR E/N/E/L10.1-30SQCM	Y	-	1/1/2020	Fee Schedule	\$819.95
14301	TIS TRNFR ANY 30.1-60 SQ CM	Y	-	1/1/2020	Fee Schedule	\$1,504.38
14302	TIS TRNFR ADDL 30 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
14350	FILLETED FINGER/TOE FLAP	Y	-	1/1/2020	Fee Schedule	\$819.95
15002	WOUND PREP TRK/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15003	WOUND PREP ADDL 100 CM	-	-	7/1/2018	No Separate Payment	\$0.00
15004	WOUND PREP F/N/HF/G	Y	-	1/1/2020	Fee Schedule	\$251.14

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15005	WND PREP F/N/HF/G ADDL CM	-	-	7/1/2018	No Separate Payment	\$0.00
15040	HARVEST CULTURED SKIN GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
15050	SKIN PINCH GRAFT	Y	-	1/1/2020	Fee Schedule	\$251.14
15100	SKIN SPLT GRFT TRNK/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15101	SKIN SPLT GRFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15115	EPIDRM A-GRFT FACE/NCK/HF/G	Y	-	1/1/2020	Fee Schedule	\$819.95
15116	EPIDRM A-GRFT F/N/HF/G ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15121	SKN SPLT A-GRFT F/N/HF/G ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15130	DERM AUTOGRAFT TRNK/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15131	DERM AUTOGRAFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15135	DERM AUTOGRAFT FACE/NCK/HF/G	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15136	DERM AUTOGRAFT F/N/HF/G ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15150	CULT SKIN GRFT T/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15151	CULT SKIN GRFT T/A/L ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15152	CULT SKIN GRAFT T/A/L +%	-	-	7/1/2018	No Separate Payment	\$0.00
15155	CULT SKIN GRAFT F/N/HF/G	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15156	CULT SKIN GRFT F/N/HF/G ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15157	CULT EPIDERM GRFT F/N/HF/G +%	-	-	7/1/2018	No Separate Payment	\$0.00
15200	SKIN FULL GRAFT TRUNK	Y	-	1/1/2020	Fee Schedule	\$819.95
15201	SKIN FULL GRAFT TRUNK ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15220	SKIN FULL GRAFT SCLP/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15221	SKIN FULL GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15240	SKIN FULL GRFT FACE/GENIT/HF	Y	-	1/1/2020	Fee Schedule	\$819.95
15241	SKIN FULL GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15260	SKIN FULL GRAFT EEN & LIPS	Y	-	1/1/2020	Fee Schedule	\$819.95
15261	SKIN FULL GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15272	SKIN SUB GRAFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15274	SKN SUB GRFT T/A/L CHILD ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y	-	1/1/2020	Fee Schedule	\$819.95
15276	SKIN SUB GRAFT F/N/HF/G ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15277	SKN SUB GRFT F/N/HF/G CHILD	Y	-	1/1/2020	Fee Schedule	\$819.95
15278	SKN SUB GRFT F/N/HF/G CH ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15570	SKIN PEDICLE FLAP TRUNK	Y	-	1/1/2020	Fee Schedule	\$819.95
15572	SKIN PEDICLE FLAP ARMS/LEGS	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	Y	-	1/1/2020	Fee Schedule	\$819.95
15576	PEDICLE E/N/E/L/NTRORAL	Y	-	1/1/2020	Fee Schedule	\$819.95
15600	DELAY FLAP TRUNK	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15610	DELAY FLAP ARMS/LEGS	Y	-	1/1/2020	Fee Schedule	\$819.95
15620	DELAY FLAP F/C/C/N/AX/G/H/F	Y	-	1/1/2020	Fee Schedule	\$819.95
15630	DELAY FLAP EYE/NOS/EAR/LIP	Y	-	1/1/2020	Fee Schedule	\$819.95
15650	TRANSFER SKIN PEDICLE FLAP	Y	-	1/1/2020	Fee Schedule	\$819.95
15730	MDFC FLAP W/PRSRV VASC PEDCL	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15731	FOREHEAD FLAP W/VASC PEDICLE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15734	MUSCLE-SKIN GRAFT TRUNK	Y	-	1/1/2020	Fee Schedule	\$1,504.38

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15736	MUSCLE-SKIN GRAFT ARM	Y	-	1/1/2020	Fee Schedule	\$819.95
15738	MUSCLE-SKIN GRAFT LEG	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15740	ISLAND PEDICLE FLAP GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
15750	NEUROVASCULAR PEDICLE FLAP	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15760	COMPOSITE SKIN GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
15769	GRFG AUTOL SOFT TISS DIR EXC	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15770	DERMA-FAT-FASCIA GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15771	GRFG AUTOL FAT LIPO 50 CC/<	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15773	GRFG AUTOL FAT LIPO 25 CC/<	Y	-	1/1/2020	Fee Schedule	\$819.95
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	-	-	7/1/2018	Not Allowed	\$0.00
15776	HAIR TRNSPL >15 PUNCH GRAFTS	-	-	7/1/2018	Not Allowed	\$0.00
15777	ACELLULAR DERM MATRIX IMPLT	-	-	7/1/2018	No Separate Payment	\$0.00
15780	DERMABRASION TOTAL FACE	-	-	7/1/2018	Not Allowed	\$0.00
15781	DERMABRASION SEGMENTAL FACE	-	-	7/1/2018	Not Allowed	\$0.00
15782	DERMABRASION OTHER THAN FACE	-	-	7/1/2018	Not Allowed	\$0.00
15783	DERMABRASION SUPRFL ANY SITE	-	-	7/1/2018	Not Allowed	\$0.00
15786	ABRASION LESION SINGLE	-	-	7/1/2018	Not Allowed	\$0.00
15787	ABRASION LESIONS ADD-ON	-	-	7/1/2018	Not Allowed	\$0.00
15788	CHEMICAL PEEL FACE EPIDERM	-	-	7/1/2018	Not Allowed	\$0.00
15789	CHEMICAL PEEL FACE DERMAL	-	-	7/1/2018	Not Allowed	\$0.00
15792	CHEMICAL PEEL NONFACIAL	-	-	7/1/2018	Not Allowed	\$0.00
15793	CHEMICAL PEEL NONFACIAL	-	-	7/1/2018	Not Allowed	\$0.00
15819	PLASTIC SURGERY NECK	-	-	7/1/2018	Not Allowed	\$0.00
15820	REVISION OF LOWER EYELID	Y	-	1/1/2020	Fee Schedule	\$819.95
15821	REVISION OF LOWER EYELID	Y	-	1/1/2020	Fee Schedule	\$819.95
15822	REVISION OF UPPER EYELID	Y	-	1/1/2020	Fee Schedule	\$819.95
15823	REVISION OF UPPER EYELID	Y	-	1/1/2020	Fee Schedule	\$819.95
15824	REMOVAL OF FOREHEAD WRINKLES	-	-	7/1/2018	Not Allowed	\$0.00
15825	REMOVAL OF NECK WRINKLES	-	-	7/1/2018	Not Allowed	\$0.00
15826	REMOVAL OF BROW WRINKLES	-	-	7/1/2018	Not Allowed	\$0.00
15828	REMOVAL OF FACE WRINKLES	-	-	7/1/2018	Not Allowed	\$0.00
15829	REMOVAL OF SKIN WRINKLES	-	-	7/1/2018	Not Allowed	\$0.00
15830	EXC SKIN ABD	Y	-	1/1/2020	Fee Schedule	\$2,193.27
15832	EXCISE EXCESSIVE SKIN THIGH	Y	Y	1/1/2020	Fee Schedule	\$994.34
15833	EXCISE EXCESSIVE SKIN LEG	Y	Y	1/1/2020	Fee Schedule	\$994.34
15834	EXCISE EXCESSIVE SKIN HIP	Y	Y	1/1/2020	Fee Schedule	\$994.34
15835	EXCISE EXCESSIVE SKIN BUTTCK	Y	Y	1/1/2020	Fee Schedule	\$994.34
15836	EXCISE EXCESSIVE SKIN ARM	Y	Y	1/1/2020	Fee Schedule	\$994.34
15837	EXCISE EXCESS SKIN ARM/HAND	Y	Y	1/1/2020	Fee Schedule	\$994.34
15838	EXCISE EXCESS SKIN FAT PAD	Y	Y	1/1/2020	Fee Schedule	\$994.34
15839	EXCISE EXCESS SKIN & TISSUE	Y	-	1/1/2020	Fee Schedule	\$994.34
15840	NERVE PALSY FASCIAL GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15841	NERVE PALSY MUSCLE GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15842	NERVE PALSY MICROSURG GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
15845	SKIN AND MUSCLE REPAIR FACE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15847	EXC SKIN ABD ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15850	REMOVE SUTURES SAME SURGEON	Y	-	1/1/2020	Fee Schedule	\$251.14
15851	REMOVE SUTURES DIFF SURGEON	Y	-	1/1/2020	Fee Schedule	\$71.46
15852	DRESSING CHANGE NOT FOR BURN	-	-	7/1/2018	No Separate Payment	\$0.00
15860	TEST FOR BLOOD FLOW IN GRAFT	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15876	SUCTION LIPECTOMY HEAD&NECK	-	-	7/1/2018	Not Allowed	\$0.00
15877	SUCTION LIPECTOMY TRUNK	-	-	7/1/2018	Not Allowed	\$0.00
15878	SUCTION LIPECTOMY UPR EXTREM	-	-	7/1/2018	Not Allowed	\$0.00
15879	SUCTION LIPECTOMY LWR EXTREM	-	-	7/1/2018	Not Allowed	\$0.00
15920	REMOVAL OF TAIL BONE ULCER	Y	-	1/1/2020	Fee Schedule	\$994.34
15922	REMOVAL OF TAIL BONE ULCER	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15931	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$994.34
15933	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$994.34
15934	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15935	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15936	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15937	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15940	REMOVE HIP PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$994.34
15941	REMOVE HIP PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$994.34
15944	REMOVE HIP PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15945	REMOVE HIP PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15946	REMOVE HIP PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15950	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$576.39
15951	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$994.34
15952	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15953	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15956	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15958	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
16000	INITIAL TREATMENT OF BURN(S)	-	-	7/1/2018	No Separate Payment	\$0.00
16020	DRESS/DEBRID P-THICK BURN S	-	-	7/1/2018	No Separate Payment	\$0.00
16025	DRESS/DEBRID P-THICK BURN M	Y	-	1/1/2020	Fee Schedule	\$88.29
16030	DRESS/DEBRID P-THICK BURN L	Y	-	1/1/2020	Fee Schedule	\$161.45
16035	INCISION OF BURN SCAB INITI	Y	-	1/1/2020	Fee Schedule	\$161.45
17000	DESTRUCT PREMALG LESION	-	-	7/1/2018	No Separate Payment	\$0.00
17003	DESTRUCT PREMALG LES 2-14	-	-	7/1/2018	No Separate Payment	\$0.00
17004	DESTROY PREMAL LESIONS 15/>	Y	-	1/1/2020	Fee Schedule	\$107.91
17106	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$161.45
17107	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$251.14
17108	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$353.32
17110	DESTRUCT B9 LESION 1-14	-	-	7/1/2018	No Separate Payment	\$0.00
17111	DESTRUCT LESION 15 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
17250	CHEM CAUT OF GRANLTJ TISSUE	-	-	7/1/2018	No Separate Payment	\$0.00
17260	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00
17261	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00
17262	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00
17263	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00
17264	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$132.09
17266	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$145.44
17270	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$88.29
17271	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$88.29
17272	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00
17273	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$130.28
17274	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$146.88
17276	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$161.45
17280	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
17281	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$112.96
17282	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$127.04
17283	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$143.64
17284	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$158.43
17286	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$188.75
17311	MOHS 1 STAGE H/N/HF/G	Y	-	1/1/2020	Fee Schedule	\$251.14
17312	MOHS ADDL STAGE	-	-	7/1/2018	No Separate Payment	\$0.00
17313	MOHS 1 STAGE T/A/L	Y	-	1/1/2020	Fee Schedule	\$251.14
17314	MOHS ADDL STAGE T/A/L	-	-	7/1/2018	No Separate Payment	\$0.00
17315	MOHS SURG ADDL BLOCK	-	-	7/1/2018	No Separate Payment	\$0.00
17340	CRYOTHERAPY OF SKIN	-	-	7/1/2018	No Separate Payment	\$0.00
17360	SKIN PEEL THERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
17380	HAIR REMOVAL BY ELECTROLYSIS	-	-	7/1/2018	Not Allowed	\$0.00
19000	DRAINAGE OF BREAST LESION	Y	-	1/1/2020	Fee Schedule	\$77.95
19001	DRAIN BREAST LESION ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
19020	INCISION OF BREAST LESION	Y	-	1/1/2020	Fee Schedule	\$576.39
19030	INJECTION FOR BREAST X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
19081	BX BREAST 1ST LESION STRTCTC	Y	-	1/1/2020	Fee Schedule	\$576.39
19082	BX BREAST ADD LESION STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19083	BX BREAST 1ST LESION US IMAG	Y	-	1/1/2020	Fee Schedule	\$576.39
19084	BX BREAST ADD LESION US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19085	BX BREAST 1ST LESION MR IMAG	Y	-	1/1/2020	Fee Schedule	\$576.39
19086	BX BREAST ADD LESION MR IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y	-	1/1/2020	Fee Schedule	\$576.39
19101	BIOPSY OF BREAST OPEN	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19105	CRYOSURG ABLATE FA EACH	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19110	NIPPLE EXPLORATION	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19112	EXCISE BREAST DUCT FISTULA	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19120	REMOVAL OF BREAST LESION	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19125	EXCISION BREAST LESION	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19126	EXCISION ADDL BREAST LESION	-	-	7/1/2018	No Separate Payment	\$0.00
19281	PERQ DEVICE BREAST 1ST IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19282	PERQ DEVICE BREAST EA IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19283	PERQ DEV BREAST 1ST STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19284	PERQ DEV BREAST ADD STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19285	PERQ DEV BREAST 1ST US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19286	PERQ DEV BREAST ADD US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19287	PERQ DEV BREAST 1ST MR GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
19288	PERQ DEV BREAST ADD MR GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
19294	PREP TUM CAV IORT PRTL MAST	-	-	7/1/2018	No Separate Payment	\$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y	-	1/1/2020	Fee Schedule	\$4,175.85
19297	PLACE BREAST CATH FOR RAD	-	-	7/1/2018	No Separate Payment	\$0.00
19298	PLACE BREAST RAD TUBE/CATHS	Y	-	1/1/2020	Fee Schedule	\$2,193.27
19300	REMOVAL OF BREAST TISSUE	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19301	PARTIAL MASTECTOMY	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19302	P-MASTECTOMY W/LN REMOVAL	Y	-	1/1/2020	Fee Schedule	\$2,193.27
19303	MAST SIMPLE COMPLETE	Y	-	1/1/2020	Fee Schedule	\$2,193.27
19316	SUSPENSION OF BREAST	Y	-	1/1/2020	Fee Schedule	\$2,193.27
19318	REDUCTION OF LARGE BREAST	Y	-	1/1/2020	Fee Schedule	\$2,193.27
19324	ENLARGE BREAST	Y	-	1/1/2020	Fee Schedule	\$2,679.47

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
19325	ENLARGE BREAST WITH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$2,679.47
19328	REMOVAL OF BREAST IMPLANT	-	-	1/1/2020	Fee Schedule	\$1,118.44
19330	REMOVAL OF IMPLANT MATERIAL	-	-	1/1/2020	Fee Schedule	\$1,118.44
19340	IMMEDIATE BREAST PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$2,193.27
19342	DELAYED BREAST PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$2,679.47
19350	BREAST RECONSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19355	CORRECT INVERTED NIPPLE(S)	-	-	7/1/2018	Not Allowed	\$0.00
19357	BREAST RECONSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$4,683.70
19366	BREAST RECONSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$2,193.27
19370	SURGERY OF BREAST CAPSULE	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19371	REMOVAL OF BREAST CAPSULE	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19380	REVISE BREAST RECONSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$2,193.27
19396	DESIGN CUSTOM BREAST IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19499	BREAST SURGERY PROCEDURE	-	Y	1/1/2015	Not Allowed	\$0.00
20103	EXPLORE WOUND EXTREMITY	Y	-	1/1/2020	Fee Schedule	\$308.23
20150	EXCISE EPIPHYSEAL BAR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
20200	MUSCLE BIOPSY	Y	-	1/1/2020	Fee Schedule	\$576.39
20205	DEEP MUSCLE BIOPSY	Y	-	1/1/2020	Fee Schedule	\$994.34
20206	NEEDLE BIOPSY MUSCLE	Y	-	1/1/2020	Fee Schedule	\$576.39
20220	BONE BIOPSY TROCAR/NEEDLE	Y	-	1/1/2020	Fee Schedule	\$576.39
20225	BONE BIOPSY TROCAR/NEEDLE	Y	-	1/1/2020	Fee Schedule	\$576.39
20240	BONE BIOPSY OPEN SUPERFICIAL	Y	-	1/1/2020	Fee Schedule	\$994.34
20245	BONE BIOPSY OPEN DEEP	Y	-	1/1/2020	Fee Schedule	\$994.34
20250	OPEN BONE BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
20251	OPEN BONE BIOPSY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20500	INJECTION OF SINUS TRACT	Y	-	1/1/2020	Fee Schedule	\$66.40
20501	INJECT SINUS TRACT FOR X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
20520	REMOVAL OF FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$138.94
20525	REMOVAL OF FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$994.34
20526	THER INJECTION CARP TUNNEL	Y	-	1/1/2020	Fee Schedule	\$41.50
20527	INJ DUPUYTREN CORD W/ENZYME	Y	-	1/1/2020	Fee Schedule	\$45.11
20550	INJ TENDON SHEATH/LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$25.98
20551	INJ TENDON ORIGIN/INSERTION	Y	-	1/1/2020	Fee Schedule	\$27.43
20552	INJ TRIGGER POINT 1/2 MUSCL	Y	-	1/1/2020	Fee Schedule	\$30.32
20553	INJECT TRIGGER POINTS 3/>	Y	-	1/1/2020	Fee Schedule	\$35.37
20555	PLACE NDL MUSC/TIS FOR RT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
20600	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2020	Fee Schedule	\$24.90
20604	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2020	Fee Schedule	\$42.95
20605	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2020	Fee Schedule	\$25.98
20606	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2020	Fee Schedule	\$46.56
20610	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2020	Fee Schedule	\$31.04
20611	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2020	Fee Schedule	\$52.33
20612	ASPIRATE/INJ GANGLION CYST	Y	-	1/1/2020	Fee Schedule	\$35.01
20615	TREATMENT OF BONE CYST	Y	-	1/1/2020	Fee Schedule	\$162.04
20650	INSERT AND REMOVE BONE PIN	Y	-	1/1/2020	Fee Schedule	\$1,286.26
20662	APPLICATION OF PELVIS BRACE	Y	-	1/1/2020	Fee Schedule	\$713.00
20663	APPLICATION OF THIGH BRACE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
20665	REMOVAL OF FIXATION DEVICE	-	-	1/1/2020	Fee Schedule	\$183.72
20670	REMOVAL OF SUPPORT IMPLANT	-	-	1/1/2020	Fee Schedule	\$576.39
20680	REMOVAL OF SUPPORT IMPLANT	-	-	1/1/2020	Fee Schedule	\$994.34

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
20690	APPLY BONE FIXATION DEVICE	Y	-	1/1/2020	Fee Schedule	\$3,756.31
20692	APPLY BONE FIXATION DEVICE	Y	-	1/1/2020	Fee Schedule	\$8,138.25
20693	ADJUST BONE FIXATION DEVICE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20694	REMOVE BONE FIXATION DEVICE	-	-	1/1/2020	Fee Schedule	\$713.00
20696	COMP MULTIPLANE EXT FIXATION	Y	-	1/1/2020	Fee Schedule	\$11,871.02
20697	COMP EXT FIXATE STRUT CHANGE	Y	-	1/1/2020	Fee Schedule	\$713.00
20822	REPLANTATION DIGIT COMPLETE	Y	-	1/1/2020	Fee Schedule	\$713.00
20900	REMOVAL OF BONE FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20902	REMOVAL OF BONE FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20910	REMOVE CARTILAGE FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$251.14
20912	REMOVE CARTILAGE FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,504.38
20920	REMOVAL OF FASCIA FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
20922	REMOVAL OF FASCIA FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
20924	REMOVAL OF TENDON FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20930	SP BONE ALGRFT MORSEL ADD-ON	-	-	10/1/2020	No Separate Payment	\$0.00
20931	SP BONE ALGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20932	OSTEOART ALGRFT W/SURF & B1	-	-	1/1/2019	No Separate Payment	\$0.00
20933	HEMICRT INTRCLRY ALGRFT PRTL	-	-	1/1/2019	No Separate Payment	\$0.00
20934	INTERCALARY ALGRFT COMPL	-	-	1/1/2019	No Separate Payment	\$0.00
20936	SP BONE AGRFT LOCAL ADD-ON	-	-	10/1/2020	No Separate Payment	\$0.00
20937	SP BONE AGRFT MORSEL ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20938	SP BONE AGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20939	BONE MARROW ASPIR BONE GRFG	-	-	7/1/2018	No Separate Payment	\$0.00
20950	FLUID PRESSURE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$308.23
20972	BONE/SKIN GRAFT METATARSAL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20973	BONE/SKIN GRAFT GREAT TOE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20975	ELECTRICAL BONE STIMULATION	-	-	7/1/2018	No Separate Payment	\$0.00
20979	US BONE STIMULATION	-	-	7/1/2018	No Separate Payment	\$0.00
20982	ABLATE BONE TUMOR(S) PERQ	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20983	ABLATE BONE TUMOR(S) PERQ	Y	-	1/1/2020	Fee Schedule	\$3,796.11
20985	CPTR-ASST DIR MS PX	-	-	7/1/2018	No Separate Payment	\$0.00
21010	INCISION OF JAW JOINT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21011	EXC FACE LES SC <2 CM	Y	-	1/1/2020	Fee Schedule	\$247.21
21012	EXC FACE LES SBQ 2 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
21013	EXC FACE TUM DEEP < 2 CM	Y	-	1/1/2020	Fee Schedule	\$319.75
21014	EXC FACE TUM DEEP 2 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21015	RESECT FACE/SCALP TUM < 2 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
21016	RESECT FACE/SCALP TUM 2 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21025	EXCISION OF BONE LOWER JAW	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21026	EXCISION OF FACIAL BONE(S)	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21029	CONTOUR OF FACE BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y	-	1/1/2020	Fee Schedule	\$313.98
21031	REMOVE EXOSTOSIS MANDIBLE	Y	-	1/1/2020	Fee Schedule	\$271.39
21032	REMOVE EXOSTOSIS MAXILLA	Y	-	1/1/2020	Fee Schedule	\$269.95
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21040	EXCISE MANDIBLE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21044	REMOVAL OF JAW BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21046	REMOVE MANDIBLE CYST COMPLEX	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21047	EXCISE LWR JAW CYST W/REPAIR	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21048	REMOVE MAXILLA CYST COMPLEX	Y	-	1/1/2020	Fee Schedule	\$2,246.55

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21050	REMOVAL OF JAW JOINT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21060	REMOVE JAW JOINT CARTILAGE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21070	REMOVE CORONOID PROCESS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21073	MNPJ OF TMJ W/ANESTH	Y	-	1/1/2020	Fee Schedule	\$257.32
21076	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$408.17
21077	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$990.66
21079	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$699.06
21080	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$815.99
21081	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$756.44
21082	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$714.21
21083	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$704.11
21084	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$789.64
21085	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$102.89
21086	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$744.89
21087	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$744.89
21088	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21100	MAXILLOFACIAL FIXATION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21110	INTERDENTAL FIXATION	-	-	1/1/2020	Fee Schedule	\$536.60
21116	INJECTION JAW JOINT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
21120	RECONSTRUCTION OF CHIN	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21121	RECONSTRUCTION OF CHIN	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21122	RECONSTRUCTION OF CHIN	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21123	RECONSTRUCTION OF CHIN	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21125	AUGMENTATION LOWER JAW BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21127	AUGMENTATION LOWER JAW BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21137	REDUCTION OF FOREHEAD	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21138	REDUCTION OF FOREHEAD	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21139	REDUCTION OF FOREHEAD	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21150	LEFORT II ANTERIOR INTRUSION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21181	CONTOUR CRANIAL BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21198	RECONSTR LWR JAW SEGMENT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21199	RECONSTR LWR JAW W/ADVANCE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21206	RECONSTRUCT UPPER JAW BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21208	AUGMENTATION OF FACIAL BONES	Y	-	1/1/2020	Fee Schedule	\$2,946.67
21209	REDUCTION OF FACIAL BONES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21210	FACE BONE GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21215	LOWER JAW BONE GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21230	RIB CARTILAGE GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21235	EAR CARTILAGE GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21240	RECONSTRUCTION OF JAW JOINT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21242	RECONSTRUCTION OF JAW JOINT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21243	RECONSTRUCTION OF JAW JOINT	Y	-	1/1/2020	Fee Schedule	\$12,108.67
21244	RECONSTRUCTION OF LOWER JAW	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21245	RECONSTRUCTION OF JAW	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21246	RECONSTRUCTION OF JAW	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21248	RECONSTRUCTION OF JAW	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21249	RECONSTRUCTION OF JAW	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21260	REVISE EYE SOCKETS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21267	REVISE EYE SOCKETS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21270	AUGMENTATION CHEEK BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21275	REVISION ORBITOFACIAL BONES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21280	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21282	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21295	REVISION OF JAW MUSCLE/BONE	Y	-	1/1/2020	Fee Schedule	\$536.60
21296	REVISION OF JAW MUSCLE/BONE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21310	CLOSED TX NOSE FX W/O MANJ	Y	-	1/1/2020	Fee Schedule	\$108.96
21315	CLOSED TX NOSE FX W/O STABLJ	Y	-	1/1/2020	Fee Schedule	\$536.60
21320	CLOSED TX NOSE FX W/ STABLJ	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21325	OPEN TX NOSE FX UNCOMPLICATD	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21330	OPEN TX NOSE FX W/SKELE FIXJ	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21335	OPEN TX NOSE & SEPTAL FX	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21336	OPEN TX SEPTAL FX W/WO STABJ	Y	-	1/1/2020	Fee Schedule	\$1,286.26
21337	CLOSED TX SEPTAL&NOSE FX	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21338	OPEN NASOETHMOID FX W/O FIXJ	Y	-	1/1/2020	Fee Schedule	\$3,279.90
21339	OPEN NASOETHMOID FX W/ FIXJ	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21340	PERQ TX NASOETHMOID FX	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21345	CLOSED TX NOSE/JAW FX	Y	-	1/1/2020	Fee Schedule	\$536.60
21355	PERQ TX MALAR FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21356	OPN TX DPRSD ZYGOMATIC ARCH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21360	OPN TX DPRSD MALAR FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21390	OPN TX ORBIT PERIORBTL IMPLT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21400	CLOSED TX ORBIT W/O MANIPULJ	Y	-	1/1/2020	Fee Schedule	\$223.19
21401	CLOSED TX ORBIT W/MANIPULJ	Y	-	1/1/2020	Fee Schedule	\$536.60
21406	OPN TX ORBIT FX W/O IMPLANT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21407	OPN TX ORBIT FX W/IMPLANT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21421	TREAT MOUTH ROOF FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21440	TREAT DENTAL RIDGE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$510.31
21445	TREAT DENTAL RIDGE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21450	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$223.19
21451	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$536.60
21452	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21453	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21454	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21461	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,153.64
21462	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,088.54
21465	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21480	RESET DISLOCATED JAW	Y	-	1/1/2020	Fee Schedule	\$108.96
21485	RESET DISLOCATED JAW	Y	-	1/1/2020	Fee Schedule	\$536.60
21490	REPAIR DISLOCATED JAW	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21497	INTERDENTAL WIRING	Y	-	1/1/2020	Fee Schedule	\$536.60
21501	DRAIN NECK/CHEST LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
21502	DRAIN CHEST LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
21550	BIOPSY OF NECK/CHEST	Y	-	1/1/2020	Fee Schedule	\$576.39
21552	EXC NECK LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21554	EXC NECK TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21555	EXC NECK LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
21556	EXC NECK TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
21557	RESECT NECK THORAX TUMOR<5CM	Y	-	1/1/2020	Fee Schedule	\$994.34
21558	RESECT NECK TUMOR 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21600	PARTIAL REMOVAL OF RIB	Y	-	1/1/2020	Fee Schedule	\$2,803.36

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21610	PARTIAL REMOVAL OF RIB	Y	-	1/1/2020	Fee Schedule	\$1,286.26
21685	HYOID MYOTOMY & SUSPENSION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21700	REVISION OF NECK MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
21720	REVISION OF NECK MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
21725	REVISION OF NECK MUSCLE	Y	-	1/1/2020	Fee Schedule	\$308.23
21820	TREAT STERNUM FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
21920	BIOPSY SOFT TISSUE OF BACK	Y	-	1/1/2020	Fee Schedule	\$177.92
21925	BIOPSY SOFT TISSUE OF BACK	Y	-	1/1/2020	Fee Schedule	\$576.39
21930	EXC BACK LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
21931	EXC BACK LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
21932	EXC BACK TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
21933	EXC BACK TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21935	RESECT BACK TUM < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
21936	RESECT BACK TUM 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
22102	REMOVE PART LUMBAR VERTEBRA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
22103	REMOVE EXTRA SPINE SEGMENT	-	-	7/1/2018	No Separate Payment	\$0.00
22310	CLOSED TX VERT FX W/O MANJ	Y	-	1/1/2020	Fee Schedule	\$108.96
22315	CLOSED TX VERT FX W/MANJ	Y	-	1/1/2020	Fee Schedule	\$1,286.26
22505	MANIPULATION OF SPINE	Y	-	1/1/2020	Fee Schedule	\$713.00
22510	PERQ CERVICOTHORACIC INJECT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
22511	PERQ LUMBOSACRAL INJECTION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
22512	VERTEBROPLASTY ADDL INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
22513	PERQ VERTEBRAL AUGMENTATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
22514	PERQ VERTEBRAL AUGMENTATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
22515	PERQ VERTEBRAL AUGMENTATION	-	-	7/1/2018	No Separate Payment	\$0.00
22526	IDET SINGLE LEVEL	-	-	7/1/2018	Not Allowed	\$0.00
22527	IDET 1 OR MORE LEVELS	-	-	7/1/2018	Not Allowed	\$0.00
22551	NECK SPINE FUSE&REMOV BEL C2	Y	-	1/1/2020	Fee Schedule	\$8,419.73
22552	ADDL NECK SPINE FUSION	-	-	7/1/2018	No Separate Payment	\$0.00
22554	NECK SPINE FUSION	Y	-	1/1/2020	Fee Schedule	\$8,427.02
22585	ADDITIONAL SPINAL FUSION	-	-	7/1/2018	No Separate Payment	\$0.00
22612	LUMBAR SPINE FUSION	Y	-	1/1/2020	Fee Schedule	\$8,607.58
22614	SPINE FUSION EXTRA SEGMENT	-	-	7/1/2018	No Separate Payment	\$0.00
22840	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22842	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22845	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22853	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22854	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22856	CERV ARTIFIC DISKECTOMY	Y	-	1/1/2020	Fee Schedule	\$11,806.75
22858	SECOND LEVEL CER DISKECTOMY	-	-	7/1/2018	No Separate Payment	\$0.00
22859	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22867	INSJ STABLJ DEV W/DCMPRN	Y	-	1/1/2020	Fee Schedule	\$12,245.43
22868	INSJ STABLJ DEV W/DCMPRN	-	-	7/1/2018	No Separate Payment	\$0.00
22869	INSJ STABLJ DEV W/O DCMPRN	Y	-	1/1/2020	Fee Schedule	\$9,874.82
22870	INSJ STABLJ DEV W/O DCMPRN	-	-	7/1/2018	No Separate Payment	\$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
22901	EXC ABDL TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
22902	EXC ABD LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
22903	EXC ABD LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
22904	RADICAL RESECT ABD TUMOR<5CM	Y	-	1/1/2020	Fee Schedule	\$994.34

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
22905	RAD RESECT ABD TUMOR 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
23000	REMOVAL OF CALCIUM DEPOSITS	Y	-	1/1/2020	Fee Schedule	\$994.34
23020	RELEASE SHOULDER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23030	DRAIN SHOULDER LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
23031	DRAIN SHOULDER BURSA	Y	-	1/1/2020	Fee Schedule	\$994.34
23035	DRAIN SHOULDER BONE LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
23040	EXPLORATORY SHOULDER SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23044	EXPLORATORY SHOULDER SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23065	BIOPSY SHOULDER TISSUES	Y	-	1/1/2020	Fee Schedule	\$136.06
23066	BIOPSY SHOULDER TISSUES	Y	-	1/1/2020	Fee Schedule	\$994.34
23071	EXC SHOULDER LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
23075	EXC SHOULDER LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
23076	EXC SHOULDER TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
23077	RESECT SHOULDER TUMOR < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
23078	RESECT SHOULDER TUMOR 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
23100	BIOPSY OF SHOULDER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23101	SHOULDER JOINT SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23105	REMOVE SHOULDER JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23106	INCISION OF COLLARBONE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23107	EXPLORE TREAT SHOULDER JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23120	PARTIAL REMOVAL COLLAR BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23125	REMOVAL OF COLLAR BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23130	REMOVE SHOULDER BONE PART	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23140	REMOVAL OF BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23145	REMOVAL OF BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23146	REMOVAL OF BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23150	REMOVAL OF HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23155	REMOVAL OF HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23156	REMOVAL OF HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$4,342.31
23170	REMOVE COLLAR BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23172	REMOVE SHOULDER BLADE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23174	REMOVE HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23180	REMOVE COLLAR BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23182	REMOVE SHOULDER BLADE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23184	REMOVE HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23190	PARTIAL REMOVAL OF SCAPULA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23195	REMOVAL OF HEAD OF HUMERUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23330	REMOVE SHOULDER FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$308.23
23333	REMOVE SHOULDER FB DEEP	Y	-	1/1/2020	Fee Schedule	\$994.34
23334	SHOULDER PROSTHESIS REMOVAL	Y	-	1/1/2020	Fee Schedule	\$994.34
23350	INJECTION FOR SHOULDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23397	MUSCLE TRANSFERS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23400	FIXATION OF SHOULDER BLADE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23405	INCISION OF TENDON & MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23406	INCISE TENDON(S) & MUSCLE(S)	Y	-	1/1/2020	Fee Schedule	\$4,018.71
23410	REPAIR ROTATOR CUFF ACUTE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23412	REPAIR ROTATOR CUFF CHRONIC	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23415	RELEASE OF SHOULDER LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
23420	REPAIR OF SHOULDER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23430	REPAIR BICEPS TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23440	REMOVE/TRANSPLANT TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23450	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23455	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23460	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23462	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23465	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23466	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23480	REVISION OF COLLAR BONE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23485	REVISION OF COLLAR BONE	Y	-	1/1/2020	Fee Schedule	\$7,857.89
23490	REINFORCE CLAVICLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23491	REINFORCE SHOULDER BONES	Y	-	1/1/2020	Fee Schedule	\$8,004.80
23500	TREAT CLAVICLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
23505	TREAT CLAVICLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
23515	TREAT CLAVICLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,846.89
23520	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
23525	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
23530	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23532	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23540	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
23545	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
23550	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23552	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$3,822.19
23570	TREAT SHOULDER BLADE FX	Y	-	1/1/2020	Fee Schedule	\$108.96
23575	TREAT SHOULDER BLADE FX	Y	-	1/1/2020	Fee Schedule	\$713.00
23585	TREAT SCAPULA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23600	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
23605	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
23615	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,289.65
23616	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$11,670.74
23620	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
23625	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
23630	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,706.63
23650	TREAT SHOULDER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
23655	TREAT SHOULDER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
23660	TREAT SHOULDER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23665	TREAT DISLOCATION/FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
23670	TREAT DISLOCATION/FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23675	TREAT DISLOCATION/FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
23680	TREAT DISLOCATION/FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,372.07
23700	FIXATION OF SHOULDER	Y	-	1/1/2020	Fee Schedule	\$713.00
23800	FUSION OF SHOULDER JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23802	FUSION OF SHOULDER JOINT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
23921	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$819.95
23930	DRAINAGE OF ARM LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
23931	DRAINAGE OF ARM BURSA	Y	-	1/1/2020	Fee Schedule	\$576.39
23935	DRAIN ARM/ELBOW BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24000	EXPLORATORY ELBOW SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24006	RELEASE ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	1/1/2020	Fee Schedule	\$180.45
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	1/1/2020	Fee Schedule	\$994.34
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
24075	EXC ARM/ELBOW LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
24077	RESECT ARM/ELBOW TUM < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
24079	RESECT ARM/ELBOW TUM 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
24100	BIOPSY ELBOW JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24101	EXPLORE/TREAT ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24102	REMOVE ELBOW JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24105	REMOVAL OF ELBOW BURSA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24110	REMOVE HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24115	REMOVE/GRAFT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24116	REMOVE/GRAFT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24120	REMOVE ELBOW LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24125	REMOVE/GRAFT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24126	REMOVE/GRAFT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$4,271.77
24130	REMOVAL OF HEAD OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24134	REMOVAL OF ARM BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24136	REMOVE RADIUS BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24138	REMOVE ELBOW BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24140	PARTIAL REMOVAL OF ARM BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24145	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24147	PARTIAL REMOVAL OF ELBOW	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24149	RADICAL RESECTION OF ELBOW	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24152	RESECT RADIUS TUMOR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24155	REMOVAL OF ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24160	REMOVE ELBOW JOINT IMPLANT	-	-	1/1/2020	Fee Schedule	\$1,286.26
24164	REMOVE RADIUS HEAD IMPLANT	-	-	1/1/2020	Fee Schedule	\$1,286.26
24200	REMOVAL OF ARM FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$147.25
24201	REMOVAL OF ARM FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$994.34
24220	INJECTION FOR ELBOW X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
24300	MANIPULATE ELBOW W/ANESTH	Y	-	1/1/2020	Fee Schedule	\$713.00
24301	MUSCLE/TENDON TRANSFER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24305	ARM TENDON LENGTHENING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24310	REVISION OF ARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24320	REPAIR OF ARM TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24330	REVISION OF ARM MUSCLES	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24331	REVISION OF ARM MUSCLES	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24332	TENOLYSIS TRICEPS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24340	REPAIR OF BICEPS TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24341	REPAIR ARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24342	REPAIR OF RUPTURED TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24343	REPR ELBOW LAT LIGMNT W/TISS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24345	REPR ELBW MED LIGMNT W/TISSU	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24346	RECONSTRUCT ELBOW MED LIGMNT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
24357	REPAIR ELBOW PERC	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24358	REPAIR ELBOW W/DEB OPEN	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24360	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24361	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$12,214.05
24362	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
24363	REPLACE ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$12,205.08
24365	RECONSTRUCT HEAD OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$8,586.83
24366	RECONSTRUCT HEAD OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$9,129.05
24370	REVISE RECONST ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$8,433.19
24371	REVISE RECONST ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$10,938.36
24400	REVISION OF HUMERUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24410	REVISION OF HUMERUS	Y	-	1/1/2020	Fee Schedule	\$5,727.13
24420	REVISION OF HUMERUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24430	REPAIR OF HUMERUS	Y	-	1/1/2020	Fee Schedule	\$8,024.42
24435	REPAIR HUMERUS WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$8,082.17
24470	REVISION OF ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24495	DECOMPRESSION OF FOREARM	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24498	REINFORCE HUMERUS	Y	-	1/1/2020	Fee Schedule	\$7,912.84
24500	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24505	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24515	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$7,815.83
24516	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$7,927.41
24530	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24535	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24538	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24545	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,205.54
24546	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$10,969.01
24560	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24565	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24566	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24575	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$7,412.67
24576	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24577	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24579	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$7,539.39
24582	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24586	TREAT ELBOW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$5,727.13
24587	TREAT ELBOW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,260.49
24600	TREAT ELBOW DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
24605	TREAT ELBOW DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
24615	TREAT ELBOW DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24620	TREAT ELBOW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24635	TREAT ELBOW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,912.49
24640	TREAT ELBOW DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$55.94
24650	TREAT RADIUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24655	TREAT RADIUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24665	TREAT RADIUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24666	TREAT RADIUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$9,082.51
24670	TREAT ULNAR FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24675	TREAT ULNAR FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24685	TREAT ULNAR FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,683.30
24800	FUSION OF ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
24802	FUSION/GRAFT OF ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
24925	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25000	INCISION OF TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$713.00
25001	INCISE FLEXOR CARPI RADIALIS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25020	DECOMPRESS FOREARM 1 SPACE	Y	-	1/1/2020	Fee Schedule	\$713.00
25023	DECOMPRESS FOREARM 1 SPACE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25024	DECOMPRESS FOREARM 2 SPACES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25025	DECOMPRESS FOREARM 2 SPACES	Y	-	1/1/2020	Fee Schedule	\$713.00
25028	DRAINAGE OF FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25031	DRAINAGE OF FOREARM BURSA	Y	-	1/1/2020	Fee Schedule	\$713.00
25035	TREAT FOREARM BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25040	EXPLORE/TREAT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25065	BIOPSY FOREARM SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$182.61
25066	BIOPSY FOREARM SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$994.34
25071	EXC FOREARM LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
25073	EXC FOREARM TUM DEEP 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
25075	EXC FOREARM LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
25076	EXC FOREARM TUM DEEP < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
25077	RESECT FOREARM/WRIST TUM<3CM	Y	-	1/1/2020	Fee Schedule	\$994.34
25078	RESECT FORARM/WRIST TUM 3CM>	Y	-	1/1/2020	Fee Schedule	\$994.34
25085	INCISION OF WRIST CAPSULE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25100	BIOPSY OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25101	EXPLORE/TREAT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25105	REMOVE WRIST JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25107	REMOVE WRIST JOINT CARTILAGE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25109	EXCISE TENDON FOREARM/WRIST	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25110	REMOVE WRIST TENDON LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
25111	REMOVE WRIST TENDON LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
25112	REREMOVE WRIST TENDON LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
25115	REMOVE WRIST/FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
25116	REMOVE WRIST/FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25118	EXCISE WRIST TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$713.00
25119	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25120	REMOVAL OF FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25125	REMOVE/GRAFT FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
25126	REMOVE/GRAFT FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25130	REMOVAL OF WRIST LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25135	REMOVE & GRAFT WRIST LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25136	REMOVE & GRAFT WRIST LESION	Y	-	1/1/2020	Fee Schedule	\$3,714.04
25145	REMOVE FOREARM BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25150	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25151	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25210	REMOVAL OF WRIST BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25215	REMOVAL OF WRIST BONES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25230	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25240	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25246	INJECTION FOR WRIST X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$713.00
25250	REMOVAL OF WRIST PROSTHESIS	-	-	1/1/2020	Fee Schedule	\$713.00
25251	REMOVAL OF WRIST PROSTHESIS	-	-	1/1/2020	Fee Schedule	\$1,286.26

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25259	MANIPULATE WRIST W/ANESTHES	Y	-	1/1/2020	Fee Schedule	\$713.00
25260	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25263	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25265	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25270	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25272	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25274	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25275	REPAIR FOREARM TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25280	REVISE WRIST/FOREARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25290	INCISE WRIST/FOREARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25295	RELEASE WRIST/FOREARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25300	FUSION OF TENDONS AT WRIST	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25301	FUSION OF TENDONS AT WRIST	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25310	TRANSPLANT FOREARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25312	TRANSPLANT FOREARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25315	REVISE PALSY HAND TENDON(S)	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25316	REVISE PALSY HAND TENDON(S)	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25320	REPAIR/REVISE WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25332	REVISE WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25335	REALIGNMENT OF HAND	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25337	RECONSTRUCT ULNA/RADIOULNAR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25350	REVISION OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$4,342.85
25355	REVISION OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25360	REVISION OF ULNA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25365	REVISE RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$5,727.13
25370	REVISE RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25375	REVISE RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25390	SHORTEN RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$3,947.07
25391	LENGTHEN RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$8,040.68
25392	SHORTEN RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25393	LENGTHEN RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25394	REPAIR CARPAL BONE SHORTEN	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25400	REPAIR RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$3,954.48
25405	REPAIR/GRAFT RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$3,910.29
25415	REPAIR RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$4,045.88
25420	REPAIR/GRAFT RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25425	REPAIR/GRAFT RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25426	REPAIR/GRAFT RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25430	VASC GRAFT INTO CARPAL BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25431	REPAIR NONUNION CARPAL BONE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25440	REPAIR/GRAFT WRIST BONE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25441	RECONSTRUCT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$9,338.20
25442	RECONSTRUCT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$12,778.27
25443	RECONSTRUCT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$3,908.64
25444	RECONSTRUCT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$9,415.02
25445	RECONSTRUCT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$3,949.81
25446	WRIST REPLACEMENT	Y	-	1/1/2020	Fee Schedule	\$12,853.01
25447	REPAIR WRIST JOINTS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25449	REMOVE WRIST JOINT IMPLANT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25450	REVISION OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25455	REVISION OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25490	REINFORCE RADIUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25491	REINFORCE ULNA	Y	-	1/1/2020	Fee Schedule	\$5,727.13
25492	REINFORCE RADIUS AND ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25500	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$108.96
25505	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$713.00
25515	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$3,762.90
25520	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$713.00
25525	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25526	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$3,726.40
25530	TREAT FRACTURE OF ULNA	Y	-	1/1/2020	Fee Schedule	\$108.96
25535	TREAT FRACTURE OF ULNA	Y	-	1/1/2020	Fee Schedule	\$108.96
25545	TREAT FRACTURE OF ULNA	Y	-	1/1/2020	Fee Schedule	\$3,690.99
25560	TREAT FRACTURE RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$108.96
25565	TREAT FRACTURE RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$713.00
25574	TREAT FRACTURE RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$3,969.85
25575	TREAT FRACTURE RADIUS/ULNA	Y	-	1/1/2020	Fee Schedule	\$3,859.79
25600	TREAT FRACTURE RADIUS/ULNA	Y	-	1/1/2020	Fee Schedule	\$108.96
25605	TREAT FRACTURE RADIUS/ULNA	Y	-	1/1/2020	Fee Schedule	\$713.00
25606	TREAT FX DISTAL RADIAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25607	TREAT FX RAD EXTRA-ARTICUL	Y	-	1/1/2020	Fee Schedule	\$4,037.10
25608	TREAT FX RAD INTRA-ARTICUL	Y	-	1/1/2020	Fee Schedule	\$4,019.81
25609	TREAT FX RADIAL 3+ FRAG	Y	-	1/1/2020	Fee Schedule	\$4,036.27
25622	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
25624	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
25628	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25630	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
25635	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
25645	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25650	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
25651	PIN ULNAR STYLOID FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25652	TREAT FRACTURE ULNAR STYLOID	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25660	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
25670	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25671	PIN RADIOULNAR DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25675	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
25676	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25680	TREAT WRIST FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
25685	TREAT WRIST FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25690	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
25695	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25800	FUSION OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$4,076.62
25805	FUSION/GRAFT OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$4,053.57
25810	FUSION/GRAFT OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$7,953.21
25820	FUSION OF HAND BONES	Y	-	1/1/2020	Fee Schedule	\$3,810.66
25825	FUSE HAND BONES WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$3,788.70
25830	FUSION RADIOULNAR JNT/ULNA	Y	-	1/1/2020	Fee Schedule	\$3,715.14
25907	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25922	AMPUTATE HAND AT WRIST	Y	-	1/1/2020	Fee Schedule	\$713.00
25929	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$819.95

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25931	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26010	DRAINAGE OF FINGER ABSCESS	Y	-	1/1/2020	Fee Schedule	\$88.29
26011	DRAINAGE OF FINGER ABSCESS	Y	-	1/1/2020	Fee Schedule	\$576.39
26020	DRAIN HAND TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26025	DRAINAGE OF PALM BURSA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26030	DRAINAGE OF PALM BURSAS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26034	TREAT HAND BONE LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
26035	DECOMPRESS FINGERS/HAND	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26037	DECOMPRESS FINGERS/HAND	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26040	RELEASE PALM CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
26045	RELEASE PALM CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26055	INCISE FINGER TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$713.00
26060	INCISION OF FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26070	EXPLORE/TREAT HAND JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
26075	EXPLORE/TREAT FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26080	EXPLORE/TREAT FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
26100	BIOPSY HAND JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26105	BIOPSY FINGER JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26110	BIOPSY FINGER JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$713.00
26111	EXC HAND LES SC 1.5 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
26113	EXC HAND TUM DEEP 1.5 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
26115	EXC HAND LES SC < 1.5 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
26116	EXC HAND TUM DEEP < 1.5 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
26117	RAD RESECT HAND TUMOR < 3 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
26118	RAD RESECT HAND TUMOR 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
26121	RELEASE PALM CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26123	RELEASE PALM CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26125	RELEASE PALM CONTRACTURE	-	-	7/1/2018	No Separate Payment	\$0.00
26130	REMOVE WRIST JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26135	REVISE FINGER JOINT EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26140	REVISE FINGER JOINT EACH	Y	-	1/1/2020	Fee Schedule	\$713.00
26145	TENDON EXCISION PALM/FINGER	Y	-	1/1/2020	Fee Schedule	\$713.00
26160	REMOVE TENDON SHEATH LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
26170	REMOVAL OF PALM TENDON EACH	Y	-	1/1/2020	Fee Schedule	\$713.00
26180	REMOVAL OF FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26185	REMOVE FINGER BONE	Y	-	1/1/2020	Fee Schedule	\$713.00
26200	REMOVE HAND BONE LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
26205	REMOVE/GRAFT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26210	REMOVAL OF FINGER LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
26215	REMOVE/GRAFT FINGER LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26230	PARTIAL REMOVAL OF HAND BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26235	PARTIAL REMOVAL FINGER BONE	Y	-	1/1/2020	Fee Schedule	\$713.00
26236	PARTIAL REMOVAL FINGER BONE	Y	-	1/1/2020	Fee Schedule	\$713.00
26250	EXTENSIVE HAND SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26260	RESECT PROX FINGER TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26262	RESECT DISTAL FINGER TUMOR	Y	-	1/1/2020	Fee Schedule	\$713.00
26320	REMOVAL OF IMPLANT FROM HAND	-	-	1/1/2020	Fee Schedule	\$576.39
26340	MANIPULATE FINGER W/ANESTH	Y	-	1/1/2020	Fee Schedule	\$713.00
26341	MANIPULAT PALM CORD POST INJ	Y	-	1/1/2020	Fee Schedule	\$71.46
26350	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26352	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26356	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26357	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26358	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26370	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26372	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26373	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26390	REVISE HAND/FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$3,719.81
26392	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26410	REPAIR HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26412	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26415	EXCISION HAND/FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26416	GRAFT HAND OR FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26418	REPAIR FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26420	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26426	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26428	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26432	REPAIR FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26433	REPAIR FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26434	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26437	REALIGNMENT OF TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26440	RELEASE PALM/FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26442	RELEASE PALM & FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26445	RELEASE HAND/FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26449	RELEASE FOREARM/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26450	INCISION OF PALM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26455	INCISION OF FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26460	INCISE HAND/FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26471	FUSION OF FINGER TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26474	FUSION OF FINGER TENDONS	Y	-	1/1/2020	Fee Schedule	\$713.00
26476	TENDON LENGTHENING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26477	TENDON SHORTENING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26478	LENGTHENING OF HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26479	SHORTENING OF HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26480	TRANSPLANT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26483	TRANSPLANT/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26485	TRANSPLANT PALM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26489	TRANSPLANT/GRAFT PALM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26490	REVISE THUMB TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26492	TENDON TRANSFER WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26494	HAND TENDON/MUSCLE TRANSFER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26496	REVISE THUMB TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26497	FINGER TENDON TRANSFER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26498	FINGER TENDON TRANSFER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26499	REVISION OF FINGER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26500	HAND TENDON RECONSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26502	HAND TENDON RECONSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26508	RELEASE THUMB CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26510	THUMB TENDON TRANSFER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26516	FUSION OF KNUCKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26517	FUSION OF KNUCKLE JOINTS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26518	FUSION OF KNUCKLE JOINTS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26520	RELEASE KNUCKLE CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26525	RELEASE FINGER CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
26530	REVISE KNUCKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26531	REVISE KNUCKLE WITH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$4,021.18
26535	REVISE FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26536	REVISE/IMPLANT FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$3,720.91
26540	REPAIR HAND JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26541	REPAIR HAND JOINT WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26542	REPAIR HAND JOINT WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26545	RECONSTRUCT FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26546	REPAIR NONUNION HAND	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26548	RECONSTRUCT FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26550	CONSTRUCT THUMB REPLACEMENT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26555	POSITIONAL CHANGE OF FINGER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26560	REPAIR OF WEB FINGER	Y	-	1/1/2020	Fee Schedule	\$713.00
26561	REPAIR OF WEB FINGER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26562	REPAIR OF WEB FINGER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26565	CORRECT METACARPAL FLAW	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26567	CORRECT FINGER DEFORMITY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26568	LENGTHEN METACARPAL/FINGER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26580	REPAIR HAND DEFORMITY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26587	RECONSTRUCT EXTRA FINGER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26590	REPAIR FINGER DEFORMITY	Y	-	1/1/2020	Fee Schedule	\$713.00
26591	REPAIR MUSCLES OF HAND	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26593	RELEASE MUSCLES OF HAND	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26596	EXCISION CONSTRICTING TISSUE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26600	TREAT METACARPAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
26605	TREAT METACARPAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
26607	TREAT METACARPAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26608	TREAT METACARPAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26615	TREAT METACARPAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26641	TREAT THUMB DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
26645	TREAT THUMB FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
26650	TREAT THUMB FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26665	TREAT THUMB FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26670	TREAT HAND DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
26675	TREAT HAND DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
26676	PIN HAND DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26685	TREAT HAND DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26686	TREAT HAND DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26700	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
26705	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
26706	PIN KNUCKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26715	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26720	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
26725	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
26727	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26735	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26740	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
26742	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$713.00
26746	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26750	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
26755	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
26756	PIN FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26765	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26770	TREAT FINGER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
26775	TREAT FINGER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$116.12
26776	PIN FINGER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26785	TREAT FINGER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26820	THUMB FUSION WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$3,844.42
26841	FUSION OF THUMB	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26842	THUMB FUSION WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26843	FUSION OF HAND JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26844	FUSION/GRAFT OF HAND JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26850	FUSION OF KNUCKLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26852	FUSION OF KNUCKLE WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26860	FUSION OF FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26861	FUSION OF FINGER JNT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
26862	FUSION/GRAFT OF FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26863	FUSE/GRAFT ADDED JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
26910	AMPUTATE METACARPAL BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26951	AMPUTATION OF FINGER/THUMB	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26952	AMPUTATION OF FINGER/THUMB	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26990	DRAINAGE OF PELVIS LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26991	DRAINAGE OF PELVIS BURSA	Y	-	1/1/2020	Fee Schedule	\$713.00
27000	INCISION OF HIP TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
27001	INCISION OF HIP TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27003	INCISION OF HIP TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27033	EXPLORATION OF HIP JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27035	DENERVATION OF HIP JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27040	BIOPSY OF SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$576.39
27041	BIOPSY OF SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$576.39
27043	EXC HIP PELVIS LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27047	EXC HIP/PELVIS LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27049	RESECT HIP/PELV TUM < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27050	BIOPSY OF SACROILIAC JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
27052	BIOPSY OF HIP JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
27059	RESECT HIP/PELV TUM 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27060	REMOVAL OF ISCHIAL BURSA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27062	REMOVE FEMUR LESION/BURSA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27065	REMOVE HIP BONE LES SUPER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27066	REMOVE HIP BONE LES DEEP	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27067	REMOVE/GRAFT HIP BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27080	REMOVAL OF TAIL BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27086	REMOVE HIP FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$576.39
27087	REMOVE HIP FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27093	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27095	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27097	REVISION OF HIP TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27098	TRANSFER TENDON TO PELVIS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27100	TRANSFER OF ABDOMINAL MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27105	TRANSFER OF SPINAL MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27197	CLSD TX PELVIC RING FX	Y	-	1/1/2020	Fee Schedule	\$108.96
27198	CLSD TX PELVIC RING FX	Y	-	1/1/2020	Fee Schedule	\$108.96
27200	TREAT TAIL BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27202	TREAT TAIL BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27220	TREAT HIP SOCKET FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27230	TREAT THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27238	TREAT THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27246	TREAT THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27250	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27252	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
27256	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27257	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
27265	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27266	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
27267	CLTX THIGH FX	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27275	MANIPULATION OF HIP JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
27279	ARTHRODESIS SACROILIAC JOINT	Y	-	1/1/2020	Fee Schedule	\$12,982.29
27301	DRAIN THIGH/KNEE LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
27305	INCISE THIGH TENDON & FASCIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27306	INCISION OF THIGH TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27307	INCISION OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27310	EXPLORATION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27323	BIOPSY THIGH SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$576.39
27324	BIOPSY THIGH SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$994.34
27325	NEURECTOMY HAMSTRING	Y	-	1/1/2020	Fee Schedule	\$796.79
27326	NEURECTOMY POPLITEAL	Y	-	1/1/2020	Fee Schedule	\$796.79
27327	EXC THIGH/KNEE LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27329	RESECT THIGH/KNEE TUM < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27330	BIOPSY KNEE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27331	EXPLORE/TREAT KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27332	REMOVAL OF KNEE CARTILAGE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27333	REMOVAL OF KNEE CARTILAGE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27334	REMOVE KNEE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27335	REMOVE KNEE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27337	EXC THIGH/KNEE LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27339	EXC THIGH/KNEE TUM DEP 5CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27340	REMOVAL OF KNEECAP BURSA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27345	REMOVAL OF KNEE CYST	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27347	REMOVE KNEE CYST	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27350	REMOVAL OF KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27355	REMOVE FEMUR LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27356	REMOVE FEMUR LESION/GRAFT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
27357	REMOVE FEMUR LESION/GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27358	REMOVE FEMUR LESION/FIXATION	-	-	7/1/2018	No Separate Payment	\$0.00
27360	PARTIAL REMOVAL LEG BONE(S)	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27364	RESECT THIGH/KNEE TUM 5 CM/>>	Y	-	1/1/2020	Fee Schedule	\$994.34
27369	NJX CNTRST KNE ARTHG/CT/MRI	-	-	1/1/2019	No Separate Payment	\$0.00
27372	REMOVAL OF FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$994.34
27380	REPAIR OF KNEECAP TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27381	REPAIR/GRAFT KNEECAP TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27385	REPAIR OF THIGH MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27390	INCISION OF THIGH TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27391	INCISION OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27392	INCISION OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27393	LENGTHENING OF THIGH TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27394	LENGTHENING OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27395	LENGTHENING OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27396	TRANSPLANT OF THIGH TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27397	TRANSPLANTS OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27400	REVISE THIGH MUSCLES/TENDONS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27403	REPAIR OF KNEE CARTILAGE	Y	-	1/1/2020	Fee Schedule	\$3,703.62
27405	REPAIR OF KNEE LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27407	REPAIR OF KNEE LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27409	REPAIR OF KNEE LIGAMENTS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y	-	1/1/2020	Fee Schedule	\$9,410.54
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27418	REPAIR DEGENERATED KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27420	REVISION OF UNSTABLE KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27422	REVISION OF UNSTABLE KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27424	REVISION/REMOVAL OF KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27425	LAT RETINACULAR RELEASE OPEN	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27427	RECONSTRUCTION KNEE	Y	-	1/1/2020	Fee Schedule	\$3,630.88
27428	RECONSTRUCTION KNEE	Y	-	1/1/2020	Fee Schedule	\$7,717.14
27429	RECONSTRUCTION KNEE	Y	-	1/1/2020	Fee Schedule	\$10,113.69
27430	REVISION OF THIGH MUSCLES	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27435	INCISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27437	REVISE KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27438	REVISE KNEECAP WITH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$7,866.30
27440	REVISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$8,458.98
27441	REVISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
27442	REVISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$8,475.24
27443	REVISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$8,266.66
27446	REVISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$8,410.76
27447	TOTAL KNEE ARTHROPLASTY	Y	-	1/1/2020	Fee Schedule	\$8,609.82
27475	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27479	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27496	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27497	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27498	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2020	Fee Schedule	\$713.00
27499	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2020	Fee Schedule	\$2,803.36

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27500	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27501	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27502	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27503	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27508	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27509	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27510	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27516	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2020	Fee Schedule	\$108.96
27517	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2020	Fee Schedule	\$713.00
27520	TREAT KNEECAP FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27524	TREAT KNEECAP FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27530	TREAT KNEE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27532	TREAT KNEE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27538	TREAT KNEE FRACTURE(S)	Y	-	1/1/2020	Fee Schedule	\$108.96
27550	TREAT KNEE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27552	TREAT KNEE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
27560	TREAT KNEECAP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27562	TREAT KNEECAP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27566	TREAT KNEECAP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27570	FIXATION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
27594	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27600	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27601	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27602	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27603	DRAIN LOWER LEG LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
27604	DRAIN LOWER LEG BURSA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27605	INCISION OF ACHILLES TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
27606	INCISION OF ACHILLES TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27607	TREAT LOWER LEG BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27610	EXPLORE/TREAT ANKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27612	EXPLORATION OF ANKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27613	BIOPSY LOWER LEG SOFT TISSUE	Y	-	1/1/2020	Fee Schedule	\$170.34
27614	BIOPSY LOWER LEG SOFT TISSUE	Y	-	1/1/2020	Fee Schedule	\$994.34
27615	RESECT LEG/ANKLE TUM < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27618	EXC LEG/ANKLE TUM < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27620	EXPLORE/TREAT ANKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27625	REMOVE ANKLE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27626	REMOVE ANKLE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27630	REMOVAL OF TENDON LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27635	REMOVE LOWER LEG BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27637	REMOVE/GRAFT LEG BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27638	REMOVE/GRAFT LEG BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27640	PARTIAL REMOVAL OF TIBIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27641	PARTIAL REMOVAL OF FIBULA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27647	RESECT TALUS/CALCANEUS TUM	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27648	INJECTION FOR ANKLE X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27650	REPAIR ACHILLES TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27652	REPAIR/GRAFT ACHILLES TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27654	REPAIR OF ACHILLES TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27656	REPAIR LEG FASCIA DEFECT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27658	REPAIR OF LEG TENDON EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27659	REPAIR OF LEG TENDON EACH	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27664	REPAIR OF LEG TENDON EACH	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27665	REPAIR OF LEG TENDON EACH	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27675	REPAIR LOWER LEG TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27676	REPAIR LOWER LEG TENDONS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27680	RELEASE OF LOWER LEG TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27681	RELEASE OF LOWER LEG TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27685	REVISION OF LOWER LEG TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27686	REVISE LOWER LEG TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27687	REVISION OF CALF TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27690	REVISE LOWER LEG TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27691	REVISE LOWER LEG TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27692	REVISE ADDITIONAL LEG TENDON	-	-	7/1/2018	No Separate Payment	\$0.00
27695	REPAIR OF ANKLE LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27696	REPAIR OF ANKLE LIGAMENTS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27698	REPAIR OF ANKLE LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27700	REVISION OF ANKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27704	REMOVAL OF ANKLE IMPLANT	-	-	1/1/2020	Fee Schedule	\$1,286.26
27705	INCISION OF TIBIA	Y	-	1/1/2020	Fee Schedule	\$4,037.65
27707	INCISION OF FIBULA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27709	INCISION OF TIBIA & FIBULA	Y	-	1/1/2020	Fee Schedule	\$5,727.13
27720	REPAIR OF TIBIA	Y	-	1/1/2020	Fee Schedule	\$3,847.71
27726	REPAIR FIBULA NONUNION	Y	-	1/1/2020	Fee Schedule	\$3,919.62
27730	REPAIR OF TIBIA EPIPHYSIS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27732	REPAIR OF FIBULA EPIPHYSIS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27734	REPAIR LOWER LEG EPIPHYSES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27740	REPAIR OF LEG EPIPHYSES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27742	REPAIR OF LEG EPIPHYSES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27745	REINFORCE TIBIA	Y	-	1/1/2020	Fee Schedule	\$3,905.35
27750	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27752	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27756	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$4,095.83
27758	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,092.83
27759	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$7,990.22
27760	CLTX MEDIAL ANKLE FX	Y	-	1/1/2020	Fee Schedule	\$108.96
27762	CLTX MED ANKLE FX W/MNPJ	Y	-	1/1/2020	Fee Schedule	\$713.00
27766	OPTX MEDIAL ANKLE FX	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27767	CLTX POST ANKLE FX	Y	-	1/1/2020	Fee Schedule	\$108.96
27768	CLTX POST ANKLE FX W/MNPJ	Y	-	1/1/2020	Fee Schedule	\$713.00
27769	OPTX POST ANKLE FX	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27780	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27781	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27784	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27786	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27788	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27792	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,704.99
27808	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27810	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27814	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,763.72
27816	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27818	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27822	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,747.80
27823	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,735.46
27824	TREAT LOWER LEG FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27825	TREAT LOWER LEG FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27826	TREAT LOWER LEG FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,915.78
27827	TREAT LOWER LEG FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,017.13
27828	TREAT LOWER LEG FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,157.31
27829	TREAT LOWER LEG JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27830	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27831	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27832	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27840	TREAT ANKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27842	TREAT ANKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
27846	TREAT ANKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27848	TREAT ANKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$4,129.87
27860	FIXATION OF ANKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27870	FUSION OF ANKLE JOINT OPEN	Y	-	1/1/2020	Fee Schedule	\$8,448.33
27871	FUSION OF TIBIOFIBULAR JOINT	Y	-	1/1/2020	Fee Schedule	\$8,142.17
27884	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27889	AMPUTATION OF FOOT AT ANKLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27892	DECOMPRESSION OF LEG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27893	DECOMPRESSION OF LEG	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27894	DECOMPRESSION OF LEG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28001	DRAINAGE OF BURSA OF FOOT	Y	-	1/1/2020	Fee Schedule	\$180.81
28002	TREATMENT OF FOOT INFECTION	Y	-	1/1/2020	Fee Schedule	\$713.00
28003	TREATMENT OF FOOT INFECTION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28005	TREAT FOOT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28008	INCISION OF FOOT FASCIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28010	INCISION OF TOE TENDON	Y	-	1/1/2020	Fee Schedule	\$124.51
28011	INCISION OF TOE TENDONS	Y	-	1/1/2020	Fee Schedule	\$713.00
28020	EXPLORATION OF FOOT JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28022	EXPLORATION OF FOOT JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28024	EXPLORATION OF TOE JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
28035	DECOMPRESSION OF TIBIA NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y	-	1/1/2020	Fee Schedule	\$994.34
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
28050	BIOPSY OF FOOT JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28052	BIOPSY OF FOOT JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28054	BIOPSY OF TOE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28055	NEURECTOMY FOOT	Y	-	1/1/2020	Fee Schedule	\$796.79

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28060	PARTIAL REMOVAL FOOT FASCIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28062	REMOVAL OF FOOT FASCIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28070	REMOVAL OF FOOT JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28072	REMOVAL OF FOOT JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28080	REMOVAL OF FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
28086	EXCISE FOOT TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28088	EXCISE FOOT TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28090	REMOVAL OF FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
28092	REMOVAL OF TOE LESIONS	Y	-	1/1/2020	Fee Schedule	\$713.00
28100	REMOVAL OF ANKLE/HEEL LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28102	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28103	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28104	REMOVAL OF FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28106	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28107	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28108	REMOVAL OF TOE LESIONS	Y	-	1/1/2020	Fee Schedule	\$713.00
28110	PART REMOVAL OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28111	PART REMOVAL OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28112	PART REMOVAL OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28113	PART REMOVAL OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28114	REMOVAL OF METATARSAL HEADS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28116	REVISION OF FOOT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28118	REMOVAL OF HEEL BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28119	REMOVAL OF HEEL SPUR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28120	PART REMOVAL OF ANKLE/HEEL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28122	PARTIAL REMOVAL OF FOOT BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28124	PARTIAL REMOVAL OF TOE	Y	-	1/1/2020	Fee Schedule	\$301.71
28126	PARTIAL REMOVAL OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28130	REMOVAL OF ANKLE BONE	Y	-	1/1/2020	Fee Schedule	\$4,183.66
28140	REMOVAL OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28150	REMOVAL OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28153	PARTIAL REMOVAL OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28160	PARTIAL REMOVAL OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28171	RESECT TARSAL TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28173	RESECT METATARSAL TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28175	RESECT PHALANX OF TOE TUMOR	Y	-	1/1/2020	Fee Schedule	\$713.00
28190	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$182.25
28192	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$576.39
28193	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$576.39
28200	REPAIR OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28202	REPAIR/GRAFT OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28208	REPAIR OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28210	REPAIR/GRAFT OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28220	RELEASE OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$285.11
28222	RELEASE OF FOOT TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28225	RELEASE OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28226	RELEASE OF FOOT TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28230	INCISION OF FOOT TENDON(S)	Y	-	1/1/2020	Fee Schedule	\$281.14
28232	INCISION OF TOE TENDON	Y	-	1/1/2020	Fee Schedule	\$262.37
28234	INCISION OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28238	REVISION OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28240	RELEASE OF BIG TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28250	REVISION OF FOOT FASCIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28260	RELEASE OF MIDFOOT JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28261	REVISION OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
28262	REVISION OF FOOT AND ANKLE	Y	-	1/1/2020	Fee Schedule	\$4,433.98
28264	RELEASE OF MIDFOOT JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
28270	RELEASE OF FOOT CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28272	RELEASE OF TOE JOINT EACH	Y	-	1/1/2020	Fee Schedule	\$253.35
28280	FUSION OF TOES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28285	REPAIR OF HAMMERTOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28286	REPAIR OF HAMMERTOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28288	PARTIAL REMOVAL OF FOOT BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28289	CORRJ HALUX RIGDUS W/O IMPLT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28291	CORRJ HALUX RIGDUS W/IMPLT	Y	-	1/1/2020	Fee Schedule	\$4,300.59
28292	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28295	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28296	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28297	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$4,020.90
28298	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28299	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28300	INCISION OF HEEL BONE	Y	-	1/1/2020	Fee Schedule	\$3,749.45
28302	INCISION OF ANKLE BONE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28304	INCISION OF MIDFOOT BONES	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28305	INCISE/GRAFT MIDFOOT BONES	Y	-	1/1/2020	Fee Schedule	\$4,037.10
28306	INCISION OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28307	INCISION OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28308	INCISION OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28309	INCISION OF METATARSALS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28310	REVISION OF BIG TOE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28312	REVISION OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28313	REPAIR DEFORMITY OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28315	REMOVAL OF SESAMOID BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28320	REPAIR OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,877.84
28322	REPAIR OF METATARSALS	Y	-	1/1/2020	Fee Schedule	\$3,823.83
28340	RESECT ENLARGED TOE TISSUE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28341	RESECT ENLARGED TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28344	REPAIR EXTRA TOE(S)	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28345	REPAIR WEBBED TOE(S)	Y	-	1/1/2020	Fee Schedule	\$713.00
28400	TREATMENT OF HEEL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28405	TREATMENT OF HEEL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28406	TREATMENT OF HEEL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28415	TREAT HEEL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,874.89
28420	TREAT/GRAFT HEEL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,250.40
28430	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28435	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
28436	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28445	TREAT ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,637.74
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28450	TREAT MIDFOOT FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28455	TREAT MIDFOOT FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$167.82
28456	TREAT MIDFOOT FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28465	TREAT MIDFOOT FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$3,831.24
28470	TREAT METATARSAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28475	TREAT METATARSAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28476	TREAT METATARSAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28485	TREAT METATARSAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,731.89
28490	TREAT BIG TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$98.89
28495	TREAT BIG TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28496	TREAT BIG TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28505	TREAT BIG TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28510	TREATMENT OF TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$78.31
28515	TREATMENT OF TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$105.74
28525	TREAT TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28530	TREAT SESAMOID BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$75.07
28531	TREAT SESAMOID BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28540	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
28545	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28546	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
28555	REPAIR FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28570	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
28575	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28576	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28585	REPAIR FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$4,134.53
28600	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
28605	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
28606	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28615	REPAIR FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$3,655.58
28630	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$89.14
28635	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
28636	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28645	REPAIR TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28660	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$68.93
28665	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$116.12
28666	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28675	REPAIR OF TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28705	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$11,578.82
28715	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,838.59
28725	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,118.62
28730	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,734.86
28735	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,822.33
28737	REVISION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,386.65
28740	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$4,144.69
28750	FUSION OF BIG TOE JOINT	Y	-	1/1/2020	Fee Schedule	\$4,068.66
28755	FUSION OF BIG TOE JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28760	FUSION OF BIG TOE JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28810	AMPUTATION TOE & METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28820	AMPUTATION OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28825	PARTIAL AMPUTATION OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28890	HI ENRGY ESWT PLANTAR FASCIA	Y	-	1/1/2020	Fee Schedule	\$195.97

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29000	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29010	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29015	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29035	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29040	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29044	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$67.58
29046	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29049	APPLICATION OF FIGURE EIGHT	Y	-	1/1/2020	Fee Schedule	\$62.07
29055	APPLICATION OF SHOULDER CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29058	APPLICATION OF SHOULDER CAST	Y	-	1/1/2020	Fee Schedule	\$69.65
29065	APPLICATION OF LONG ARM CAST	Y	-	1/1/2020	Fee Schedule	\$60.27
29075	APPLICATION OF FOREARM CAST	Y	-	1/1/2020	Fee Schedule	\$55.22
29085	APPLY HAND/WRIST CAST	Y	-	1/1/2020	Fee Schedule	\$59.91
29086	APPLY FINGER CAST	Y	-	1/1/2020	Fee Schedule	\$54.50
29105	APPLY LONG ARM SPLINT	Y	-	1/1/2020	Fee Schedule	\$49.80
29125	APPLY FOREARM SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29126	APPLY FOREARM SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29130	APPLICATION OF FINGER SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29131	APPLICATION OF FINGER SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29200	STRAPPING OF CHEST	Y	-	1/1/2020	Fee Schedule	\$18.77
29240	STRAPPING OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
29260	STRAPPING OF ELBOW OR WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
29280	STRAPPING OF HAND OR FINGER	-	-	7/1/2018	No Separate Payment	\$0.00
29305	APPLICATION OF HIP CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29325	APPLICATION OF HIP CASTS	Y	-	1/1/2020	Fee Schedule	\$116.12
29345	APPLICATION OF LONG LEG CAST	Y	-	1/1/2020	Fee Schedule	\$78.68
29355	APPLICATION OF LONG LEG CAST	Y	-	1/1/2020	Fee Schedule	\$80.12
29358	APPLY LONG LEG CAST BRACE	Y	-	1/1/2020	Fee Schedule	\$101.05
29365	APPLICATION OF LONG LEG CAST	Y	-	1/1/2020	Fee Schedule	\$74.34
29405	APPLY SHORT LEG CAST	Y	-	1/1/2020	Fee Schedule	\$48.36
29425	APPLY SHORT LEG CAST	Y	-	1/1/2020	Fee Schedule	\$45.47
29435	APPLY SHORT LEG CAST	Y	-	1/1/2020	Fee Schedule	\$67.13
29440	ADDITION OF WALKER TO CAST	Y	-	1/1/2020	Fee Schedule	\$22.01
29445	APPLY RIGID LEG CAST	Y	-	1/1/2020	Fee Schedule	\$62.07
29450	APPLICATION OF LEG CAST	Y	-	1/1/2020	Fee Schedule	\$65.32
29505	APPLICATION LONG LEG SPLINT	Y	-	1/1/2020	Fee Schedule	\$58.10
29515	APPLICATION LOWER LEG SPLINT	Y	-	1/1/2020	Fee Schedule	\$42.22
29520	STRAPPING OF HIP	-	-	7/1/2018	No Separate Payment	\$0.00
29530	STRAPPING OF KNEE	-	-	7/1/2018	No Separate Payment	\$0.00
29540	STRAPPING OF ANKLE AND/OR FT	Y	-	1/1/2020	Fee Schedule	\$14.07
29550	STRAPPING OF TOES	-	-	7/1/2018	No Separate Payment	\$0.00
29580	APPLICATION OF PASTE BOOT	Y	-	1/1/2020	Fee Schedule	\$42.22
29581	APPLY MULTLAY COMPRS LWR LEG	Y	-	1/1/2020	Fee Schedule	\$67.58
29584	APPL MULTLAY COMPRS ARM/HAND	Y	-	1/1/2020	Fee Schedule	\$67.58
29700	REMOVAL/REVISION OF CAST	Y	-	1/1/2020	Fee Schedule	\$40.42
29705	REMOVAL/REVISION OF CAST	Y	-	1/1/2020	Fee Schedule	\$34.29
29710	REMOVAL/REVISION OF CAST	Y	-	1/1/2020	Fee Schedule	\$67.49
29720	REPAIR OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$56.66
29730	WINDOWING OF CAST	Y	-	1/1/2020	Fee Schedule	\$32.48
29740	WEDGING OF CAST	Y	-	1/1/2020	Fee Schedule	\$53.05

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29750	WEDGING OF CLUBFOOT CAST	Y	-	1/1/2020	Fee Schedule	\$55.58
29800	JAW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29804	JAW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29805	SHOULDER ARTHROSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29806	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29807	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29819	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29820	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29821	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29822	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29823	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29824	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29825	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29826	SHOULDER ARTHROSCOPY/SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
29827	ARTHROSCOP ROTATOR CUFF REPR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29828	ARTHROSCOPY BICEPS TENODESIS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29830	ELBOW ARTHROSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29834	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29835	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29836	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29837	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29838	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29840	WRIST ARTHROSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29843	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29844	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29845	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29846	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29847	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29848	WRIST ENDOSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$713.00
29850	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$713.00
29851	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$713.00
29855	TIBIAL ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$4,302.78
29856	TIBIAL ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$7,843.31
29860	HIP ARTHROSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29861	HIP ARTHRO W/FB REMOVAL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29862	HIP ARTHRO W/DEBRIDEMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29863	HIP ARTHRO W/SYNOVECTOMY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29867	ALLGRFT IMPLNT KNEE W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$8,485.34
29870	KNEE ARTHROSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29871	KNEE ARTHROSCOPY/DRAINAGE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29873	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29874	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29875	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29876	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29877	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29879	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29880	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29881	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29882	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29883	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29884	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29885	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29886	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29887	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29888	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$3,873.24
29889	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$7,661.63
29891	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29892	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29893	SCOPE PLANTAR FASCIOTOMY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29894	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29895	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29897	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29898	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29899	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$3,634.72
29900	MCP JOINT ARTHROSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29901	MCP JOINT ARTHROSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29902	MCP JOINT ARTHROSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$713.00
29904	SUBTALAR ARTHRO W/FB RMLV	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29905	SUBTALAR ARTHRO W/EXC	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29906	SUBTALAR ARTHRO W/DEB	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29907	SUBTALAR ARTHRO W/FUSION	Y	-	1/1/2020	Fee Schedule	\$7,861.81
29914	HIP ARTHRO W/FEMOROPLASTY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29915	HIP ARTHRO ACETABULOPLASTY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29916	HIP ARTHRO W/LABRAL REPAIR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
30000	DRAINAGE OF NOSE LESION	Y	-	1/1/2020	Fee Schedule	\$102.89
30020	DRAINAGE OF NOSE LESION	Y	-	1/1/2020	Fee Schedule	\$200.30
30100	INTRANASAL BIOPSY	Y	-	1/1/2020	Fee Schedule	\$107.19
30110	REMOVAL OF NOSE POLYP(S)	Y	-	1/1/2020	Fee Schedule	\$176.84
30115	REMOVAL OF NOSE POLYP(S)	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30117	REMOVAL OF INTRANASAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30118	REMOVAL OF INTRANASAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30120	REVISION OF NOSE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30124	REMOVAL OF NOSE LESION	Y	-	1/1/2020	Fee Schedule	\$536.60
30125	REMOVAL OF NOSE LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30130	EXCISE INFERIOR TURBINATE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30140	RESECT INFERIOR TURBINATE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30150	PARTIAL REMOVAL OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30160	REMOVAL OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30200	INJECTION TREATMENT OF NOSE	Y	-	1/1/2020	Fee Schedule	\$82.65
30210	NASAL SINUS THERAPY	Y	-	1/1/2020	Fee Schedule	\$106.83
30220	INSERT NASAL SEPTAL BUTTON	Y	-	1/1/2020	Fee Schedule	\$536.60
30300	REMOVE NASAL FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
30310	REMOVE NASAL FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30320	REMOVE NASAL FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$536.60
30400	RECONSTRUCTION OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30410	RECONSTRUCTION OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30420	RECONSTRUCTION OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30430	REVISION OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30435	REVISION OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
30450	REVISION OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30460	REVISION OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30462	REVISION OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30465	REPAIR NASAL STENOSIS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30520	REPAIR OF NASAL SEPTUM	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30540	REPAIR NASAL DEFECT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30545	REPAIR NASAL DEFECT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30560	RELEASE OF NASAL ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$223.19
30580	REPAIR UPPER JAW FISTULA	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30600	REPAIR MOUTH/NOSE FISTULA	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30620	INTRANASAL RECONSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30630	REPAIR NASAL SEPTUM DEFECT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30801	ABLATE INF TURBINATE SUPERF	Y	-	1/1/2020	Fee Schedule	\$536.60
30802	ABLATE INF TURBINATE SUBMUC	Y	-	1/1/2020	Fee Schedule	\$536.60
30901	CONTROL OF NOSEBLEED	-	-	7/1/2018	No Separate Payment	\$0.00
30903	CONTROL OF NOSEBLEED	Y	-	1/1/2020	Fee Schedule	\$55.09
30905	CONTROL OF NOSEBLEED	Y	-	1/1/2020	Fee Schedule	\$55.09
30906	REPEAT CONTROL OF NOSEBLEED	Y	-	1/1/2020	Fee Schedule	\$102.89
30915	LIGATION NASAL SINUS ARTERY	Y	-	1/1/2020	Fee Schedule	\$1,341.23
30920	LIGATION UPPER JAW ARTERY	Y	-	1/1/2020	Fee Schedule	\$1,341.23
30930	THER FX NASAL INF TURBINATE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31000	IRRIGATION MAXILLARY SINUS	Y	-	1/1/2020	Fee Schedule	\$102.89
31002	IRRIGATION SPHENOID SINUS	Y	-	1/1/2020	Fee Schedule	\$536.60
31020	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31030	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31032	EXPLORE SINUS REMOVE POLYPS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31040	EXPLORATION BEHIND UPPER JAW	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31050	EXPLORATION SPHENOID SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31051	SPHENOID SINUS SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31070	EXPLORATION OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31075	EXPLORATION OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31080	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31081	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31084	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31085	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31086	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31087	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31090	EXPLORATION OF SINUSES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31200	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31201	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2020	Fee Schedule	\$536.60
31205	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31231	NASAL ENDOSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$79.10
31233	NSL/SINS NDSC DX MAX SINUSC	Y	-	1/1/2020	Fee Schedule	\$190.95
31235	NSL/SINS NDSC DX SPHN SINUSC	Y	-	1/1/2020	Fee Schedule	\$611.69
31237	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$611.69
31238	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$611.69
31239	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31240	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$611.69
31241	NSL/SINS NDSC W/ARTERY LIG	-	-	7/1/2018	Not Allowed	\$0.00
31253	NSL/SINS NDSC TOTAL	Y	-	1/1/2020	Fee Schedule	\$1,895.89

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31254	NSL/SINS NDSC W/PRTL ETHMDC	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31255	NSL/SINS NDSC W/TOT ETHMDC	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31256	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31257	NSL/SINS NDSC TOT W/SPHENDT	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31259	NSL/SINS NDSC SPHN TISS RMVL	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31267	ENDOSCOPY MAXILLARY SINUS	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31276	NSL/SINS NDSC FRNT TISS RMVL	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31287	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31288	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31295	NSL/SINS NDSC SURG MAX SINS	Y	-	1/1/2020	Fee Schedule	\$1,821.44
31296	NSL/SINS NDSC SURG FRNT SINS	Y	-	1/1/2020	Fee Schedule	\$1,831.19
31297	NSL/SINS NDSC SURG SPHN SINS	Y	-	1/1/2020	Fee Schedule	\$1,816.75
31298	NSL/SINS NDSC SURG FRNT&SPHN	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31300	REMOVAL OF LARYNX LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31400	REVISION OF LARYNX	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31420	REMOVAL OF EPIGLOTTIS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31500	INSERT EMERGENCY AIRWAY	Y	-	1/1/2020	Fee Schedule	\$102.89
31502	CHANGE OF WINDPIPE AIRWAY	Y	-	1/1/2020	Fee Schedule	\$102.89
31505	DIAGNOSTIC LARYNGOSCOPY	Y	-	1/1/2020	Fee Schedule	\$64.24
31510	LARYNGOSCOPY WITH BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31511	REMOVE FOREIGN BODY LARYNX	Y	-	1/1/2020	Fee Schedule	\$79.10
31512	REMOVAL OF LARYNX LESION	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31513	INJECTION INTO VOCAL CORD	Y	-	1/1/2020	Fee Schedule	\$190.95
31515	LARYNGOSCOPY FOR ASPIRATION	Y	-	1/1/2020	Fee Schedule	\$190.95
31520	DX LARYNGOSCOPY NEWBORN	Y	-	1/1/2020	Fee Schedule	\$190.95
31525	DX LARYNGOSCOPY EXCL NB	Y	-	1/1/2020	Fee Schedule	\$611.69
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y	-	1/1/2020	Fee Schedule	\$611.69
31527	LARYNGOSCOPY FOR TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31528	LARYNGOSCOPY AND DILATION	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31529	LARYNGOSCOPY AND DILATION	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31530	LARYNGOSCOPY W/FB REMOVAL	Y	-	1/1/2020	Fee Schedule	\$611.69
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31535	LARYNGOSCOPY W/BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31545	REMOVE VC LESION W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31546	REMOVE VC LESION SCOPE/GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31551	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31552	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31553	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31554	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31560	LARYNGOSCOPY W/ARYTENOIDECTION	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31561	LARYNSCOP REMVE CART + SCOP	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31570	LARYNGOSCOPE W/VC INJ	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31571	LARYNGOSCOPE W/VC INJ + SCOPE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31572	LARGSC W/LASER DSTRJ LES	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31573	LARGSC W/THER INJECTION	Y	-	1/1/2020	Fee Schedule	\$182.97
31574	LARGSC W/NJX AUGMENTATION	Y	-	1/1/2020	Fee Schedule	\$611.69
31575	DIAGNOSTIC LARYNGOSCOPY	Y	-	1/1/2020	Fee Schedule	\$79.10

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31576	LARYNGOSCOPY WITH BIOPSY	Y	-	1/1/2020	Fee Schedule	\$611.69
31577	LARGSC W/RMVL FOREIGN BDY(S)	Y	-	1/1/2020	Fee Schedule	\$190.95
31578	LARGSC W/REMOVAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31579	LARYNGOSCOPY TELESCOPIC	Y	-	1/1/2020	Fee Schedule	\$119.82
31580	LARYNGOPLASTY LARYNGEAL WEB	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31590	REINNERVATE LARYNX	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31591	LARYNGOPLASTY MEDIALIZATION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31592	CRICOTRACHEAL RESECTION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31603	INCISION OF WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$536.60
31605	INCISION OF WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$102.89
31611	SURGERY/SPEECH PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31612	PUNCTURE/CLEAR WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31613	REPAIR WINDPIPE OPENING	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31614	REPAIR WINDPIPE OPENING	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31615	VISUALIZATION OF WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$223.19
31622	DX BRONCHOSCOPE/WASH	Y	-	1/1/2020	Fee Schedule	\$611.69
31623	DX BRONCHOSCOPE/BRUSH	Y	-	1/1/2020	Fee Schedule	\$611.69
31624	DX BRONCHOSCOPE/LAVAGE	Y	-	1/1/2020	Fee Schedule	\$611.69
31625	BRONCHOSCOPY W/BIOPSY(S)	Y	-	1/1/2020	Fee Schedule	\$611.69
31626	BRONCHOSCOPY W/MARKERS	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31627	NAVIGATIONAL BRONCHOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31630	BRONCHOSCOPY DILATE/FX REPR	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31631	BRONCHOSCOPY DILATE W/STENT	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31632	BRONCHOSCOPY/LUNG BX ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
31633	BRONCHOSCOPY/NEEDLE BX ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
31634	BRONCH W/BALLOON OCCLUSION	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31635	BRONCHOSCOPY W/FB REMOVAL	Y	-	1/1/2020	Fee Schedule	\$611.69
31636	BRONCHOSCOPY BRONCH STENTS	Y	-	1/1/2020	Fee Schedule	\$2,774.24
31637	BRONCHOSCOPY STENT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
31638	BRONCHOSCOPY REVISE STENT	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31643	DIAG BRONCHOSCOPE/CATHETER	Y	-	1/1/2020	Fee Schedule	\$611.69
31645	BRNCHSC W/THER ASPIR 1ST	Y	-	1/1/2020	Fee Schedule	\$611.69
31646	BRNCHSC W/THER ASPIR SBSQ	Y	-	1/1/2020	Fee Schedule	\$190.95
31647	BRONCHIAL VALVE INIT INSERT	Y	-	1/1/2020	Fee Schedule	\$2,471.31
31648	BRONCHIAL VALVE REMOV INIT	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31649	BRONCHIAL VALVE REMOV ADDL	-	-	1/1/2020	Fee Schedule	\$611.69
31651	BRONCHIAL VALVE ADDL INSERT	-	-	7/1/2018	No Separate Payment	\$0.00
31652	BRONCH EBUS SAMPLNG 1/2 NODE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31653	BRONCH EBUS SAMPLNG 3/> NODE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31654	BRONCH EBUS IVNTJ PERPH LES	-	-	7/1/2018	No Separate Payment	\$0.00
31717	BRONCHIAL BRUSH BIOPSY	Y	-	1/1/2020	Fee Schedule	\$190.95
31720	CLEARANCE OF AIRWAYS	-	-	7/1/2018	No Separate Payment	\$0.00
31730	INTRO WINDPIPE WIRE/TUBE	Y	-	1/1/2020	Fee Schedule	\$611.69
31750	REPAIR OF WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31755	REPAIR OF WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31820	CLOSURE OF WINDPIPE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31825	REPAIR OF WINDPIPE DEFECT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31830	REVISE WINDPIPE SCAR	Y	-	1/1/2020	Fee Schedule	\$1,055.06
32400	NEEDLE BIOPSY CHEST LINING	Y	-	1/1/2020	Fee Schedule	\$576.39
32405	PERCUT BX LUNG/MEDIASTINUM	Y	-	1/1/2020	Fee Schedule	\$576.39
32550	INSERT PLEURAL CATH	Y	-	1/1/2020	Fee Schedule	\$1,377.21
32552	REMOVE LUNG CATHETER	-	-	1/1/2020	Fee Schedule	\$318.59
32553	INS MARK THOR FOR RT PERQ	-	-	1/1/2020	Fee Schedule	\$629.26
32554	ASPIRATE PLEURA W/O IMAGING	Y	-	1/1/2020	Fee Schedule	\$318.59
32555	ASPIRATE PLEURA W/ IMAGING	Y	-	1/1/2020	Fee Schedule	\$318.59
32556	INSERT CATH PLEURA W/O IMAGE	Y	-	1/1/2020	Fee Schedule	\$663.06
32557	INSERT CATH PLEURA W/ IMAGE	Y	-	1/1/2020	Fee Schedule	\$579.91
32960	THERAPEUTIC PNEUMOTHORAX	Y	-	1/1/2020	Fee Schedule	\$318.59
32994	ABLATE PULM TUMOR PERQ CRYBL	Y	-	1/1/2020	Fee Schedule	\$2,194.07
32998	ABLATE PULM TUMOR PERQ RF	Y	-	1/1/2020	Fee Schedule	\$2,194.07
33016	PERICARDIOCENTESIS W/IMAGING	Y	-	1/1/2020	Fee Schedule	\$579.91
33206	INSERT HEART PM ATRIAL	Y	-	1/1/2020	Fee Schedule	\$7,385.82
33207	INSERT HEART PM VENTRICULAR	Y	-	1/1/2020	Fee Schedule	\$7,633.96
33208	INSRT HEART PM ATRIAL & VENT	Y	-	1/1/2020	Fee Schedule	\$7,817.17
33210	INSERT ELECTRD/PM CATH SNGL	Y	-	1/1/2020	Fee Schedule	\$3,802.47
33211	INSERT CARD ELECTRODES DUAL	Y	-	1/1/2020	Fee Schedule	\$5,866.81
33212	INSERT PULSE GEN SNGL LEAD	Y	-	1/1/2020	Fee Schedule	\$6,201.50
33213	INSERT PULSE GEN DUAL LEADS	Y	-	1/1/2020	Fee Schedule	\$7,710.96
33214	UPGRADE OF PACEMAKER SYSTEM	Y	-	1/1/2020	Fee Schedule	\$7,566.24
33215	REPOSITION PACING-DEFIB LEAD	Y	-	1/1/2020	Fee Schedule	\$1,341.23
33216	INSERT 1 ELECTRODE PM-DEFIB	Y	-	1/1/2020	Fee Schedule	\$5,469.58
33217	INSERT 2 ELECTRODE PM-DEFIB	Y	-	1/1/2020	Fee Schedule	\$6,673.56
33218	REPAIR LEAD PACE-DEFIB ONE	Y	-	1/1/2020	Fee Schedule	\$1,507.78
33220	REPAIR LEAD PACE-DEFIB DUAL	Y	-	1/1/2020	Fee Schedule	\$2,126.91
33221	INSERT PULSE GEN MULT LEADS	Y	-	1/1/2020	Fee Schedule	\$11,728.09
33222	RELOCATION POCKET PACEMAKER	Y	-	1/1/2020	Fee Schedule	\$819.95
33223	RELOCATE POCKET FOR DEFIB	Y	-	1/1/2020	Fee Schedule	\$819.95
33224	INSERT PACING LEAD & CONNECT	Y	-	1/1/2020	Fee Schedule	\$7,838.04
33225	L VENTRIC PACING LEAD ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
33226	REPOSITION L VENTRIC LEAD	Y	-	1/1/2020	Fee Schedule	\$1,341.23
33227	REMOVE&REPLACE PM GEN SINGL	Y	-	1/1/2020	Fee Schedule	\$6,061.89
33228	REMOV&REPLC PM GEN DUAL LEAD	Y	-	1/1/2020	Fee Schedule	\$7,634.89
33229	REMOV&REPLC PM GEN MULT LEADS	Y	-	1/1/2020	Fee Schedule	\$11,808.20
33230	INSRT PULSE GEN W/DUAL LEADS	Y	-	1/1/2020	Fee Schedule	\$19,951.07
33231	INSRT PULSE GEN W/MULT LEADS	Y	-	1/1/2020	Fee Schedule	\$26,642.38
33233	REMOVAL OF PM GENERATOR	-	-	1/1/2020	Fee Schedule	\$5,353.05
33234	REMOVAL OF PACEMAKER SYSTEM	-	-	1/1/2020	Fee Schedule	\$1,507.78
33235	REMOVAL PACEMAKER ELECTRODE	-	-	1/1/2020	Fee Schedule	\$1,951.54
33240	INSRT PULSE GEN W/SINGL LEAD	Y	-	1/1/2020	Fee Schedule	\$19,742.59
33241	REMOVE PULSE GENERATOR	-	-	1/1/2020	Fee Schedule	\$1,507.78
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Y	-	1/1/2020	Fee Schedule	\$26,701.74
33262	RMVL& REPLC PULSE GEN 1 LEAD	Y	-	1/1/2020	Fee Schedule	\$19,504.01
33263	RMVL & RPLCMT DFB GEN 2 LEAD	Y	-	1/1/2020	Fee Schedule	\$19,779.38
33264	RMVL & RPLCMT DFB GEN MLT LD	Y	-	1/1/2020	Fee Schedule	\$26,740.33
33270	INS/REP SUBQ DEFIBRILLATOR	Y	-	1/1/2020	Fee Schedule	\$26,462.80
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	Y	-	1/1/2020	Fee Schedule	\$6,259.95

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
33273	REPOS PREV IMPLTBL SUBQ DFB	Y	-	1/1/2020	Fee Schedule	\$1,507.78
33274	TCAT INSJ/RPL PERM LDLS PM	-	-	1/1/2020	Fee Schedule	\$11,128.72
33275	TCAT RMVL PERM LDLS PM W/IMG	Y	-	1/1/2020	Fee Schedule	\$1,341.23
33285	INSJ SUBQ CAR RHYTHM MNTR	-	-	1/1/2020	Fee Schedule	\$6,656.07
33286	RMVL SUBQ CAR RHYTHM MNTR	-	-	1/1/2020	Fee Schedule	\$308.23
33419	REPAIR TCAT MITRAL VALVE	-	-	7/1/2018	No Separate Payment	\$0.00
33508	ENDOSCOPIC VEIN HARVEST	-	-	7/1/2018	No Separate Payment	\$0.00
33866	AORTIC HEMIARCH GRAFT	-	-	1/1/2019	No Separate Payment	\$0.00
33927	IMPLTJ TOT RPLCMT HRT SYS	-	-	7/1/2018	Not Allowed	\$0.00
34490	REMOVAL OF VEIN CLOT	Y	-	1/1/2020	Fee Schedule	\$1,341.23
34713	PERQ ACCESS & CLSR FEM ART	-	-	7/1/2018	No Separate Payment	\$0.00
34714	OPN FEM ART EXPOS CNDT CRTJ	-	-	7/1/2018	No Separate Payment	\$0.00
34715	OPN AX/SUBCLA ART EXPOS	-	-	7/1/2018	No Separate Payment	\$0.00
34716	OPN AX/SUBCLA ART EXPOS CNDT	-	-	7/1/2018	No Separate Payment	\$0.00
35188	REPAIR BLOOD VESSEL LESION	Y	-	1/1/2020	Fee Schedule	\$2,321.81
35207	REPAIR BLOOD VESSEL LESION	Y	-	1/1/2020	Fee Schedule	\$1,341.23
35572	HARVEST FEMOROPLOLITEAL VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
35875	REMOVAL OF CLOT IN GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,321.81
35876	REMOVAL OF CLOT IN GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36000	PLACE NEEDLE IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36002	PSEUDOANEURYSM INJECTION TRT	Y	-	1/1/2020	Fee Schedule	\$318.59
36005	INJECTION EXT VENOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
36010	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36011	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36012	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36013	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36014	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36015	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36100	ESTABLISH ACCESS TO ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36140	INTRO NDL ICATH UPR/LXTR ART	-	-	7/1/2018	No Separate Payment	\$0.00
36160	ESTABLISH ACCESS TO AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36200	PLACE CATHETER IN AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36215	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36216	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36217	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36218	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36221	PLACE CATH THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36222	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	\$0.00
36223	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	\$0.00
36224	PLACE CATH CAROTID ART	-	-	7/1/2018	No Separate Payment	\$0.00
36225	PLACE CATH SUBCLAVIAN ART	-	-	7/1/2018	No Separate Payment	\$0.00
36226	PLACE CATH VERTEBRAL ART	-	-	7/1/2018	No Separate Payment	\$0.00
36227	PLACE CATH XTRNL CAROTID	-	-	7/1/2018	No Separate Payment	\$0.00
36228	PLACE CATH INTRACRANIAL ART	-	-	7/1/2018	No Separate Payment	\$0.00
36245	INS CATH ABD/L-EXT ART 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
36246	INS CATH ABD/L-EXT ART 2ND	-	-	7/1/2018	No Separate Payment	\$0.00
36247	INS CATH ABD/L-EXT ART 3RD	-	-	7/1/2018	No Separate Payment	\$0.00
36248	INS CATH ABD/L-EXT ART ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
36251	INS CATH REN ART 1ST UNILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36252	INS CATH REN ART 1ST BILAT	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36253	INS CATH REN ART 2ND+ UNILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36254	INS CATH REN ART 2ND+ BILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36260	INSERTION OF INFUSION PUMP	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36261	REVISION OF INFUSION PUMP	Y	-	1/1/2020	Fee Schedule	\$2,628.24
36262	REMOVAL OF INFUSION PUMP	-	-	1/1/2020	Fee Schedule	\$1,507.78
36400	BL DRAW < 3 YRS FEM/JUGULAR	-	-	7/1/2018	No Separate Payment	\$0.00
36405	BL DRAW <3 YRS SCALP VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36406	BL DRAW <3 YRS OTHER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36410	NON-ROUTINE BL DRAW 3/> YRS	-	-	7/1/2018	No Separate Payment	\$0.00
36415	ROUTINE VENIPUNCTURE	-	-	7/1/2018	No Separate Payment	\$0.00
36416	CAPILLARY BLOOD DRAW	-	-	7/1/2018	No Separate Payment	\$0.00
36420	VEIN ACCESS CUTDOWN < 1 YR	-	-	7/1/2018	No Separate Payment	\$0.00
36425	VEIN ACCESS CUTDOWN > 1 YR	-	-	7/1/2018	No Separate Payment	\$0.00
36430	BLOOD TRANSFUSION SERVICE	-	-	1/1/2020	Fee Schedule	\$35.01
36440	BL PUSH TRANSFUSE 2 YR/<	-	-	1/1/2020	Fee Schedule	\$196.07
36450	BL EXCHANGE/TRANSFUSE NB	-	-	1/1/2020	Fee Schedule	\$196.07
36455	BL EXCHANGE/TRANSFUSE NON-NB	-	-	1/1/2020	Fee Schedule	\$196.07
36465	NJX NONCMPND SCLRSNT 1 VEIN	Y	-	1/1/2020	Fee Schedule	\$819.95
36466	NJX NONCMPND SCLRSNT MLT VN	Y	-	1/1/2020	Fee Schedule	\$819.95
36468	NJX SCLRSNT SPIDER VEINS	-	-	7/1/2018	Not Allowed	\$0.00
36469	INJECTION(S) SPIDER VEINS	-	-	7/1/2018	Not Allowed	\$0.00
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Y	-	1/1/2020	Fee Schedule	\$80.12
36471	NJX SCLRSNT MLT INCMPTNT VN	Y	-	1/1/2020	Fee Schedule	\$137.50
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Y	-	1/1/2020	Fee Schedule	\$1,308.25
36474	ENDOVENOUS MCHNCHEM ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
36475	ENDOVENOUS RF 1ST VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36476	ENDOVENOUS RF VEIN ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
36478	ENDOVENOUS LASER 1ST VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36479	ENDOVENOUS LASER VEIN ADDON	-	-	7/1/2018	No Separate Payment	\$0.00
36481	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36482	ENDOVEN THER CHEM ADHES 1ST	Y	-	1/1/2020	Fee Schedule	\$1,799.43
36483	ENDOVEN THER CHEM ADHES SBSQ	-	-	7/1/2018	No Separate Payment	\$0.00
36500	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36510	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36511	APHERESIS WBC	-	-	1/1/2020	Fee Schedule	\$668.81
36512	APHERESIS RBC	-	-	1/1/2020	Fee Schedule	\$668.81
36513	APHERESIS PLATELETS	-	-	1/1/2020	Fee Schedule	\$196.07
36514	APHERESIS PLASMA	-	-	1/1/2020	Fee Schedule	\$668.81
36516	APHERESIS IMMUNOADS SLCTV	-	-	1/1/2020	Fee Schedule	\$1,929.37
36522	PHOTOPHERESIS	-	-	1/1/2020	Fee Schedule	\$1,929.37
36555	INSERT NON-TUNNEL CV CATH	Y	-	1/1/2020	Fee Schedule	\$579.91
36556	INSERT NON-TUNNEL CV CATH	Y	-	1/1/2020	Fee Schedule	\$579.91
36557	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36558	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36560	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36561	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36563	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36565	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36566	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36568	INSJ PICC <5 YR W/O IMAGING	Y	-	1/1/2020	Fee Schedule	\$318.59

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36569	INSJ PICC 5 YR+ W/O IMAGING	Y	-	1/1/2020	Fee Schedule	\$579.91
36570	INSERT PICVAD CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36571	INSERT PICVAD CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36572	INSJ PICC RS&I <5 YR	-	-	1/1/2020	Fee Schedule	\$318.59
36573	INSJ PICC RS&I 5 YR+	-	-	1/1/2020	Fee Schedule	\$579.91
36575	REPAIR TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$318.59
36576	REPAIR TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$579.91
36578	REPLACE TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36580	REPLACE CVAD CATH	Y	-	1/1/2020	Fee Schedule	\$579.91
36581	REPLACE TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36582	REPLACE TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36583	REPLACE TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$4,186.98
36584	COMPL RPLCMT PICC RS&I	Y	-	1/1/2020	Fee Schedule	\$579.91
36585	REPLACE PICVAD CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36589	REMOVAL TUNNELED CV CATH	-	-	1/1/2020	Fee Schedule	\$318.59
36590	REMOVAL TUNNELED CV CATH	-	-	1/1/2020	Fee Schedule	\$318.59
36591	DRAW BLOOD OFF VENOUS DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
36592	COLLECT BLOOD FROM PICC	-	-	7/1/2018	No Separate Payment	\$0.00
36593	DECLOT VASCULAR DEVICE	Y	-	1/1/2020	Fee Schedule	\$31.40
36595	MECH REMOV TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36596	MECH REMOV TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$579.91
36597	REPOSITION VENOUS CATHETER	Y	-	1/1/2020	Fee Schedule	\$579.91
36598	INJ W/FLUOR EVAL CV DEVICE	Y	-	1/1/2020	Fee Schedule	\$92.84
36600	WITHDRAWAL OF ARTERIAL BLOOD	-	-	7/1/2018	No Separate Payment	\$0.00
36620	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36625	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36640	INSERTION CATHETER ARTERY	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36680	INSERT NEEDLE BONE CAVITY	-	-	7/1/2018	No Separate Payment	\$0.00
36800	INSERTION OF CANNULA	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36810	INSERTION OF CANNULA	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36815	INSERTION OF CANNULA	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36818	AV FUSE UPPR ARM CEPHALIC	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36819	AV FUSE UPPR ARM BASILIC	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36820	AV FUSION/FOREARM VEIN	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36821	AV FUSION DIRECT ANY SITE	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36825	ARTERY-VEIN AUTOGRAFT	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36830	ARTERY-VEIN NONAUTOGRAFT	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36831	OPEN THROMBECT AV FISTULA	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36832	AV FISTULA REVISION OPEN	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36833	AV FISTULA REVISION	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36835	ARTERY TO VEIN SHUNT	Y	-	1/1/2020	Fee Schedule	\$1,999.65
36860	EXTERNAL CANNULA DECLOTTING	Y	-	1/1/2020	Fee Schedule	\$318.59
36861	CANNULA DECLOTTING	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36901	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$573.46
36902	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$2,141.74
36903	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$6,319.10
36904	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$2,875.24
36905	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$4,182.94
36906	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$10,182.24
36907	BALO ANGIOP CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36908	STENT PLMT CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	\$0.00
36909	DIALYSIS CIRCUIT EMBOLJ	-	-	7/1/2018	No Separate Payment	\$0.00
37184	PRIM ART M-THRMBC 1ST VSL	Y	-	1/1/2020	Fee Schedule	\$6,429.68
37185	PRIM ART M-THRMBC SBSQ VSL	-	-	7/1/2018	No Separate Payment	\$0.00
37186	SEC ART THROMBECTOMY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37187	VENOUS MECH THROMBECTOMY	Y	-	1/1/2020	Fee Schedule	\$3,102.97
37188	VEN MECHNL THRMBC REPEAT TX	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37197	REMOVE INTRVAS FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37200	TRANSCATHETER BIOPSY	Y	-	1/1/2020	Fee Schedule	\$2,321.81
37211	THROMBOLYTIC ART THERAPY	Y	-	1/1/2020	Fee Schedule	\$2,321.81
37212	THROMBOLYTIC VENOUS THERAPY	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37220	ILIAC REVASC	Y	-	1/1/2020	Fee Schedule	\$2,141.74
37221	ILIAC REVASC W/STENT	Y	-	1/1/2020	Fee Schedule	\$6,179.86
37222	ILIAC REVASC ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37223	ILIAC REVASC W/STENT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37224	FEM/POPL REVAS W/TLA	Y	-	1/1/2020	Fee Schedule	\$3,119.95
37225	FEM/POPL REVAS W/ATHER	Y	-	1/1/2020	Fee Schedule	\$6,675.40
37226	FEM/POPL REVASC W/STENT	Y	-	1/1/2020	Fee Schedule	\$6,444.83
37227	FEM/POPL REVASC STNT & ATHER	Y	-	1/1/2020	Fee Schedule	\$10,941.69
37228	TIB/PER REVASC W/TLA	Y	-	1/1/2020	Fee Schedule	\$5,670.39
37229	TIB/PER REVASC W/ATHER	Y	-	1/1/2020	Fee Schedule	\$10,286.74
37230	TIB/PER REVASC W/STENT	Y	-	1/1/2020	Fee Schedule	\$10,101.70
37231	TIB/PER REVASC STENT & ATHER	Y	-	1/1/2020	Fee Schedule	\$10,649.49
37232	TIB/PER REVASC ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37233	TIBPER REVASC W/ATHER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37234	REVSC OPN/PRQ TIB/PERO STENT	-	-	7/1/2018	No Separate Payment	\$0.00
37235	TIB/PER REVASC STNT & ATHER	-	-	7/1/2018	No Separate Payment	\$0.00
37236	OPEN/PERQ PLACE STENT 1ST	Y	-	1/1/2020	Fee Schedule	\$5,945.19
37237	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
37238	OPEN/PERQ PLACE STENT SAME	Y	-	1/1/2020	Fee Schedule	\$6,194.19
37239	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Y	-	1/1/2020	Fee Schedule	\$4,182.94
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Y	-	1/1/2020	Fee Schedule	\$6,096.72
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Y	-	1/1/2020	Fee Schedule	\$4,182.94
37246	TRLUML BALO ANGIOP 1ST ART	Y	-	1/1/2020	Fee Schedule	\$2,141.74
37247	TRLUML BALO ANGIOP ADDL ART	-	-	7/1/2018	No Separate Payment	\$0.00
37248	TRLUML BALO ANGIOP 1ST VEIN	Y	-	1/1/2020	Fee Schedule	\$2,141.74
37249	TRLUML BALO ANGIOP ADDL VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
37252	INTRVASC US NONCORONARY 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
37253	INTRVASC US NONCORONARY ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
37500	ENDOSCOPY LIGATE PERF VEINS	Y	-	1/1/2020	Fee Schedule	\$2,321.81
37607	LIGATION OF A-V FISTULA	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37609	TEMPORAL ARTERY PROCEDURE	Y	-	1/1/2020	Fee Schedule	\$576.39
37650	REVISION OF MAJOR VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37700	REVISE LEG VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37718	LIGATE/STRIP SHORT LEG VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37722	LIGATE/STRIP LONG LEG VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37735	REMOVAL OF LEG VEINS/LESION	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37760	LIGATE LEG VEINS RADICAL	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37761	LIGATE LEG VEINS OPEN	Y	-	1/1/2020	Fee Schedule	\$579.91

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
37765	STAB PHLEB VEINS XTR 10-20	Y	-	1/1/2020	Fee Schedule	\$247.94
37766	PHLEB VEINS - EXTREM 20+	Y	-	1/1/2020	Fee Schedule	\$273.20
37780	REVISION OF LEG VEIN	Y	-	1/1/2020	Fee Schedule	\$579.91
37785	LIGATE/DIVIDE/EXCISE VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37790	PENILE VENOUS OCCLUSION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
38200	INJECTION FOR SPLEEN X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
38204	BL DONOR SEARCH MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
38205	HARVEST ALLOGENEIC STEM CELL	-	-	7/1/2018	Not Allowed	\$0.00
38206	HARVEST AUTO STEM CELLS	-	-	1/1/2020	Fee Schedule	\$668.81
38220	DX BONE MARROW ASPIRATIONS	Y	-	1/1/2020	Fee Schedule	\$122.34
38221	DX BONE MARROW BIOPSIES	Y	-	1/1/2020	Fee Schedule	\$111.88
38222	DX BONE MARROW BX & ASPIR	Y	-	1/1/2020	Fee Schedule	\$994.34
38230	BONE MARROW HARVEST ALLOGEN	-	-	1/1/2020	Fee Schedule	\$668.81
38232	BONE MARROW HARVEST AUTOLOG	-	-	1/1/2020	Fee Schedule	\$1,929.37
38241	TRANSPLT AUTOL HCT/DONOR	-	-	1/1/2020	Fee Schedule	\$668.81
38242	TRANSPLT ALLO LYMPHOCYTES	-	-	1/1/2020	Fee Schedule	\$668.81
38243	TRANSPLJ HEMATOPOIETIC BOOST	-	-	1/1/2020	Fee Schedule	\$668.81
38300	DRAINAGE LYMPH NODE LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
38305	DRAINAGE LYMPH NODE LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
38308	INCISION OF LYMPH CHANNELS	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38500	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38505	NEEDLE BIOPSY LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$576.39
38510	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38520	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38525	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38530	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38542	EXPLORE DEEP NODE(S) NECK	Y	-	1/1/2020	Fee Schedule	\$2,194.07
38550	REMOVAL NECK/ARMPIT LESION	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38555	REMOVAL NECK/ARMPIT LESION	Y	-	1/1/2020	Fee Schedule	\$2,193.27
38570	LAPAROSCOPY LYMPH NODE BIOP	Y	-	1/1/2020	Fee Schedule	\$2,194.07
38571	LAPAROSCOPY LYMPHADENECTOMY	Y	-	1/1/2020	Fee Schedule	\$3,588.58
38572	LAPAROSCOPY LYMPHADENECTOMY	Y	-	1/1/2020	Fee Schedule	\$3,588.58
38573	LAPS PELVIC LYMPHADEC	Y	-	1/1/2020	Fee Schedule	\$3,588.58
38700	REMOVAL OF LYMPH NODES NECK	Y	-	1/1/2020	Fee Schedule	\$2,193.27
38740	REMOVE ARMPIT LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$2,194.07
38745	REMOVE ARMPIT LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$2,194.07
38760	REMOVE GROIN LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$2,193.27
38790	INJECT FOR LYMPHATIC X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
38792	RA TRACER ID OF SENTINL NODE	-	-	7/1/2018	No Separate Payment	\$0.00
38794	ACCESS THORACIC LYMPH DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
38900	IO MAP OF SENT LYMPH NODE	-	-	7/1/2018	No Separate Payment	\$0.00
40490	BIOPSY OF LIP	Y	-	1/1/2020	Fee Schedule	\$80.12
40500	PARTIAL EXCISION OF LIP	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40510	PARTIAL EXCISION OF LIP	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40520	PARTIAL EXCISION OF LIP	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40525	RECONSTRUCT LIP WITH FLAP	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40527	RECONSTRUCT LIP WITH FLAP	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40530	PARTIAL REMOVAL OF LIP	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40650	REPAIR LIP	Y	-	1/1/2020	Fee Schedule	\$223.19
40652	REPAIR LIP	Y	-	1/1/2020	Fee Schedule	\$223.19

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
40654	REPAIR LIP	Y	-	1/1/2020	Fee Schedule	\$536.60
40700	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40701	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40702	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40720	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40761	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40800	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$166.37
40801	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$223.19
40804	REMOVAL FOREIGN BODY MOUTH	-	-	7/1/2018	No Separate Payment	\$0.00
40805	REMOVAL FOREIGN BODY MOUTH	Y	-	1/1/2020	Fee Schedule	\$196.69
40806	INCISION OF LIP FOLD	Y	-	1/1/2020	Fee Schedule	\$89.50
40808	BIOPSY OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$121.98
40810	EXCISION OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$162.04
40812	EXCISE/REPAIR MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$200.66
40814	EXCISE/REPAIR MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40816	EXCISION OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$223.19
40819	EXCISE LIP OR CHEEK FOLD	Y	-	1/1/2020	Fee Schedule	\$536.60
40820	TREATMENT OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$214.73
40830	REPAIR MOUTH LACERATION	Y	-	1/1/2020	Fee Schedule	\$102.89
40831	REPAIR MOUTH LACERATION	Y	-	1/1/2020	Fee Schedule	\$223.19
40840	RECONSTRUCTION OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40842	RECONSTRUCTION OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40843	RECONSTRUCTION OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40844	RECONSTRUCTION OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40845	RECONSTRUCTION OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41000	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$109.71
41005	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$102.89
41006	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$536.60
41007	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$536.60
41008	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41009	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$223.19
41010	INCISION OF TONGUE FOLD	Y	-	1/1/2020	Fee Schedule	\$536.60
41015	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$223.19
41016	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41017	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41018	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$536.60
41019	PLACE NEEDLES H&N FOR RT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41100	BIOPSY OF TONGUE	Y	-	1/1/2020	Fee Schedule	\$122.70
41105	BIOPSY OF TONGUE	Y	-	1/1/2020	Fee Schedule	\$122.70
41108	BIOPSY OF FLOOR OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$115.49
41110	EXCISION OF TONGUE LESION	Y	-	1/1/2020	Fee Schedule	\$163.12
41112	EXCISION OF TONGUE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41113	EXCISION OF TONGUE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41114	EXCISION OF TONGUE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41115	EXCISION OF TONGUE FOLD	Y	-	1/1/2020	Fee Schedule	\$188.03
41116	EXCISION OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41120	PARTIAL REMOVAL OF TONGUE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41250	REPAIR TONGUE LACERATION	-	-	7/1/2018	No Separate Payment	\$0.00
41251	REPAIR TONGUE LACERATION	Y	-	1/1/2020	Fee Schedule	\$102.89

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
41252	REPAIR TONGUE LACERATION	Y	-	1/1/2020	Fee Schedule	\$102.89
41510	TONGUE TO LIP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41512	TONGUE SUSPENSION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41520	RECONSTRUCTION TONGUE FOLD	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41530	TONGUE BASE VOL REDUCTION	Y	-	1/1/2020	Fee Schedule	\$835.11
41800	DRAINAGE OF GUM LESION	-	-	7/1/2018	No Separate Payment	\$0.00
41805	REMOVAL FOREIGN BODY GUM	Y	-	1/1/2020	Fee Schedule	\$252.27
41806	REMOVAL FOREIGN BODY JAWBONE	Y	-	1/1/2020	Fee Schedule	\$302.79
41820	EXCISION GUM EACH QUADRANT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41821	EXCISION OF GUM FLAP	Y	-	1/1/2020	Fee Schedule	\$536.60
41822	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$254.07
41823	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$365.59
41825	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$167.82
41826	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$227.36
41827	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41828	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$226.28
41830	REMOVAL OF GUM TISSUE	Y	-	1/1/2020	Fee Schedule	\$325.53
41850	TREATMENT OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$536.60
41870	GUM GRAFT	Y	-	1/1/2020	Fee Schedule	\$536.60
41872	REPAIR GUM	Y	-	1/1/2020	Fee Schedule	\$334.91
41874	REPAIR TOOTH SOCKET	Y	-	1/1/2020	Fee Schedule	\$277.53
41899	UNLISTED PROCEDURE, DENTOALVEOLAR	Y	-	7/1/2018	Fee Schedule	\$2,042.00
42000	DRAINAGE MOUTH ROOF LESION	Y	-	1/1/2020	Fee Schedule	\$102.89
42100	BIOPSY ROOF OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$97.44
42104	EXCISION LESION MOUTH ROOF	Y	-	1/1/2020	Fee Schedule	\$154.82
42106	EXCISION LESION MOUTH ROOF	Y	-	1/1/2020	Fee Schedule	\$189.11
42107	EXCISION LESION MOUTH ROOF	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42120	REMOVE PALATE/LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42140	EXCISION OF UVULA	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42145	REPAIR PALATE PHARYNX/UVULA	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42160	TREATMENT MOUTH ROOF LESION	Y	-	1/1/2020	Fee Schedule	\$166.73
42180	REPAIR PALATE	Y	-	1/1/2020	Fee Schedule	\$223.19
42182	REPAIR PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42200	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42205	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42210	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42215	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42220	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42225	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42226	LENGTHENING OF PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42227	LENGTHENING OF PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42235	REPAIR PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42260	REPAIR NOSE TO LIP FISTULA	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42280	PREPARATION PALATE MOLD	Y	-	1/1/2020	Fee Schedule	\$121.26
42281	INSERTION PALATE PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42300	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$536.60
42305	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42310	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$223.19
42320	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$223.19
42330	REMOVAL OF SALIVARY STONE	Y	-	1/1/2020	Fee Schedule	\$146.88

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
42335	REMOVAL OF SALIVARY STONE	Y	-	1/1/2020	Fee Schedule	\$277.17
42340	REMOVAL OF SALIVARY STONE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42400	BIOPSY OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$75.07
42405	BIOPSY OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$536.60
42408	EXCISION OF SALIVARY CYST	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42409	DRAINAGE OF SALIVARY CYST	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42410	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42415	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42420	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42425	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42440	EXCISE SUBMAXILLARY GLAND	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42450	EXCISE SUBLINGUAL GLAND	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42500	REPAIR SALIVARY DUCT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42505	REPAIR SALIVARY DUCT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42507	PAROTID DUCT DIVERSION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42509	PAROTID DUCT DIVERSION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42510	PAROTID DUCT DIVERSION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42550	INJECTION FOR SALIVARY X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42650	DILATION OF SALIVARY DUCT	Y	-	1/1/2020	Fee Schedule	\$49.44
42660	DILATION OF SALIVARY DUCT	Y	-	1/1/2020	Fee Schedule	\$75.43
42665	LIGATION OF SALIVARY DUCT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42700	DRAINAGE OF TONSIL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$102.89
42720	DRAINAGE OF THROAT ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42725	DRAINAGE OF THROAT ABSCESS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42800	BIOPSY OF THROAT	Y	-	1/1/2020	Fee Schedule	\$103.22
42804	BIOPSY OF UPPER NOSE/THROAT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42806	BIOPSY OF UPPER NOSE/THROAT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42808	EXCISE PHARYNX LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42809	REMOVE PHARYNX FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
42810	EXCISION OF NECK CYST	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42815	EXCISION OF NECK CYST	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42820	REMOVE TONSILS AND ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42821	REMOVE TONSILS AND ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42825	REMOVAL OF TONSILS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42826	REMOVAL OF TONSILS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42830	REMOVAL OF ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42831	REMOVAL OF ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42835	REMOVAL OF ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42836	REMOVAL OF ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42860	EXCISION OF TONSIL TAGS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42870	EXCISION OF LINGUAL TONSIL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42890	PARTIAL REMOVAL OF PHARYNX	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42892	REVISION OF PHARYNGEAL WALLS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42900	REPAIR THROAT WOUND	Y	-	1/1/2020	Fee Schedule	\$536.60
42950	RECONSTRUCTION OF THROAT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42955	SURGICAL OPENING OF THROAT	Y	-	1/1/2020	Fee Schedule	\$536.60
42960	CONTROL THROAT BLEEDING	Y	-	1/1/2020	Fee Schedule	\$223.19
42962	CONTROL THROAT BLEEDING	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42970	CONTROL NOSE/THROAT BLEEDING	Y	-	1/1/2020	Fee Schedule	\$102.89

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
42972	CONTROL NOSE/THROAT BLEEDING	Y	-	1/1/2020	Fee Schedule	\$1,055.06
43030	THROAT MUSCLE SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
43130	REMOVAL OF ESOPHAGUS POUCH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
43180	ESOPHAGOSCOPY RIGID TRNSO	Y	-	1/1/2020	Fee Schedule	\$2,246.55
43191	ESOPHAGOSCOPY RIGID TRNSO DX	Y	-	1/1/2020	Fee Schedule	\$663.06
43192	ESOPHAGOSCP RIG TRNSO INJECT	Y	-	1/1/2020	Fee Schedule	\$663.06
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	Y	-	1/1/2020	Fee Schedule	\$663.06
43194	ESOPHAGOSCP RIG TRNSO REM FB	Y	-	1/1/2020	Fee Schedule	\$663.06
43195	ESOPHAGOSCOPY RIGID BALLOON	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43196	ESOPHAGOSCP GUIDE WIRE DILAT	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43197	ESOPHAGOSCOPY FLEX DX BRUSH	Y	-	1/1/2020	Fee Schedule	\$135.34
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	Y	-	1/1/2020	Fee Schedule	\$144.36
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	Y	-	1/1/2020	Fee Schedule	\$397.12
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y	-	1/1/2020	Fee Schedule	\$663.06
43202	ESOPHAGOSCOPY FLEX BIOPSY	Y	-	1/1/2020	Fee Schedule	\$663.06
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y	-	1/1/2020	Fee Schedule	\$663.06
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y	-	1/1/2020	Fee Schedule	\$663.06
43206	ESOPH OPTICAL ENDOMICROSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
43210	EGD ESOPHAGOGASTRC FNDOPPLSTY	Y	-	1/1/2020	Fee Schedule	\$3,588.58
43211	ESOPHAGOSCP MUCOSAL RESECT	Y	-	1/1/2020	Fee Schedule	\$663.06
43212	ESOPHAGOSCP STENT PLACEMENT	Y	-	1/1/2020	Fee Schedule	\$3,124.58
43213	ESOPHAGOSCOPY RETRO BALLOON	Y	-	1/1/2020	Fee Schedule	\$663.06
43214	ESOPHAGOSC DILATE BALLOON 30	Y	-	1/1/2020	Fee Schedule	\$663.06
43215	ESOPHAGOSCOPY FLEX REMOVE FB	Y	-	1/1/2020	Fee Schedule	\$663.06
43216	ESOPHAGOSCOPY LESION REMOVAL	Y	-	1/1/2020	Fee Schedule	\$663.06
43217	ESOPHAGOSCOPY SNARE LES REMV	Y	-	1/1/2020	Fee Schedule	\$663.06
43220	ESOPHAGOSCOPY BALLOON <30MM	Y	-	1/1/2020	Fee Schedule	\$663.06
43226	ESOPH ENDOSCOPY DILATION	Y	-	1/1/2020	Fee Schedule	\$663.06
43227	ESOPHAGOSCOPY CONTROL BLEED	Y	-	1/1/2020	Fee Schedule	\$663.06
43229	ESOPHAGOSCOPY LESION ABLATE	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43231	ESOPHAGOSCP ULTRASOUND EXAM	Y	-	1/1/2020	Fee Schedule	\$663.06
43232	ESOPHAGOSCOPY W/US NEEDLE BX	Y	-	1/1/2020	Fee Schedule	\$663.06
43233	EGD BALLOON DIL ESOPH30 MM/>	Y	-	1/1/2020	Fee Schedule	\$663.06
43235	EGD DIAGNOSTIC BRUSH WASH	Y	-	1/1/2020	Fee Schedule	\$397.12
43236	UPPR GI SCOPE W/SUBMUC INJ	Y	-	1/1/2020	Fee Schedule	\$397.12
43237	ENDOSCOPIC US EXAM ESOPH	Y	-	1/1/2020	Fee Schedule	\$663.06
43238	EGD US FINE NEEDLE BX/ASPIR	Y	-	1/1/2020	Fee Schedule	\$663.06
43239	EGD BIOPSY SINGLE/MULTIPLE	Y	-	1/1/2020	Fee Schedule	\$397.12
43240	EGD W/TRANSMURAL DRAIN CYST	Y	-	1/1/2020	Fee Schedule	\$1,967.54
43241	EGD TUBE/CATH INSERTION	Y	-	1/1/2020	Fee Schedule	\$663.06
43242	EGD US FINE NEEDLE BX/ASPIR	Y	-	1/1/2020	Fee Schedule	\$663.06
43243	EGD INJECTION VARICES	Y	-	1/1/2020	Fee Schedule	\$663.06
43244	EGD VARICES LIGATION	Y	-	1/1/2020	Fee Schedule	\$663.06
43245	EGD DILATE STRICTURE	Y	-	1/1/2020	Fee Schedule	\$663.06
43246	EGD PLACE GASTROSTOMY TUBE	Y	-	1/1/2020	Fee Schedule	\$663.06
43247	EGD REMOVE FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$397.12
43248	EGD GUIDE WIRE INSERTION	Y	-	1/1/2020	Fee Schedule	\$397.12
43249	ESOPH EGD DILATION <30 MM	Y	-	1/1/2020	Fee Schedule	\$663.06
43250	EGD CAUTERY TUMOR POLYP	Y	-	1/1/2020	Fee Schedule	\$663.06
43251	EGD REMOVE LESION SNARE	Y	-	1/1/2020	Fee Schedule	\$663.06

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
43252	EGD OPTICAL ENDOMICROSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43253	EGD US TRANSMURAL INJXN/MARK	Y	-	1/1/2020	Fee Schedule	\$663.06
43254	EGD ENDO MUCOSAL RESECTION	Y	-	1/1/2020	Fee Schedule	\$663.06
43255	EGD CONTROL BLEEDING ANY	Y	-	1/1/2020	Fee Schedule	\$663.06
43257	EGD W/THRML TXMNT GERD	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43259	EGD US EXAM DUODENUM/JEJUNUM	Y	-	1/1/2020	Fee Schedule	\$663.06
43260	ERCP W/SPECIMEN COLLECTION	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43263	ERCP SPHINCTER PRESSURE MEAS	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43264	ERCP REMOVE DUCT CALCULI	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43265	ERCP LITHOTRIPSY CALCULI	Y	-	1/1/2020	Fee Schedule	\$1,960.57
43266	EGD ENDOSCOPIC STENT PLACE	Y	-	1/1/2020	Fee Schedule	\$3,165.28
43270	EGD LESION ABLATION	Y	-	1/1/2020	Fee Schedule	\$663.06
43273	ENDOSCOPIC PANCREATOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
43274	ERCP DUCT STENT PLACEMENT	Y	-	1/1/2020	Fee Schedule	\$1,960.57
43275	ERCP REMOVE FORGN BODY DUCT	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43276	ERCP STENT EXCHANGE W/DILATE	Y	-	1/1/2020	Fee Schedule	\$1,960.57
43277	ERCP EA DUCT/AMPULLA DILATE	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43278	ERCP LESION ABLATE W/DILATE	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Y	-	1/1/2020	Fee Schedule	\$5,121.86
43285	RMVL ESOPHGL SPHNCTR DEV	-	-	1/1/2020	Fee Schedule	\$2,194.07
43450	DILATE ESOPHAGUS 1/MULT PASS	Y	-	1/1/2020	Fee Schedule	\$397.12
43453	DILATE ESOPHAGUS	Y	-	1/1/2020	Fee Schedule	\$663.06
43653	LAPAROSCOPY GASTROSTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
43752	NASAL/OROGASTRIC W/TUBE PLMT	-	-	1/1/2020	Fee Schedule	\$183.72
43753	TX GASTRO INTUB W/ASP	-	-	7/1/2018	No Separate Payment	\$0.00
43754	DX GASTR INTUB W/ASP SPEC	-	-	7/1/2018	No Separate Payment	\$0.00
43755	DX GASTR INTUB W/ASP SPECS	-	-	1/1/2020	Fee Schedule	\$69.91
43756	DX DUOD INTUB W/ASP SPEC	-	-	1/1/2020	Fee Schedule	\$397.12
43757	DX DUOD INTUB W/ASP SPECS	Y	-	1/1/2020	Fee Schedule	\$397.12
43761	REPOSITION GASTROSTOMY TUBE	Y	-	1/1/2020	Fee Schedule	\$118.69
43762	RPLC GTUBE NO REVJ TRC	-	-	1/1/2020	Fee Schedule	\$118.69
43763	RPLC GTUBE REVJ GSTRST TRC	-	-	1/1/2020	Fee Schedule	\$118.69
43870	REPAIR STOMACH OPENING	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43886	REVISE GASTRIC PORT OPEN	-	-	7/1/2018	Not Allowed	\$0.00
43887	REMOVE GASTRIC PORT OPEN	-	-	7/1/2018	Not Allowed	\$0.00
43888	CHANGE GASTRIC PORT OPEN	-	-	7/1/2018	Not Allowed	\$0.00
44100	BIOPSY OF BOWEL	Y	-	1/1/2020	Fee Schedule	\$397.12
44312	REVISION OF ILEOSTOMY	Y	-	1/1/2020	Fee Schedule	\$1,504.38
44340	REVISION OF COLOSTOMY	Y	-	1/1/2020	Fee Schedule	\$1,504.38
44360	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	1/1/2020	Fee Schedule	\$663.06
44363	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44364	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44365	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44366	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44369	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44370	SMALL BOWEL ENDOSCOPY/STENT	Y	-	1/1/2020	Fee Schedule	\$3,168.54
44372	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
44373	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44376	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	1/1/2020	Fee Schedule	\$663.06
44378	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44379	S BOWEL ENDOSCOPE W/STENT	Y	-	1/1/2020	Fee Schedule	\$1,960.57
44380	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	1/1/2020	Fee Schedule	\$397.12
44381	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	1/1/2020	Fee Schedule	\$663.06
44382	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$397.12
44384	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,306.14
44385	ENDOSCOPY OF BOWEL POUCH	Y	-	1/1/2020	Fee Schedule	\$385.98
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y	-	1/1/2020	Fee Schedule	\$385.98
44388	COLONOSCOPY THRU STOMA SPX	Y	-	1/1/2020	Fee Schedule	\$385.98
44389	COLONOSCOPY WITH BIOPSY	Y	-	1/1/2020	Fee Schedule	\$507.42
44390	COLONOSCOPY FOR FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$385.98
44391	COLONOSCOPY FOR BLEEDING	Y	-	1/1/2020	Fee Schedule	\$507.42
44392	COLONOSCOPY & POLYPECTOMY	Y	-	1/1/2020	Fee Schedule	\$507.42
44394	COLONOSCOPY W/SNARE	Y	-	1/1/2020	Fee Schedule	\$507.42
44401	COLONOSCOPY WITH ABLATION	Y	-	1/1/2020	Fee Schedule	\$507.42
44402	COLONOSCOPY W/STENT PLCMT	Y	-	1/1/2020	Fee Schedule	\$2,943.57
44403	COLONOSCOPY W/RESECTION	Y	-	1/1/2020	Fee Schedule	\$507.42
44404	COLONOSCOPY W/INJECTION	Y	-	1/1/2020	Fee Schedule	\$507.42
44405	COLONOSCOPY W/DILATION	Y	-	1/1/2020	Fee Schedule	\$507.42
44406	COLONOSCOPY W/ULTRASOUND	Y	-	1/1/2020	Fee Schedule	\$507.42
44407	COLONOSCOPY W/NDL ASPIR/BX	Y	-	1/1/2020	Fee Schedule	\$507.42
44408	COLONOSCOPY W/DECOMPRESSION	Y	-	1/1/2020	Fee Schedule	\$385.98
44500	INTRO GASTROINTESTINAL TUBE	Y	-	1/1/2020	Fee Schedule	\$397.12
44701	INTRAOP COLON LAVAGE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
45000	DRAINAGE OF PELVIC ABSCESS	Y	-	1/1/2020	Fee Schedule	\$507.42
45005	DRAINAGE OF RECTAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$507.42
45020	DRAINAGE OF RECTAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45100	BIOPSY OF RECTUM	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45108	REMOVAL OF ANORECTAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45150	EXCISION OF RECTAL STRICTURE	Y	-	1/1/2020	Fee Schedule	\$507.42
45160	EXCISION OF RECTAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45171	EXC RECT TUM TRANSANAL PART	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45172	EXC RECT TUM TRANSANAL FULL	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45190	DESTRUCTION RECTAL TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45300	PROCTOSIGMOIDOSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$94.19
45303	PROCTOSIGMOIDOSCOPY DILATE	Y	-	1/1/2020	Fee Schedule	\$507.42
45305	PROCTOSIGMOIDOSCOPY W/BX	Y	-	1/1/2020	Fee Schedule	\$507.42
45307	PROCTOSIGMOIDOSCOPY FB	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45317	PROCTOSIGMOIDOSCOPY BLEED	Y	-	1/1/2020	Fee Schedule	\$507.42
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y	-	1/1/2020	Fee Schedule	\$2,537.40
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$145.44
45331	SIGMOIDOSCOPY AND BIOPSY	Y	-	1/1/2020	Fee Schedule	\$385.98

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y	-	1/1/2020	Fee Schedule	\$385.98
45334	SIGMOIDOSCOPY FOR BLEEDING	Y	-	1/1/2020	Fee Schedule	\$507.42
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y	-	1/1/2020	Fee Schedule	\$385.98
45337	SIGMOIDOSCOPY & DECOMPRESS	Y	-	1/1/2020	Fee Schedule	\$385.98
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y	-	1/1/2020	Fee Schedule	\$507.42
45340	SIG W/TNDSC BALLOON DILATION	Y	-	1/1/2020	Fee Schedule	\$507.42
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y	-	1/1/2020	Fee Schedule	\$385.98
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y	-	1/1/2020	Fee Schedule	\$507.42
45346	SIGMOIDOSCOPY W/ABLATION	Y	-	1/1/2020	Fee Schedule	\$507.42
45347	SIGMOIDOSCOPY W/PLCMT STENT	Y	-	1/1/2020	Fee Schedule	\$3,247.24
45349	SIGMOIDOSCOPY W/RESECTION	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45350	SGMDSC W/BAND LIGATION	Y	-	1/1/2020	Fee Schedule	\$507.42
45378	DIAGNOSTIC COLONOSCOPY	Y	-	1/1/2020	Fee Schedule	\$385.98
45379	COLONOSCOPY W/FB REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45380	COLONOSCOPY AND BIOPSY	Y	-	1/1/2020	Fee Schedule	\$507.42
45381	COLONOSCOPY SUBMUCOUS NJX	Y	-	1/1/2020	Fee Schedule	\$507.42
45382	COLONOSCOPY W/CONTROL BLEED	Y	-	1/1/2020	Fee Schedule	\$507.42
45384	COLONOSCOPY W/LESION REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45385	COLONOSCOPY W/LESION REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45386	COLONOSCOPY W/BALLOON DILAT	Y	-	1/1/2020	Fee Schedule	\$507.42
45388	COLONOSCOPY W/ABLATION	Y	-	1/1/2020	Fee Schedule	\$507.42
45389	COLONOSCOPY W/STENT PLCMT	Y	-	1/1/2020	Fee Schedule	\$3,132.65
45390	COLONOSCOPY W/RESECTION	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45391	COLONOSCOPY W/ENDOSCOPE US	Y	-	1/1/2020	Fee Schedule	\$507.42
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y	-	1/1/2020	Fee Schedule	\$507.42
45393	COLONOSCOPY W/DECOMPRESSION	Y	-	1/1/2020	Fee Schedule	\$507.42
45398	COLONOSCOPY W/BAND LIGATION	Y	-	1/1/2020	Fee Schedule	\$507.42
45500	REPAIR OF RECTUM	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45505	REPAIR OF RECTUM	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45520	TREATMENT OF RECTAL PROLAPSE	-	-	7/1/2018	No Separate Payment	\$0.00
45541	CORRECT RECTAL PROLAPSE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45560	REPAIR OF RECTOCELE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45900	REDUCTION OF RECTAL PROLAPSE	Y	-	1/1/2020	Fee Schedule	\$385.98
45905	DILATION OF ANAL SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$507.42
45910	DILATION OF RECTAL NARROWING	Y	-	1/1/2020	Fee Schedule	\$507.42
45915	REMOVE RECTAL OBSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$507.42
45990	SURG DX EXAM ANORECTAL	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46020	PLACEMENT OF SETON	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46030	REMOVAL OF RECTAL MARKER	Y	-	1/1/2020	Fee Schedule	\$507.42
46040	INCISION OF RECTAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$507.42
46045	INCISION OF RECTAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46050	INCISION OF ANAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$385.98
46060	INCISION OF RECTAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46070	INCISION OF ANAL SEPTUM	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46080	INCISION OF ANAL SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46083	INCISE EXTERNAL HEMORRHOID	Y	-	1/1/2020	Fee Schedule	\$118.69
46200	REMOVAL OF ANAL FISSURE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46220	EXCISE ANAL EXT TAG/PAPILLA	Y	-	1/1/2020	Fee Schedule	\$507.42
46221	LIGATION OF HEMORRHOID(S)	Y	-	1/1/2020	Fee Schedule	\$186.22

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
46230	REMOVAL OF ANAL TAGS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46250	REMOVE EXT HEM GROUPS 2+	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46255	REMOVE INT/EXT HEM 1 GROUP	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46257	REMOVE IN/EX HEM GRP & FISS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46258	REMOVE IN/EX HEM GRP W/FISTU	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46260	REMOVE IN/EX HEM GROUPS 2+	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46261	REMOVE IN/EX HEM GRPS & FISS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46262	REMOVE IN/EX HEM GRPS W/FIST	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46270	REMOVE ANAL FIST SUBQ	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46275	REMOVE ANAL FIST INTER	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46280	REMOVE ANAL FIST COMPLEX	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46285	REMOVE ANAL FIST 2 STAGE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46288	REPAIR ANAL FISTULA	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46320	REMOVAL OF HEMORRHOID CLOT	Y	-	1/1/2020	Fee Schedule	\$134.61
46500	INJECTION INTO HEMORRHOID(S)	Y	-	1/1/2020	Fee Schedule	\$235.67
46505	CHEMODENERVATION ANAL MUSC	Y	-	1/1/2020	Fee Schedule	\$507.42
46600	DIAGNOSTIC ANOSCOPY SPX	-	-	7/1/2018	No Separate Payment	\$0.00
46601	DIAGNOSTIC ANOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
46604	ANOSCOPY AND DILATION	Y	-	1/1/2020	Fee Schedule	\$507.42
46606	ANOSCOPY AND BIOPSY	Y	-	1/1/2020	Fee Schedule	\$213.65
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	Y	-	1/1/2020	Fee Schedule	\$507.42
46608	ANOSCOPY REMOVE FOR BODY	Y	-	1/1/2020	Fee Schedule	\$385.98
46610	ANOSCOPY REMOVE LESION	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46611	ANOSCOPY	Y	-	1/1/2020	Fee Schedule	\$385.98
46612	ANOSCOPY REMOVE LESIONS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46614	ANOSCOPY CONTROL BLEEDING	Y	-	1/1/2020	Fee Schedule	\$110.43
46615	ANOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46700	REPAIR OF ANAL STRICTURE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46706	REPR OF ANAL FISTULA W/GLUE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46707	REPAIR ANORECTAL FIST W/PLUG	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46750	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46753	RECONSTRUCTION OF ANUS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46754	REMOVAL OF SUTURE FROM ANUS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46760	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46761	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46900	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$161.45
46910	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$186.94
46916	CRYOSURGERY ANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$88.29
46917	LASER SURGERY ANAL LESIONS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46922	EXCISION OF ANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46924	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46930	DESTROY INTERNAL HEMORRHOIDS	Y	-	1/1/2020	Fee Schedule	\$154.82
46940	TREATMENT OF ANAL FISSURE	Y	-	1/1/2020	Fee Schedule	\$158.07
46942	TREATMENT OF ANAL FISSURE	Y	-	1/1/2020	Fee Schedule	\$157.71
46945	INT HRHC LIG 1 HROID W/O IMG	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46946	INT HRHC LIG 2+HROID W/O IMG	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46947	HEMORRHOIDOPEXY BY STAPLING	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46948	INT HRHC TRANAL DARTLZJ 2+	Y	-	1/1/2020	Fee Schedule	\$1,100.20
47000	NEEDLE BIOPSY OF LIVER	Y	-	1/1/2020	Fee Schedule	\$576.39
47001	NEEDLE BIOPSY LIVER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
47382	PERCUT ABLATE LIVER RF	Y	-	1/1/2020	Fee Schedule	\$2,194.07
47383	PERQ ABLTJ LVR CRYOABLATION	Y	-	1/1/2020	Fee Schedule	\$3,102.53
47531	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
47532	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
47533	PLMT BILIARY DRAINAGE CATH	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47534	PLMT BILIARY DRAINAGE CATH	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47535	CONVERSION EXT BIL DRG CATH	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47536	EXCHANGE BILIARY DRG CATH	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47537	REMOVAL BILIARY DRG CATH	-	-	1/1/2020	Fee Schedule	\$397.12
47538	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2020	Fee Schedule	\$3,329.38
47539	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2020	Fee Schedule	\$2,194.07
47540	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2020	Fee Schedule	\$3,119.29
47541	PLMT ACCESS BIL TREE SM BWL	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47542	DILATE BILIARY DUCT/AMPULLA	-	-	7/1/2018	No Separate Payment	\$0.00
47543	ENDOLUMINAL BX BILIARY TREE	-	-	7/1/2018	No Separate Payment	\$0.00
47544	REMOVAL DUCT GLBLDR CALCULI	-	-	7/1/2018	No Separate Payment	\$0.00
47552	BILIARY ENDO PERQ DX W/SPECI	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47553	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47554	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2020	Fee Schedule	\$2,194.07
47555	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47556	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2020	Fee Schedule	\$3,252.04
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y	-	1/1/2020	Fee Schedule	\$2,194.07
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y	-	1/1/2020	Fee Schedule	\$2,194.07
48102	NEEDLE BIOPSY PANCREAS	Y	-	1/1/2020	Fee Schedule	\$576.39
49082	ABD PARACENTESIS	Y	-	1/1/2020	Fee Schedule	\$397.12
49083	ABD PARACENTESIS W/IMAGING	Y	-	1/1/2020	Fee Schedule	\$397.12
49084	PERITONEAL LAVAGE	Y	-	1/1/2020	Fee Schedule	\$397.12
49180	BIOPSY ABDOMINAL MASS	Y	-	1/1/2020	Fee Schedule	\$576.39
49250	EXCISION OF UMBILICUS	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49320	DIAG LAPARO SEPARATE PROC	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49321	LAPAROSCOPY BIOPSY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49322	LAPAROSCOPY ASPIRATION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49324	LAP INSERT TUNNEL IP CATH	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49325	LAP REVISION PERM IP CATH	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49326	LAP W/OMENTOPEXY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
49327	LAP INS DEVICE FOR RT	-	-	7/1/2018	No Separate Payment	\$0.00
49400	AIR INJECTION INTO ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49406	IMAGE CATH FLUID PERI/RETRO	Y	-	1/1/2020	Fee Schedule	\$576.39
49407	IMAGE CATH FLUID TRNS/VGNL	Y	-	1/1/2020	Fee Schedule	\$576.39
49411	INS MARK ABD/PEL FOR RT PERQ	-	-	1/1/2020	Fee Schedule	\$362.70
49418	INSERT TUN IP CATH PERC	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49419	INSERT TUN IP CATH W/PORT	Y	-	1/1/2020	Fee Schedule	\$2,321.81
49421	INS TUN IP CATH FOR DIAL OPN	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49422	REMOVE TUNNELED IP CATH	-	-	1/1/2020	Fee Schedule	\$1,341.23
49423	EXCHANGE DRAINAGE CATHETER	Y	-	1/1/2020	Fee Schedule	\$663.06
49424	ASSESS CYST CONTRAST INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49427	INJECTION ABDOMINAL SHUNT	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
49429	REMOVAL OF SHUNT	-	-	1/1/2020	Fee Schedule	\$1,341.23
49435	INSERT SUBQ EXTEN TO IP CATH	-	-	7/1/2018	No Separate Payment	\$0.00
49436	EMBEDDED IP CATH EXIT-SITE	Y	-	1/1/2020	Fee Schedule	\$663.06
49440	PLACE GASTROSTOMY TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$663.06
49441	PLACE DUOD/JEJ TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$663.06
49442	PLACE CECOSTOMY TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$507.42
49446	CHANGE G-TUBE TO G-J PERC	Y	-	1/1/2020	Fee Schedule	\$663.06
49450	REPLACE G/C TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$397.12
49451	REPLACE DUOD/JEJ TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$397.12
49452	REPLACE G-J TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$397.12
49460	FIX G/COLON TUBE W/DEVICE	Y	-	1/1/2020	Fee Schedule	\$397.12
49465	FLUORO EXAM OF G/COLON TUBE	-	-	1/1/2020	Fee Schedule	\$117.75
49495	RPR ING HERNIA BABY REDUC	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49496	RPR ING HERNIA BABY BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49500	RPR ING HERNIA INIT REDUCE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49501	RPR ING HERNIA INIT BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49505	PRP I/HERN INIT REDUC >5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49507	PRP I/HERN INIT BLOCK >5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49520	REREPAIR ING HERNIA REDUCE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49521	REREPAIR ING HERNIA BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49525	REPAIR ING HERNIA SLIDING	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49540	REPAIR LUMBAR HERNIA	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49550	RPR REM HERNIA INIT REDUCE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49553	RPR FEM HERNIA INIT BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49555	REREPAIR FEM HERNIA REDUCE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49557	REREPAIR FEM HERNIA BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49560	RPR VENTRAL HERN INIT REDUC	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49561	RPR VENTRAL HERN INIT BLOCK	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49565	REREPAIR VENTRL HERN REDUCE	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49566	REREPAIR VENTRL HERN BLOCK	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49568	HERNIA REPAIR W/MESH	-	-	7/1/2018	No Separate Payment	\$0.00
49570	RPR EPIGASTRIC HERN REDUCE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49572	RPR EPIGASTRIC HERN BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49580	RPR UMBIL HERN REDUC < 5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49582	RPR UMBIL HERN BLOCK < 5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49585	RPR UMBIL HERN REDUC > 5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49587	RPR UMBIL HERN BLOCK > 5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49590	REPAIR SPIGELIAN HERNIA	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49600	REPAIR UMBILICAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49650	LAP ING HERNIA REPAIR INIT	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49651	LAP ING HERNIA REPAIR RECUR	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49652	LAP VENT/ABD HERNIA REPAIR	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49653	LAP VENT/ABD HERN PROC COMP	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49654	LAP INC HERNIA REPAIR	Y	-	1/1/2020	Fee Schedule	\$3,588.58
49655	LAP INC HERN REPAIR COMP	Y	-	1/1/2020	Fee Schedule	\$3,588.58
49656	LAP INC HERNIA REPAIR RECUR	Y	-	1/1/2020	Fee Schedule	\$3,588.58
49657	LAP INC HERN RECUR COMP	Y	-	1/1/2020	Fee Schedule	\$3,588.58
50080	REMOVAL OF KIDNEY STONE	Y	-	1/1/2020	Fee Schedule	\$3,995.65
50081	REMOVAL OF KIDNEY STONE	Y	-	1/1/2020	Fee Schedule	\$3,995.65
50200	RENAL BIOPSY PERQ	Y	-	1/1/2020	Fee Schedule	\$576.39

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
50382	CHANGE URETER STENT PERCUT	Y	-	1/1/2020	Fee Schedule	\$789.71
50384	REMOVE URETER STENT PERCUT	-	-	1/1/2020	Fee Schedule	\$789.71
50385	CHANGE STENT VIA TRANSURETH	Y	-	1/1/2020	Fee Schedule	\$789.71
50386	REMOVE STENT VIA TRANSURETH	-	-	1/1/2020	Fee Schedule	\$639.51
50387	CHANGE NEPHROURETERAL CATH	Y	-	1/1/2020	Fee Schedule	\$789.71
50389	REMOVE RENAL TUBE W/FLUORO	-	-	1/1/2020	Fee Schedule	\$281.21
50390	DRAINAGE OF KIDNEY LESION	Y	-	1/1/2020	Fee Schedule	\$308.23
50391	INSTLL RX AGNT INTO RNAL TUB	Y	-	1/1/2020	Fee Schedule	\$49.08
50396	MEASURE KIDNEY PRESSURE	Y	-	1/1/2020	Fee Schedule	\$281.21
50430	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	\$0.00
50431	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	\$0.00
50432	PLMT NEPHROSTOMY CATHETER	Y	-	1/1/2020	Fee Schedule	\$789.71
50433	PLMT NEPHROURETERAL CATHETER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50434	CONVERT NEPHROSTOMY CATHETER	Y	-	1/1/2020	Fee Schedule	\$1,058.01
50435	EXCHANGE NEPHROSTOMY CATH	Y	-	1/1/2020	Fee Schedule	\$789.71
50436	DILAT XST TRC NDURLGC PX	-	-	1/1/2020	Fee Schedule	\$789.71
50437	DILAT XST TRC NEW ACCESS RCS	-	-	1/1/2020	Fee Schedule	\$1,376.97
50551	KIDNEY ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50553	KIDNEY ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50555	KIDNEY ENDOSCOPY & BIOPSY	Y	-	1/1/2020	Fee Schedule	\$3,995.65
50557	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$3,995.65
50561	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50562	RENAL SCOPE W/TUMOR RESECT	Y	-	1/1/2020	Fee Schedule	\$3,995.65
50570	KIDNEY ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50572	KIDNEY ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$281.21
50574	KIDNEY ENDOSCOPY & BIOPSY	Y	-	1/1/2020	Fee Schedule	\$789.71
50575	KIDNEY ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50576	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50580	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50590	FRAGMENTING OF KIDNEY STONE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50592	PERC RF ABLATE RENAL TUMOR	Y	-	1/1/2020	Fee Schedule	\$2,194.07
50593	PERC CRYO ABLATE RENAL TUM	Y	-	1/1/2020	Fee Schedule	\$4,916.67
50606	ENDOLUMINAL BX URTR RNL PLVS	-	-	7/1/2018	No Separate Payment	\$0.00
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS	-	-	7/1/2018	No Separate Payment	\$0.00
50684	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
50686	MEASURE URETER PRESSURE	-	-	1/1/2020	Fee Schedule	\$69.91
50688	CHANGE OF URETER TUBE/STENT	Y	-	1/1/2020	Fee Schedule	\$789.71
50690	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
50693	PLMT URETERAL STENT PRQ	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50694	PLMT URETERAL STENT PRQ	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50695	PLMT URETERAL STENT PRQ	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50705	URETERAL EMBOLIZATION/OCCL	-	-	7/1/2018	No Separate Payment	\$0.00
50706	BALLOON DILATE URTRL STRIX	-	-	7/1/2018	No Separate Payment	\$0.00
50727	REVISE URETER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50947	LAPARO NEW URETER/BLADDER	Y	-	1/1/2020	Fee Schedule	\$2,194.07
50948	LAPARO NEW URETER/BLADDER	Y	-	1/1/2020	Fee Schedule	\$3,588.58
50951	ENDOSCOPY OF URETER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50953	ENDOSCOPY OF URETER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50955	URETER ENDOSCOPY & BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50957	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
50961	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50970	URETER ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50972	URETER ENDOSCOPY & CATHETER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50974	URETER ENDOSCOPY & BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50976	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50980	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
51020	INCISE & TREAT BLADDER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51030	INCISE & TREAT BLADDER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51040	INCISE & DRAIN BLADDER	Y	-	1/1/2020	Fee Schedule	\$789.71
51045	INCISE BLADDER/DRAIN URETER	Y	-	1/1/2020	Fee Schedule	\$789.71
51050	REMOVAL OF BLADDER STONE	Y	-	1/1/2020	Fee Schedule	\$1,976.27
51065	REMOVE URETER CALCULUS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51080	DRAINAGE OF BLADDER ABSCESS	Y	-	1/1/2020	Fee Schedule	\$994.34
51100	DRAIN BLADDER BY NEEDLE	Y	-	1/1/2020	Fee Schedule	\$38.98
51101	DRAIN BLADDER BY TROCAR/CATH	-	-	1/1/2020	Fee Schedule	\$105.38
51102	DRAIN BL W/CATH INSERTION	Y	-	1/1/2020	Fee Schedule	\$789.71
51500	REMOVAL OF BLADDER CYST	Y	-	1/1/2020	Fee Schedule	\$2,194.07
51520	REMOVAL OF BLADDER LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51535	REPAIR OF URETER LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51600	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
51605	PREPARATION FOR BLADDER XRAY	-	-	7/1/2018	No Separate Payment	\$0.00
51610	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
51700	IRRIGATION OF BLADDER	Y	-	1/1/2020	Fee Schedule	\$52.33
51701	INSERT BLADDER CATHETER	-	-	7/1/2018	No Separate Payment	\$0.00
51702	INSERT TEMP BLADDER CATH	-	-	7/1/2018	No Separate Payment	\$0.00
51703	INSERT BLADDER CATH COMPLEX	-	-	1/1/2020	Fee Schedule	\$69.91
51705	CHANGE OF BLADDER TUBE	Y	-	1/1/2020	Fee Schedule	\$61.35
51710	CHANGE OF BLADDER TUBE	Y	-	1/1/2020	Fee Schedule	\$281.21
51715	ENDOSCOPIC INJECTION/IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,826.17
51720	TREATMENT OF BLADDER LESION	Y	-	1/1/2020	Fee Schedule	\$51.25
51725	SIMPLE CYSTOMETROGRAM	Y	-	1/1/2020	Fee Schedule	\$118.69
51726	COMPLEX CYSTOMETROGRAM	Y	-	1/1/2020	Fee Schedule	\$118.69
51727	CYSTOMETROGRAM W/UP	Y	-	1/1/2020	Fee Schedule	\$244.69
51728	CYSTOMETROGRAM W/VP	Y	-	1/1/2020	Fee Schedule	\$251.18
51729	CYSTOMETROGRAM W/VP&UP	Y	-	1/1/2020	Fee Schedule	\$252.27
51736	URINE FLOW MEASUREMENT	-	-	7/1/2018	No Separate Payment	\$0.00
51741	ELECTRO-UROFLOWMETRY FIRST	-	-	7/1/2018	No Separate Payment	\$0.00
51784	ANAL/URINARY MUSCLE STUDY	-	-	1/1/2020	Fee Schedule	\$29.23
51785	ANAL/URINARY MUSCLE STUDY	Y	-	1/1/2020	Fee Schedule	\$118.69
51792	URINARY REFLEX STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
51797	INTRAABDOMINAL PRESSURE TEST	-	-	7/1/2018	No Separate Payment	\$0.00
51798	US URINE CAPACITY MEASURE	-	-	7/1/2018	No Separate Payment	\$0.00
51880	REPAIR OF BLADDER OPENING	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51992	LAPARO SLING OPERATION	Y	-	1/1/2020	Fee Schedule	\$2,924.02
52000	CYSTOSCOPY	Y	-	1/1/2020	Fee Schedule	\$281.21
52001	CYSTOSCOPY REMOVAL OF CLOTS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52005	CYSTOSCOPY & URETER CATHETER	Y	-	1/1/2020	Fee Schedule	\$789.71
52007	CYSTOSCOPY AND BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52010	CYSTOSCOPY & DUCT CATHETER	Y	-	1/1/2020	Fee Schedule	\$281.21
52204	CYSTOSCOPY W/BIOPSY(S)	Y	-	1/1/2020	Fee Schedule	\$789.71

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
52214	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52224	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52234	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52235	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52240	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52250	CYSTOSCOPY AND RADIOTRACER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52260	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52265	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$271.75
52270	CYSTOSCOPY & REVISE URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
52275	CYSTOSCOPY & REVISE URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
52276	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52277	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52281	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52282	CYSTOSCOPY IMPLANT STENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52283	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52285	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$281.21
52287	CYSTOSCOPY CHEMODENERVATION	Y	-	1/1/2020	Fee Schedule	\$789.71
52290	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52300	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52301	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52305	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52310	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52315	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52317	REMOVE BLADDER STONE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52318	REMOVE BLADDER STONE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52320	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52325	CYSTOSCOPY STONE REMOVAL	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52327	CYSTOSCOPY INJECT MATERIAL	Y	-	1/1/2020	Fee Schedule	\$2,687.93
52330	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52332	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52334	CREATE PASSAGE TO KIDNEY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52341	CYSTO W/URETER STRICTURE TX	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52342	CYSTO W/UP STRICTURE TX	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52343	CYSTO W/RENAL STRICTURE TX	Y	-	1/1/2020	Fee Schedule	\$789.71
52344	CYSTO/URETERO STRICTURE TX	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52345	CYSTO/URETERO W/UP STRICTURE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52346	CYSTOURETERO W/RENAL STRICT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52351	CYSTOURETERO & OR PYELOSCOPE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52352	CYSTOURETERO W/STONE REMOVE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52353	CYSTOURETERO W/LITHOTRIPSY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52354	CYSTOURETERO W/BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52355	CYSTOURETERO W/EXCISE TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52356	CYSTO/URETERO W/LITHOTRIPSY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52400	CYSTOURETERO W/CONGEN REPR	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52402	CYSTOURETHRO CUT EJACUL DUCT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52450	INCISION OF PROSTATE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52500	REVISION OF BLADDER NECK	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52601	PROSTATECTOMY (TURP)	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52630	REMOVE PROSTATE REGROWTH	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52640	RELIEVE BLADDER CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,376.97

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
52647	LASER SURGERY OF PROSTATE	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52648	LASER SURGERY OF PROSTATE	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52649	PROSTATE LASER ENUCLEATION	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52700	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53000	INCISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
53010	INCISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53020	INCISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
53025	INCISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
53040	DRAINAGE OF URETHRA ABSCESS	Y	-	1/1/2020	Fee Schedule	\$789.71
53060	DRAINAGE OF URETHRA ABSCESS	Y	-	1/1/2020	Fee Schedule	\$81.92
53080	DRAINAGE OF URINARY LEAKAGE	Y	-	1/1/2020	Fee Schedule	\$281.21
53085	DRAINAGE OF URINARY LEAKAGE	Y	-	1/1/2020	Fee Schedule	\$789.71
53200	BIOPSY OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
53210	REMOVAL OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53215	REMOVAL OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53220	TREATMENT OF URETHRA LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53230	REMOVAL OF URETHRA LESION	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53235	REMOVAL OF URETHRA LESION	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53240	SURGERY FOR URETHRA POUCH	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53250	REMOVAL OF URETHRA GLAND	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53260	TREATMENT OF URETHRA LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
53265	TREATMENT OF URETHRA LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
53270	REMOVAL OF URETHRA GLAND	Y	-	1/1/2020	Fee Schedule	\$789.71
53275	REPAIR OF URETHRA DEFECT	Y	-	1/1/2020	Fee Schedule	\$789.71
53400	REVISE URETHRA STAGE 1	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53405	REVISE URETHRA STAGE 2	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53410	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53420	RECONSTRUCT URETHRA STAGE 1	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53425	RECONSTRUCT URETHRA STAGE 2	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53430	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53431	RECONSTRUCT URETHRA/BLADDER	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53440	MALE SLING PROCEDURE	Y	-	1/1/2020	Fee Schedule	\$6,546.69
53442	REMOVE/REVISE MALE SLING	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53444	INSERT TANDEM CUFF	Y	-	1/1/2020	Fee Schedule	\$13,701.13
53445	INSERT URO/VES NCK SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$14,937.33
53446	REMOVE URO SPHINCTER	-	-	1/1/2020	Fee Schedule	\$1,976.27
53447	REMOVE/REPLACE UR SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$14,483.43
53449	REPAIR URO SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53450	REVISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53460	REVISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53502	REPAIR OF URETHRA INJURY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53505	REPAIR OF URETHRA INJURY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53510	REPAIR OF URETHRA INJURY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53515	REPAIR OF URETHRA INJURY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53520	REPAIR OF URETHRA DEFECT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53600	DILATE URETHRA STRICTURE	Y	-	1/1/2020	Fee Schedule	\$39.34
53601	DILATE URETHRA STRICTURE	-	-	7/1/2018	No Separate Payment	\$0.00
53605	DILATE URETHRA STRICTURE	Y	-	1/1/2020	Fee Schedule	\$789.71
53620	DILATE URETHRA STRICTURE	Y	-	1/1/2020	Fee Schedule	\$87.34
53621	DILATE URETHRA STRICTURE	Y	-	1/1/2020	Fee Schedule	\$89.50

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
53660	DILATION OF URETHRA	-	-	1/1/2020	Fee Schedule	\$44.03
53661	DILATION OF URETHRA	-	-	7/1/2018	No Separate Payment	\$0.00
53665	DILATION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
53850	PROSTATIC MICROWAVE THERMOTX	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53852	PROSTATIC RF THERMOTX	Y	-	1/1/2020	Fee Schedule	\$1,314.02
53854	TRURL DSTRJ PRST8 TISS RF WV	-	-	1/1/2020	Fee Schedule	\$789.71
53855	INSERT PROST URETHRAL STENT	Y	-	1/1/2020	Fee Schedule	\$695.09
53860	TRANSURETHRAL RF TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
54000	SLITTING OF PREPUCE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54001	SLITTING OF PREPUCE	Y	-	1/1/2020	Fee Schedule	\$789.71
54015	DRAIN PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$576.39
54050	DESTRUCTION PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	\$0.00
54055	DESTRUCTION PENIS LESION(S)	Y	-	1/1/2020	Fee Schedule	\$79.76
54056	CRYOSURGERY PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	\$0.00
54057	LASER SURG PENIS LESION(S)	Y	-	1/1/2020	Fee Schedule	\$819.95
54060	EXCISION OF PENIS LESION(S)	Y	-	1/1/2020	Fee Schedule	\$819.95
54065	DESTRUCTION PENIS LESION(S)	Y	-	1/1/2020	Fee Schedule	\$819.95
54100	BIOPSY OF PENIS	Y	-	1/1/2020	Fee Schedule	\$576.39
54105	BIOPSY OF PENIS	Y	-	1/1/2020	Fee Schedule	\$994.34
54110	TREATMENT OF PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54111	TREAT PENIS LESION GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54112	TREAT PENIS LESION GRAFT	Y	-	1/1/2020	Fee Schedule	\$3,995.65
54115	TREATMENT OF PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
54120	PARTIAL REMOVAL OF PENIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54150	CIRCUMCISION W/REGIONL BLOCK	Y	-	1/1/2020	Fee Schedule	\$789.71
54160	CIRCUMCISION NEONATE	Y	-	1/1/2020	Fee Schedule	\$281.21
54161	CIRCUM 28 DAYS OR OLDER	Y	-	1/1/2020	Fee Schedule	\$789.71
54162	LYSIS PENIL CIRCUMIC LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
54163	REPAIR OF CIRCUMCISION	Y	-	1/1/2020	Fee Schedule	\$789.71
54164	FRENULOTOMY OF PENIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54200	TREATMENT OF PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$70.01
54205	TREATMENT OF PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54220	TREATMENT OF PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$118.69
54230	PREPARE PENIS STUDY	-	-	7/1/2018	Not Allowed	\$0.00
54231	DYNAMIC CAVERNOMETRY	-	-	7/1/2018	Not Allowed	\$0.00
54235	PENILE INJECTION	-	-	7/1/2018	Not Allowed	\$0.00
54240	PENIS STUDY	-	-	7/1/2018	Not Allowed	\$0.00
54250	PENIS STUDY	-	-	7/1/2018	Not Allowed	\$0.00
54300	REVISION OF PENIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54304	REVISION OF PENIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54308	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54312	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54316	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54318	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54322	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54324	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54326	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
54328	REVISE PENIS/URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54340	SECONDARY URETHRAL SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54344	SECONDARY URETHRAL SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,976.27

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
54348	SECONDARY URETHRAL SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54352	RECONSTRUCT URETHRA/PENIS	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54360	PENIS PLASTIC SURGERY	-	-	7/1/2018	Not Allowed	\$0.00
54380	REPAIR PENIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54385	REPAIR PENIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54400	INSERT SEMI-RIGID PROSTHESIS	-	-	7/1/2018	Not Allowed	\$0.00
54401	INSERT SELF-CONTD PROSTHESIS	-	-	7/1/2018	Not Allowed	\$0.00
54405	INSERT MULTI-COMP PENIS PROS	-	-	7/1/2018	Not Allowed	\$0.00
54406	REMOVE MUTI-COMP PENIS PROS	-	-	7/1/2018	Not Allowed	\$0.00
54408	REPAIR MULTI-COMP PENIS PROS	-	-	7/1/2018	Not Allowed	\$0.00
54410	REMOVE/REPLACE PENIS PROSTH	-	-	7/1/2018	Not Allowed	\$0.00
54415	REMOVE SELF-CONTD PENIS PROS	-	-	7/1/2018	Not Allowed	\$0.00
54416	REMV/REPL PENIS CONTAIN PROS	-	-	7/1/2018	Not Allowed	\$0.00
54420	REVISION OF PENIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54435	REVISION OF PENIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54437	REPAIR CORPOREAL TEAR	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54440	REPAIR OF PENIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54450	PREPUTIAL STRETCHING	Y	-	1/1/2020	Fee Schedule	\$118.69
54500	BIOPSY OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$994.34
54505	BIOPSY OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54512	EXCISE LESION TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54520	REMOVAL OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54522	ORCHIECTOMY PARTIAL	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54530	REMOVAL OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,377.21
54550	EXPLORATION FOR TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,377.21
54560	EXPLORATION FOR TESTIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54600	REDUCE TESTIS TORSION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54620	SUSPENSION OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54640	ORCHIOPEXY INGUN/SCROT APPR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
54660	REVISION OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$2,742.11
54670	REPAIR TESTIS INJURY	Y	-	1/1/2020	Fee Schedule	\$789.71
54680	RELOCATION OF TESTIS(ES)	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54690	LAPAROSCOPY ORCHIECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
54692	LAPAROSCOPY ORCHIOPEXY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
54700	DRAINAGE OF SCROTUM	Y	-	1/1/2020	Fee Schedule	\$789.71
54800	BIOPSY OF EPIDIDYMIS	Y	-	1/1/2020	Fee Schedule	\$576.39
54830	REMOVE EPIDIDYMIS LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
54840	REMOVE EPIDIDYMIS LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
54860	REMOVAL OF EPIDIDYMIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54861	REMOVAL OF EPIDIDYMIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54865	EXPLORE EPIDIDYMIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54900	FUSION OF SPERMATIC DUCTS	Y	-	1/1/2020	Fee Schedule	\$789.71
54901	FUSION OF SPERMATIC DUCTS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55000	DRAINAGE OF HYDROCELE	Y	-	1/1/2020	Fee Schedule	\$64.24
55040	REMOVAL OF HYDROCELE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
55041	REMOVAL OF HYDROCELES	Y	-	1/1/2020	Fee Schedule	\$1,377.21
55060	REPAIR OF HYDROCELE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55100	DRAINAGE OF SCROTUM ABSCESS	Y	-	1/1/2020	Fee Schedule	\$576.39
55110	EXPLORE SCROTUM	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55120	REMOVAL OF SCROTUM LESION	Y	-	1/1/2020	Fee Schedule	\$789.71

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
55150	REMOVAL OF SCROTUM	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55175	REVISION OF SCROTUM	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55180	REVISION OF SCROTUM	Y	-	1/1/2020	Fee Schedule	\$1,976.27
55200	INCISION OF SPERM DUCT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55250	REMOVAL OF SPERM DUCT(S)	Y	-	1/1/2020	Fee Schedule	\$789.71
55300	PREPARE SPERM DUCT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
55400	REPAIR OF SPERM DUCT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55500	REMOVAL OF HYDROCELE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55520	REMOVAL OF SPERM CORD LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55530	REVISE SPERMATIC CORD VEINS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55535	REVISE SPERMATIC CORD VEINS	Y	-	1/1/2020	Fee Schedule	\$1,377.21
55540	REVISE HERNIA & SPERM VEINS	Y	-	1/1/2020	Fee Schedule	\$1,377.21
55550	LAPARO LIGATE SPERMATIC VEIN	Y	-	1/1/2020	Fee Schedule	\$2,194.07
55600	INCISE SPERM DUCT POUCH	Y	-	1/1/2020	Fee Schedule	\$789.71
55680	REMOVE SPERM POUCH LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55700	BIOPSY OF PROSTATE	Y	-	1/1/2020	Fee Schedule	\$789.71
55705	BIOPSY OF PROSTATE	Y	-	1/1/2020	Fee Schedule	\$789.71
55706	PROSTATE SATURATION SAMPLING	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55720	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2020	Fee Schedule	\$789.71
55725	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55860	SURGICAL EXPOSURE PROSTATE	Y	-	1/1/2020	Fee Schedule	\$1,976.27
55870	ELECTROEJACULATION	-	-	7/1/2018	Not Allowed	\$0.00
55873	CRYOABLATE PROSTATE	Y	-	1/1/2020	Fee Schedule	\$6,194.61
55874	TPRNL PLMT BIODEGRDABL MATRL	Y	-	1/1/2020	Fee Schedule	\$1,976.27
55875	TRANSFER NEEDLE PLACE PROS	-	-	1/1/2020	Fee Schedule	\$1,976.27
55876	PLACE RT DEVICE/MARKER PROS	-	-	1/1/2020	Fee Schedule	\$81.20
55920	PLACE NEEDLES PELVIC FOR RT	Y	-	1/1/2020	Fee Schedule	\$1,816.36
56405	I & D OF VULVA/PERINEUM	Y	-	1/1/2020	Fee Schedule	\$70.01
56420	DRAINAGE OF GLAND ABSCESS	Y	-	1/1/2020	Fee Schedule	\$83.90
56440	SURGERY FOR VULVA LESION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56441	LYSIS OF LABIAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56442	HYMENOTOMY	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56501	DESTROY VULVA LESIONS SIM	Y	-	1/1/2020	Fee Schedule	\$103.58
56515	DESTROY VULVA LESION/S COMPL	Y	-	1/1/2020	Fee Schedule	\$819.95
56605	BIOPSY OF VULVA/PERINEUM	Y	-	1/1/2020	Fee Schedule	\$47.64
56606	BIOPSY OF VULVA/PERINEUM	-	-	7/1/2018	No Separate Payment	\$0.00
56620	PARTIAL REMOVAL OF VULVA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56625	COMPLETE REMOVAL OF VULVA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56700	PARTIAL REMOVAL OF HYMEN	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56740	REMOVE VAGINA GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56800	REPAIR OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56805	REPAIR CLITORIS	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56810	REPAIR OF PERINEUM	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56820	EXAM OF VULVA W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$60.99
56821	EXAM/BIOPSY OF VULVA W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$79.40
57000	EXPLORATION OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57010	DRAINAGE OF PELVIC ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57020	DRAINAGE OF PELVIC FLUID	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57022	I & D VAGINAL HEMATOMA PP	Y	-	1/1/2020	Fee Schedule	\$994.34
57023	I & D VAG HEMATOMA NON-OB	Y	-	1/1/2020	Fee Schedule	\$994.34

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
57061	DESTROY VAG LESIONS SIMPLE	Y	-	1/1/2020	Fee Schedule	\$91.67
57065	DESTROY VAG LESIONS COMPLEX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57100	BIOPSY OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$49.80
57105	BIOPSY OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57120	CLOSURE OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57130	REMOVE VAGINA LESION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57135	REMOVE VAGINA LESION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57150	TREAT VAGINA INFECTION	-	-	7/1/2018	No Separate Payment	\$0.00
57155	INSERT UTERI TANDEM/OVOIDS	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57156	INS VAG BRACHYTX DEVICE	Y	-	1/1/2020	Fee Schedule	\$136.79
57160	INSERT PESSARY/OTHER DEVICE	Y	-	1/1/2020	Fee Schedule	\$33.92
57170	FITTING OF DIAPHRAGM/CAP	Y	-	1/1/2020	Fee Schedule	\$35.37
57180	TREAT VAGINAL BLEEDING	Y	-	1/1/2020	Fee Schedule	\$83.90
57200	REPAIR OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57210	REPAIR VAGINA/PERINEUM	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57220	REVISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57230	REPAIR OF URETHRAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57240	ANTERIOR COLPORRHAPHY	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57250	REPAIR RECTUM & VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57260	CMBN ANT PST COLPRHY	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57265	CMBN AP COLPRHY W/NTRCL RPR	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57267	INSERT MESH/PELVIC FLR ADDON	-	-	7/1/2018	No Separate Payment	\$0.00
57268	REPAIR OF BOWEL BULGE	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57287	REVISE/REMOVE SLING REPAIR	-	-	1/1/2020	Fee Schedule	\$1,235.31
57288	REPAIR BLADDER DEFECT	Y	-	1/1/2020	Fee Schedule	\$2,451.77
57289	REPAIR BLADDER & VAGINA	Y	-	1/1/2020	Fee Schedule	\$2,730.33
57291	CONSTRUCTION OF VAGINA	-	-	7/1/2018	Not Allowed	\$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57300	REPAIR RECTUM-VAGINA FISTULA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57310	REPAIR URETHROVAGINAL LESION	Y	-	1/1/2020	Fee Schedule	\$2,730.33
57320	REPAIR BLADDER-VAGINA LESION	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57400	DILATION OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57410	PELVIC EXAMINATION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57415	REMOVE VAGINAL FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57420	EXAM OF VAGINA W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$63.16
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$83.37
57426	REVISE PROSTH VAG GRAFT LAP	Y	-	1/1/2020	Fee Schedule	\$2,730.33
57452	EXAM OF CERVIX W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$61.71
57454	BX/CURETT OF CERVIX W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$72.54
57455	BIOPSY OF CERVIX W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$77.23
57456	ENDOCERV CURETTAGE W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$73.62
57460	BX OF CERVIX W/SCOPE LEEP	Y	-	1/1/2020	Fee Schedule	\$198.85
57461	CONZ OF CERVIX W/SCOPE LEEP	Y	-	1/1/2020	Fee Schedule	\$212.21
57500	BIOPSY OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$98.16
57505	ENDOCERVICAL CURETTAGE	Y	-	1/1/2020	Fee Schedule	\$83.73
57510	CAUTERIZATION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$76.87
57511	CRYOCAUTERY OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$98.89
57513	LASER SURGERY OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57520	CONIZATION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57522	CONIZATION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
57530	REMOVAL OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57550	REMOVAL OF RESIDUAL CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57556	REMOVE CERVIX REPAIR BOWEL	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57558	D&C OF CERVICAL STUMP	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57700	REVISION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57720	REVISION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57800	DILATION OF CERVICAL CANAL	Y	-	1/1/2020	Fee Schedule	\$40.42
58100	BIOPSY OF UTERUS LINING	Y	-	1/1/2020	Fee Schedule	\$50.53
58110	BX DONE W/COLPOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
58120	DILATION AND CURETTAGE	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58145	MYOMECTOMY VAG METHOD	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58260	VAGINAL HYSTERECTOMY	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58262	VAG HYST INCLUDING T/O	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58301	REMOVE INTRAUTERINE DEVICE	-	-	1/1/2020	Fee Schedule	\$52.33
58321	ARTIFICIAL INSEMINATION	-	-	7/1/2018	Not Allowed	\$0.00
58322	ARTIFICIAL INSEMINATION	-	-	7/1/2018	Not Allowed	\$0.00
58323	SPERM WASHING	-	-	7/1/2018	Not Allowed	\$0.00
58340	CATHETER FOR HYSTEROGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
58345	REOPEN FALLOPIAN TUBE	-	-	7/1/2018	Not Allowed	\$0.00
58346	INSERT HEYMAN UTERI CAPSULE	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58350	REOPEN FALLOPIAN TUBE	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58353	ENDOMETR ABLATE THERMAL	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58356	ENDOMETRIAL CRYOABLATION	Y	-	1/1/2020	Fee Schedule	\$1,610.32
58541	LSH UTERUS 250 G OR LESS	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58542	LSH W/T/O UT 250 G OR LESS	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58543	LSH UTERUS ABOVE 250 G	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58544	LSH W/T/O UTERUS ABOVE 250 G	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58545	LAPAROSCOPIC MYOMECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58546	LAPARO-MYOMECTOMY COMPLEX	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58550	LAPARO-ASST VAG HYSTERECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58552	LAPARO-VAG HYST INCL T/O	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58553	LAPARO-VAG HYST COMPLEX	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58554	LAPARO-VAG HYST W/T/O COMPL	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58555	HYSTEROSCOPY DX SEP PROC	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58558	HYSTEROSCOPY BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58559	HYSTEROSCOPY LYSIS	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58560	HYSTEROSCOPY RESECT SEPTUM	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58561	HYSTEROSCOPY REMOVE MYOMA	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58562	HYSTEROSCOPY REMOVE FB	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58563	HYSTEROSCOPY ABLATION	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58565	HYSTEROSCOPY STERILIZATION	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58570	TLH UTERUS 250 G OR LESS	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58571	TLH W/T/O 250 G OR LESS	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58572	TLH UTERUS OVER 250 G	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58573	TLH W/T/O UTERUS OVER 250 G	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58600	DIVISION OF FALLOPIAN TUBE	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58615	OCCCLUDE FALLOPIAN TUBE(S)	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58660	LAPAROSCOPY LYSIS	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58661	LAPAROSCOPY REMOVE ADNEXA	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58662	LAPAROSCOPY EXCISE LESIONS	Y	-	1/1/2020	Fee Schedule	\$2,194.07

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
58670	LAPAROSCOPY TUBAL CAUTERY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58671	LAPAROSCOPY TUBAL BLOCK	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58672	LAPAROSCOPY FIMBRIOPLASTY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58673	LAPAROSCOPY SALPINGOSTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58674	LAPS ABLTJ UTERINE FIBROIDS	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58800	DRAINAGE OF OVARIAN CYST(S)	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58805	DRAINAGE OF OVARIAN CYST(S)	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58820	DRAIN OVARY ABSCESS OPEN	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58900	BIOPSY OF OVARY(S)	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58970	RETRIEVAL OF OOCYTE	-	-	7/1/2018	Not Allowed	\$0.00
58974	TRANSFER OF EMBRYO	-	-	7/1/2018	Not Allowed	\$0.00
58976	TRANSFER OF EMBRYO	-	-	7/1/2018	Not Allowed	\$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y	-	1/1/2020	Fee Schedule	\$65.68
59001	AMNIOCENTESIS THERAPEUTIC	Y	-	1/1/2020	Fee Schedule	\$136.79
59012	FETAL CORD PUNCTURE PRENATAL	Y	-	1/1/2020	Fee Schedule	\$136.79
59015	CHORION BIOPSY	Y	-	1/1/2020	Fee Schedule	\$61.71
59020	FETAL CONTRACT STRESS TEST	Y	-	1/1/2020	Fee Schedule	\$33.20
59025	FETAL NON-STRESS TEST	Y	-	1/1/2020	Fee Schedule	\$18.77
59070	TRANSABDOM AMNIOINFUS W/US	Y	-	1/1/2020	Fee Schedule	\$136.79
59072	UMBILICAL CORD OCCLUD W/US	Y	-	1/1/2020	Fee Schedule	\$191.22
59074	FETAL FLUID DRAINAGE W/US	Y	-	1/1/2020	Fee Schedule	\$136.79
59076	FETAL SHUNT PLACEMENT W/US	Y	-	1/1/2020	Fee Schedule	\$136.79
59100	REMOVE UTERUS LESION	Y	-	1/1/2020	Fee Schedule	\$1,816.36
59150	TREAT ECTOPIC PREGNANCY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
59151	TREAT ECTOPIC PREGNANCY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
59160	D & C AFTER DELIVERY	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59200	INSERT CERVICAL DILATOR	Y	-	1/1/2020	Fee Schedule	\$56.30
59300	EPISIOTOMY OR VAGINAL REPAIR	Y	-	1/1/2020	Fee Schedule	\$111.88
59320	REVISION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59412	ANTEPARTUM MANIPULATION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59414	DELIVER PLACENTA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59812	TREATMENT OF MISCARRIAGE	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59820	CARE OF MISCARRIAGE	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59821	TREATMENT OF MISCARRIAGE	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59840	ABORTION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59841	ABORTION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59866	ABORTION (MPR)	Y	-	1/1/2020	Fee Schedule	\$136.79
59870	EVACUATE MOLE OF UTERUS	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59871	REMOVE CERCLAGE SUTURE	-	-	1/1/2020	Fee Schedule	\$1,235.31
60000	DRAIN THYROID/TONGUE CYST	Y	-	1/1/2020	Fee Schedule	\$536.60
60100	BIOPSY OF THYROID	Y	-	1/1/2020	Fee Schedule	\$53.77
60200	REMOVE THYROID LESION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60210	PARTIAL THYROID EXCISION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60212	PARTIAL THYROID EXCISION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60220	PARTIAL REMOVAL OF THYROID	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60225	PARTIAL REMOVAL OF THYROID	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60240	REMOVAL OF THYROID	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60280	REMOVE THYROID DUCT LESION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60281	REMOVE THYROID DUCT LESION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60300	ASPIR/INJ THYROID CYST	Y	-	1/1/2020	Fee Schedule	\$78.68

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
60500	EXPLORE PARATHYROID GLANDS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
61000	REMOVE CRANIAL CAVITY FLUID	Y	-	1/1/2020	Fee Schedule	\$315.83
61001	REMOVE CRANIAL CAVITY FLUID	Y	-	1/1/2020	Fee Schedule	\$315.83
61020	REMOVE BRAIN CAVITY FLUID	Y	-	1/1/2020	Fee Schedule	\$410.32
61026	INJECTION INTO BRAIN CANAL	Y	-	1/1/2020	Fee Schedule	\$315.83
61050	REMOVE BRAIN CANAL FLUID	Y	-	1/1/2020	Fee Schedule	\$132.27
61055	INJECTION INTO BRAIN CANAL	Y	-	1/1/2020	Fee Schedule	\$132.27
61070	BRAIN CANAL SHUNT PROCEDURE	Y	-	1/1/2020	Fee Schedule	\$315.83
61215	INSERT BRAIN-FLUID DEVICE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
61330	DECOMPRESS EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,055.06
61770	INCISE SKULL FOR TREATMENT	Y	-	1/1/2020	Fee Schedule	\$2,170.24
61781	SCAN PROC CRANIAL INTRA	-	-	7/1/2018	No Separate Payment	\$0.00
61782	SCAN PROC CRANIAL EXTRA	-	-	7/1/2018	No Separate Payment	\$0.00
61783	SCAN PROC SPINAL	-	-	7/1/2018	No Separate Payment	\$0.00
61790	TREAT TRIGEMINAL NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
61791	TREAT TRIGEMINAL TRACT	Y	-	1/1/2020	Fee Schedule	\$796.79
61880	REVISE/REMOVE NEUROELECTRODE	-	-	1/1/2020	Fee Schedule	\$1,845.95
61885	INSRT/REDO NEUROSTIM 1 ARRAY	-	-	1/1/2020	Fee Schedule	\$17,307.68
61886	IMPLANT NEUROSTIM ARRAYS	-	-	1/1/2020	Fee Schedule	\$23,562.06
61888	REVISE/REMOVE NEURORECEIVER	-	-	1/1/2020	Fee Schedule	\$4,478.72
62160	NEUROENDOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
62194	REPLACE/IRRIGATE CATHETER	Y	-	1/1/2020	Fee Schedule	\$796.79
62225	REPLACE/IRRIGATE CATHETER	Y	-	1/1/2020	Fee Schedule	\$2,170.24
62230	REPLACE/REVISE BRAIN SHUNT	Y	-	1/1/2020	Fee Schedule	\$2,170.24
62252	CSF SHUNT REPROGRAM	-	-	1/1/2020	Fee Schedule	\$35.01
62263	EPIDURAL LYSIS MULT SESSIONS	Y	-	1/1/2020	Fee Schedule	\$410.32
62264	EPIDURAL LYSIS ON SINGLE DAY	Y	-	1/1/2020	Fee Schedule	\$410.32
62267	INTERDISCAL PERQ ASPIR DX	Y	-	1/1/2020	Fee Schedule	\$308.23
62268	DRAIN SPINAL CORD CYST	Y	-	1/1/2020	Fee Schedule	\$410.32
62269	NEEDLE BIOPSY SPINAL CORD	Y	-	1/1/2020	Fee Schedule	\$576.39
62270	DX LMBR SPI PNXR	Y	-	1/1/2020	Fee Schedule	\$315.83
62272	THER SPI PNXR DRG CSF	Y	-	1/1/2020	Fee Schedule	\$315.83
62273	INJECT EPIDURAL PATCH	Y	-	1/1/2020	Fee Schedule	\$315.83
62280	TREAT SPINAL CORD LESION	Y	-	1/1/2020	Fee Schedule	\$410.32
62281	TREAT SPINAL CORD LESION	Y	-	1/1/2020	Fee Schedule	\$410.32
62282	TREAT SPINAL CANAL LESION	Y	-	1/1/2020	Fee Schedule	\$410.32
62284	INJECTION FOR MYELOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
62287	PERCUTANEOUS DISKECTOMY	Y	-	1/1/2020	Fee Schedule	\$796.79
62290	NJX PX DISCOGRAPHY LUMBAR	-	-	7/1/2018	No Separate Payment	\$0.00
62291	NJX PX DISCOGRAPHY CRV/THRC	-	-	7/1/2018	No Separate Payment	\$0.00
62292	NJX CHEMONUCLEOLYSIS LMBR	Y	-	1/1/2020	Fee Schedule	\$796.79
62294	INJECTION INTO SPINAL ARTERY	Y	-	1/1/2020	Fee Schedule	\$410.32
62302	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62303	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62304	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62305	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62320	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2020	Fee Schedule	\$315.83
62321	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2020	Fee Schedule	\$315.83
62322	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2020	Fee Schedule	\$315.83
62323	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2020	Fee Schedule	\$315.83

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
62324	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2020	Fee Schedule	\$410.32
62325	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2020	Fee Schedule	\$410.32
62326	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2020	Fee Schedule	\$410.32
62327	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2020	Fee Schedule	\$410.32
62328	DX LMBR SPI PNXR W/FLUOR/CT	Y	-	1/1/2020	Fee Schedule	\$315.83
62329	THER SPI PNXR CSF FLUOR/CT	Y	-	1/1/2020	Fee Schedule	\$315.83
62350	IMPLANT SPINAL CANAL CATH	Y	-	1/1/2020	Fee Schedule	\$2,897.99
62355	REMOVE SPINAL CANAL CATHETER	-	-	1/1/2020	Fee Schedule	\$796.79
62360	INSERT SPINE INFUSION DEVICE	Y	-	1/1/2020	Fee Schedule	\$13,824.96
62361	IMPLANT SPINE INFUSION PUMP	Y	-	1/1/2020	Fee Schedule	\$14,241.99
62362	IMPLANT SPINE INFUSION PUMP	Y	-	1/1/2020	Fee Schedule	\$13,667.72
62365	REMOVE SPINE INFUSION DEVICE	-	-	1/1/2020	Fee Schedule	\$2,170.24
62367	ANALYZE SPINE INFUS PUMP	-	-	1/1/2020	Fee Schedule	\$13.71
62368	ANALYZE SP INF PUMP W/REPROG	-	-	1/1/2020	Fee Schedule	\$19.13
62369	ANAL SP INF PMP W/REPRG&FILL	-	-	1/1/2020	Fee Schedule	\$71.10
62370	ANL SP INF PMP W/MDREPRG&FIL	-	-	1/1/2020	Fee Schedule	\$66.40
62380	NDSC DCMRPN 1 NTRSPC LUMBAR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63001	REMOVE SPINE LAMINA 1/2 CRVL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63003	REMOVE SPINE LAMINA 1/2 THRC	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63005	REMOVE SPINE LAMINA 1/2 LMBR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63020	NECK SPINE DISK SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63030	LOW BACK DISK SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63042	LAMINOTOMY SINGLE LUMBAR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63044	LAMINOTOMY ADDL LUMBAR	-	-	7/1/2018	No Separate Payment	\$0.00
63045	REMOVE SPINE LAMINA 1 CRVL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63046	REMOVE SPINE LAMINA 1 THRC	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63047	REMOVE SPINE LAMINA 1 LMBR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63055	DECOMPRESS SPINAL CORD THRC	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63056	DECOMPRESS SPINAL CORD LMBR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63600	REMOVE SPINAL CORD LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
63610	STIMULATION OF SPINAL CORD	Y	-	1/1/2020	Fee Schedule	\$1,177.57
63650	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$4,514.86
63655	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$15,943.63
63661	REMOVE SPINE ELTRD PERQ ARAY	-	-	1/1/2020	Fee Schedule	\$796.79
63662	REMOVE SPINE ELTRD PLATE	-	-	1/1/2020	Fee Schedule	\$1,845.95
63663	REVISE SPINE ELTRD PERQ ARAY	-	-	1/1/2020	Fee Schedule	\$4,413.49
63664	REVISE SPINE ELTRD PLATE	-	-	1/1/2020	Fee Schedule	\$14,523.52
63685	INSRT/REDO SPINE N GENERATOR	-	-	1/1/2020	Fee Schedule	\$23,468.24
63688	REVISE/REMOVE NEURORECEIVER	-	-	1/1/2020	Fee Schedule	\$1,845.95
63744	REVISION OF SPINAL SHUNT	Y	-	1/1/2020	Fee Schedule	\$2,170.24
63746	REMOVAL OF SPINAL SHUNT	-	-	1/1/2020	Fee Schedule	\$796.79
64400	NJX AA&/STRD TRIGEMINAL NRV	Y	-	1/1/2020	Fee Schedule	\$76.51
64405	NJX AA&/STRD GR OCPL NRV	Y	-	1/1/2020	Fee Schedule	\$33.20
64408	NJX AA&/STRD VAGUS NRV	Y	-	1/1/2020	Fee Schedule	\$40.78
64415	NJX AA&/STRD BRACH PLEXUS	Y	-	1/1/2020	Fee Schedule	\$410.32
64416	NJX AA&/STRD BRACH PLEX NFS	Y	-	1/1/2020	Fee Schedule	\$410.32
64417	NJX AA&/STRD AXILLARY NRV	Y	-	1/1/2020	Fee Schedule	\$410.32
64418	NJX AA&/STRD SPRSCAP NRV	Y	-	1/1/2020	Fee Schedule	\$43.31
64420	NJX AA&/STRD NTRCOST NRV 1	Y	-	1/1/2020	Fee Schedule	\$315.83
64421	NJX AA&/STRD NTRCOST NRV EA	Y	-	1/1/2020	Fee Schedule	\$410.32

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64425	NJX AA&/STRD II IH NERVES	Y	-	1/1/2020	Fee Schedule	\$75.07
64430	NJX AA&/STRD PUDENDAL NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64435	NJX AA&/STRD PARACRV NRV	Y	-	1/1/2020	Fee Schedule	\$44.39
64445	NJX AA&/STRD SCIATIC NERVE	Y	-	1/1/2020	Fee Schedule	\$89.50
64446	NJX AA&/STRD SCIATIC NRV NFS	Y	-	1/1/2020	Fee Schedule	\$410.32
64447	NJX AA&/STRD FEMORAL NERVE	Y	-	1/1/2020	Fee Schedule	\$48.36
64448	NJX AA&/STRD FEM NERVE NFS	Y	-	1/1/2020	Fee Schedule	\$410.32
64449	NJX AA&/STRD LMBR PLEX NFS	Y	-	1/1/2020	Fee Schedule	\$410.32
64450	NJX AA&/STRD OTHER PN/BRANCH	Y	-	1/1/2020	Fee Schedule	\$48.36
64451	NJX AA&/STRD NRV NRVTG SI JT	Y	-	1/1/2020	Fee Schedule	\$315.83
64454	NJX AA&/STRD GNCLR NRV BRNCH	Y	-	1/1/2020	Fee Schedule	\$158.07
64455	N BLOCK INJ PLANTAR DIGIT	Y	-	1/1/2020	Fee Schedule	\$20.57
64461	PVB THORACIC SINGLE INJ SITE	Y	-	1/1/2020	Fee Schedule	\$315.83
64462	PVB THORACIC 2ND+ INJ SITE	-	-	7/1/2018	No Separate Payment	\$0.00
64463	PVB THORACIC CONT INFUSION	Y	-	1/1/2020	Fee Schedule	\$315.83
64479	INJ FORAMEN EPIDURAL C/T	Y	-	1/1/2020	Fee Schedule	\$410.32
64480	INJ FORAMEN EPIDURAL ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64483	INJ FORAMEN EPIDURAL L/S	Y	-	1/1/2020	Fee Schedule	\$410.32
64484	INJ FORAMEN EPIDURAL ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64486	TAP BLOCK UNIL BY INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
64487	TAP BLOCK UNI BY INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
64488	TAP BLOCK BI INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
64489	TAP BLOCK BI BY INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
64490	INJ PARAVERT F JNT C/T 1 LEV	Y	-	1/1/2020	Fee Schedule	\$410.32
64491	INJ PARAVERT F JNT C/T 2 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64492	INJ PARAVERT F JNT C/T 3 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64493	INJ PARAVERT F JNT L/S 1 LEV	Y	-	1/1/2020	Fee Schedule	\$410.32
64494	INJ PARAVERT F JNT L/S 2 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64495	INJ PARAVERT F JNT L/S 3 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64505	N BLOCK SPENOPALATINE GANGL	Y	-	1/1/2020	Fee Schedule	\$71.46
64510	N BLOCK STELLATE GANGLION	Y	-	1/1/2020	Fee Schedule	\$410.32
64517	N BLOCK INJ HYPOGAS PLXS	Y	-	1/1/2020	Fee Schedule	\$410.32
64520	N BLOCK LUMBAR/THORACIC	Y	-	1/1/2020	Fee Schedule	\$410.32
64530	N BLOCK INJ CELIAC PELUS	Y	-	1/1/2020	Fee Schedule	\$410.32
64553	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$5,163.00
64555	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$4,686.15
64561	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$4,683.79
64566	NEUROELTRD STIM POST TIBIAL	Y	-	1/1/2020	Fee Schedule	\$104.66
64568	INC FOR VAGUS N ELECT IMPL	-	-	1/1/2020	Fee Schedule	\$23,947.36
64569	REVISE/REPL VAGUS N ELTRD	-	-	1/1/2020	Fee Schedule	\$5,465.32
64570	REMOVE VAGUS N ELTRD	-	-	1/1/2020	Fee Schedule	\$2,170.24
64575	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$15,672.48
64580	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$17,039.28
64581	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$4,844.21
64585	REVISE/REMOVE NEUROELECTRODE	-	-	1/1/2020	Fee Schedule	\$1,845.95
64590	INSRT/REDO PN/GASTR STIMUL	-	-	1/1/2020	Fee Schedule	\$17,292.97
64595	REVISE/RMV PN/GASTR STIMUL	-	-	1/1/2020	Fee Schedule	\$1,845.95
64600	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64605	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64610	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64611	CHEMODENERV SALIV GLANDS	Y	-	1/1/2020	Fee Schedule	\$75.43
64612	DESTROY NERVE FACE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$77.23
64615	CHEMODENERV MUSC MIGRAINE	Y	-	1/1/2020	Fee Schedule	\$68.21
64616	CHEMODENERV MUSC NECK DYSTON	Y	-	1/1/2020	Fee Schedule	\$65.32
64617	CHEMODENER MUSCLE LARYNX EMG	Y	-	1/1/2020	Fee Schedule	\$88.78
64620	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64624	DSTRJ NULYT AGT GNCLR NRV	Y	-	1/1/2020	Fee Schedule	\$318.67
64625	RF ABLTJ NRV NRVTG SI JT	Y	-	1/1/2020	Fee Schedule	\$796.79
64630	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64632	N BLOCK INJ COMMON DIGIT	Y	-	1/1/2020	Fee Schedule	\$42.59
64633	DESTROY CERV/THOR FACET JNT	Y	-	1/1/2020	Fee Schedule	\$796.79
64634	DESTROY C/TH FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
64635	DESTROY LUMB/SAC FACET JNT	Y	-	1/1/2020	Fee Schedule	\$796.79
64636	DESTROY L/S FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
64640	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$176.48
64642	CHEMODENERV 1 EXTREMITY 1-4	Y	-	1/1/2020	Fee Schedule	\$79.04
64643	CHEMODENERV 1 EXTREM 1-4 EA	-	-	7/1/2018	No Separate Payment	\$0.00
64644	CHEMODENERV 1 EXTREM 5/> MUS	Y	-	1/1/2020	Fee Schedule	\$97.44
64645	CHEMODENERV 1 EXTREM 5/> EA	-	-	7/1/2018	No Separate Payment	\$0.00
64646	CHEMODENERV TRUNK MUSC 1-5	Y	-	1/1/2020	Fee Schedule	\$79.40
64647	CHEMODENERV TRUNK MUSC 6/>	Y	-	1/1/2020	Fee Schedule	\$87.34
64650	CHEMODENERV ECCRINE GLANDS	Y	-	1/1/2020	Fee Schedule	\$53.77
64653	CHEMODENERV ECCRINE GLANDS	Y	-	1/1/2020	Fee Schedule	\$62.07
64680	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64681	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64702	REVISE FINGER/TOE NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64704	REVISE HAND/FOOT NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64708	REVISE ARM/LEG NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64712	REVISION OF SCIATIC NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64713	REVISION OF ARM NERVE(S)	Y	-	1/1/2020	Fee Schedule	\$796.79
64714	REVISE LOW BACK NERVE(S)	Y	-	1/1/2020	Fee Schedule	\$796.79
64716	REVISION OF CRANIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64718	REVISE ULNAR NERVE AT ELBOW	Y	-	1/1/2020	Fee Schedule	\$796.79
64719	REVISE ULNAR NERVE AT WRIST	Y	-	1/1/2020	Fee Schedule	\$796.79
64721	CARPAL TUNNEL SURGERY	Y	-	1/1/2020	Fee Schedule	\$796.79
64722	RELIEVE PRESSURE ON NERVE(S)	Y	-	1/1/2020	Fee Schedule	\$796.79
64726	RELEASE FOOT/TOE NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64727	INTERNAL NERVE REVISION	-	-	7/1/2018	No Separate Payment	\$0.00
64732	INCISION OF BROW NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64734	INCISION OF CHEEK NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64736	INCISION OF CHIN NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64738	INCISION OF JAW NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64740	INCISION OF TONGUE NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64742	INCISION OF FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64744	INCISE NERVE BACK OF HEAD	Y	-	1/1/2020	Fee Schedule	\$796.79
64746	INCISE DIAPHRAGM NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64763	INCISE HIP/THIGH NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64766	INCISE HIP/THIGH NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64771	SEVER CRANIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64772	INCISION OF SPINAL NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64774	REMOVE SKIN NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64776	REMOVE DIGIT NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64778	DIGIT NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64782	REMOVE LIMB NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64783	LIMB NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64784	REMOVE NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64786	REMOVE SCIATIC NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64787	IMPLANT NERVE END	-	-	7/1/2018	No Separate Payment	\$0.00
64788	REMOVE SKIN NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64790	REMOVAL OF NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64792	REMOVAL OF NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64795	BIOPSY OF NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64802	SYMPATHECTOMY CERVICAL	Y	-	1/1/2020	Fee Schedule	\$796.79
64820	SYMPATHECTOMY DIGITAL ARTERY	Y	-	1/1/2020	Fee Schedule	\$796.79
64821	REMOVE SYMPATHETIC NERVES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
64822	REMOVE SYMPATHETIC NERVES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
64823	SYMPATHECTOMY SUPFC PALMAR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
64831	REPAIR OF DIGIT NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64832	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64834	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64835	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64836	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64837	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64840	REPAIR OF LEG NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64856	REPAIR/TRANSPOSE NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64857	REPAIR ARM/LEG NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64858	REPAIR SCIATIC NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64859	NERVE SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
64861	REPAIR OF ARM NERVES	Y	-	1/1/2020	Fee Schedule	\$796.79
64862	REPAIR OF LOW BACK NERVES	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64864	REPAIR OF FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64865	REPAIR OF FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64872	SUBSEQUENT REPAIR OF NERVE	-	-	7/1/2018	No Separate Payment	\$0.00
64874	REPAIR & REVISE NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64876	REPAIR NERVE/SHORTEN BONE	-	-	7/1/2018	No Separate Payment	\$0.00
64885	NERVE GRAFT HEAD/NECK <4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64886	NERVE GRAFT HEAD/NECK >4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64890	NERVE GRAFT HAND/FOOT <4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64891	NERVE GRAFT HAND/FOOT >4 CM	Y	-	1/1/2020	Fee Schedule	\$2,828.93
64892	NERVE GRAFT ARM/LEG <4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64893	NERVE GRAFT ARM/LEG >4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64895	NERVE GRAFT HAND/FOOT <4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64896	NERVE GRAFT HAND/FOOT >4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64897	NERVE GRAFT ARM/LEG <4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64898	NERVE GRAFT ARM/LEG >4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64901	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64902	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64905	NERVE PEDICLE TRANSFER	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64907	NERVE PEDICLE TRANSFER	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64910	NERVE REPAIR W/ALLOGRAFT	Y	-	1/1/2020	Fee Schedule	\$3,132.78

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64912	NRV RPR W/NRV ALGRFT 1ST	Y	-	1/1/2020	Fee Schedule	\$3,421.97
64913	NRV RPR W/NRV ALGRFT EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
65091	REVISE EYE	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65093	REVISE EYE WITH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65101	REMOVAL OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65103	REMOVE EYE/INSERT IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65105	REMOVE EYE/ATTACH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65110	REMOVAL OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65112	REMOVE EYE/REVISE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65114	REMOVE EYE/REVISE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65125	REVISE OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$836.94
65130	INSERT OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65135	INSERT OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65140	ATTACH OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65150	REVISE OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65155	REINSERT OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65175	REMOVAL OF OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65205	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65210	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65220	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65222	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65235	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65260	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65265	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65270	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$836.94
65272	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$836.94
65275	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65280	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65285	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65286	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$462.67
65290	REPAIR OF EYE SOCKET WOUND	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65400	REMOVAL OF EYE LESION	Y	-	1/1/2020	Fee Schedule	\$407.75
65410	BIOPSY OF CORNEA	Y	-	1/1/2020	Fee Schedule	\$836.94
65420	REMOVAL OF EYE LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
65426	REMOVAL OF EYE LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
65430	CORNEAL SMEAR	-	-	7/1/2018	No Separate Payment	\$0.00
65435	CURETTE/TREAT CORNEA	Y	-	1/1/2020	Fee Schedule	\$48.00
65436	CURETTE/TREAT CORNEA	Y	-	1/1/2020	Fee Schedule	\$208.96
65450	TREATMENT OF CORNEAL LESION	Y	-	1/1/2020	Fee Schedule	\$136.68
65600	REVISION OF CORNEA	Y	-	1/1/2020	Fee Schedule	\$260.21
65710	CORNEAL TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65730	CORNEAL TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65750	CORNEAL TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65755	CORNEAL TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65756	CORNEAL TRNSPL ENDOTHELIAL	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65757	PREP CORNEAL ENDO ALLOGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
65770	REVISE CORNEA WITH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$8,885.26
65772	CORRECTION OF ASTIGMATISM	Y	-	1/1/2020	Fee Schedule	\$407.75
65775	CORRECTION OF ASTIGMATISM	Y	-	1/1/2020	Fee Schedule	\$836.94
65778	COVER EYE W/MEMBRANE	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
65779	COVER EYE W/MEMBRANE SUTURE	-	-	7/1/2018	No Separate Payment	\$0.00
65780	OCULAR RECONST TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65781	OCULAR RECONST TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65782	OCULAR RECONST TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65800	DRAINAGE OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65810	DRAINAGE OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65815	DRAINAGE OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65820	RELIEVE INNER EYE PRESSURE	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65850	INCISION OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65855	TRABECULOPLASTY LASER SURG	Y	-	1/1/2020	Fee Schedule	\$135.70
65860	INCISE INNER EYE ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$177.20
65865	INCISE INNER EYE ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65870	INCISE INNER EYE ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65875	INCISE INNER EYE ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65880	INCISE INNER EYE ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65900	REMOVE EYE LESION	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65920	REMOVE IMPLANT OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65930	REMOVE BLOOD CLOT FROM EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66020	INJECTION TREATMENT OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66030	INJECTION TREATMENT OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66130	REMOVE EYE LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
66150	GLAUCOMA SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66155	GLAUCOMA SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66160	GLAUCOMA SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66170	GLAUCOMA SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66172	INCISION OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66174	TRANSLUM DIL EYE CANAL	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66175	TRNSLUM DIL EYE CANAL W/STNT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66179	AQUEOUS SHUNT EYE W/O GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66180	AQUEOUS SHUNT EYE W/GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,462.24
66183	INSERT ANT DRAINAGE DEVICE	Y	-	1/1/2020	Fee Schedule	\$2,592.01
66184	REVISION OF AQUEOUS SHUNT	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66185	REVISE AQUEOUS SHUNT EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66225	REPAIR/GRAFT EYE LESION	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66250	FOLLOW-UP SURGERY OF EYE	Y	-	1/1/2020	Fee Schedule	\$836.94
66500	INCISION OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66505	INCISION OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66600	REMOVE IRIS AND LESION	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66605	REMOVAL OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66625	REMOVAL OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66630	REMOVAL OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66635	REMOVAL OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66680	REPAIR IRIS & CILIARY BODY	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66682	REPAIR IRIS & CILIARY BODY	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66700	DESTRUCTION CILIARY BODY	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66710	CILIARY TRANSSLERLAL THERAPY	Y	-	1/1/2020	Fee Schedule	\$836.94
66711	ECP CILIARY BODY DESTRUCTION	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66720	DESTRUCTION CILIARY BODY	Y	-	1/1/2020	Fee Schedule	\$836.94
66740	DESTRUCTION CILIARY BODY	Y	-	1/1/2020	Fee Schedule	\$836.94

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
66761	REVISION OF IRIS	Y	-	1/1/2020	Fee Schedule	\$189.83
66762	REVISION OF IRIS	Y	-	1/1/2020	Fee Schedule	\$256.14
66770	REMOVAL OF INNER EYE LESION	Y	-	1/1/2020	Fee Schedule	\$256.14
66820	INCISION SECONDARY CATARACT	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66821	AFTER CATARACT LASER SURGERY	Y	-	1/1/2020	Fee Schedule	\$256.14
66825	REPOSITION INTRAOCULAR LENS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66830	REMOVAL OF LENS LESION	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66840	REMOVAL OF LENS MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66850	REMOVAL OF LENS MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66852	REMOVAL OF LENS MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66920	EXTRACTION OF LENS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66930	EXTRACTION OF LENS	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66940	EXTRACTION OF LENS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66982	XCAPSL CTRC RMVL CPLX WO ECP	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66983	CATARACT SURG W/IOL 1 STAGE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66984	XCAPSL CTRC RMVL W/O ECP	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66985	INSERT LENS PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66986	EXCHANGE LENS PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66987	XCAPSL CTRC RMVL CPLX W/ECP	Y	-	1/1/2020	Fee Schedule	\$2,393.04
66988	XCAPSL CTRC RMVL W/ECP	Y	-	1/1/2020	Fee Schedule	\$2,393.04
66990	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67005	PARTIAL REMOVAL OF EYE FLUID	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67010	PARTIAL REMOVAL OF EYE FLUID	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67015	RELEASE OF EYE FLUID	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67025	REPLACE EYE FLUID	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67027	IMPLANT EYE DRUG SYSTEM	Y	-	1/1/2020	Fee Schedule	\$1,629.26
67028	INJECTION EYE DRUG	-	-	1/1/2020	Fee Schedule	\$47.28
67030	INCISE INNER EYE STRANDS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67031	LASER SURGERY EYE STRANDS	Y	-	1/1/2020	Fee Schedule	\$256.14
67036	REMOVAL OF INNER EYE FLUID	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67039	LASER TREATMENT OF RETINA	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67040	LASER TREATMENT OF RETINA	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67041	VIT FOR MACULAR PUCKER	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67042	VIT FOR MACULAR HOLE	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67043	VIT FOR MEMBRANE DISSECT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67101	REPAIR DETACHED RETINA CRTX	Y	-	1/1/2020	Fee Schedule	\$202.82
67105	REPAIR DETACHED RETINA PC	Y	-	1/1/2020	Fee Schedule	\$171.43
67107	REPAIR DETACHED RETINA	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67108	REPAIR DETACHED RETINA	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67110	REPAIR DETACHED RETINA	Y	-	1/1/2020	Fee Schedule	\$508.50
67113	REPAIR RETINAL DETACH CPLX	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67115	RELEASE ENCIRCLING MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67120	REMOVE EYE IMPLANT MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67121	REMOVE EYE IMPLANT MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67141	TREATMENT OF RETINA	Y	-	1/1/2020	Fee Schedule	\$136.68
67145	TREATMENT OF RETINA	Y	-	1/1/2020	Fee Schedule	\$256.14
67208	TREATMENT OF RETINAL LESION	Y	-	1/1/2020	Fee Schedule	\$136.68
67210	TREATMENT OF RETINAL LESION	Y	-	1/1/2020	Fee Schedule	\$256.14
67218	TREATMENT OF RETINAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67220	TREATMENT OF CHOROID LESION	Y	-	1/1/2020	Fee Schedule	\$256.14

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67221	OCULAR PHOTODYNAMIC THER	Y	-	1/1/2020	Fee Schedule	\$153.02
67225	EYE PHOTODYNAMIC THER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67227	DSTRJ EXTENSIVE RETINOPATHY	Y	-	1/1/2020	Fee Schedule	\$164.57
67228	TREATMENT X10SV RETINOPATHY	Y	-	1/1/2020	Fee Schedule	\$179.00
67229	TR RETINAL LES PRETERM INF	Y	-	1/1/2020	Fee Schedule	\$256.14
67250	REINFORCE EYE WALL	Y	-	1/1/2020	Fee Schedule	\$836.94
67255	REINFORCE/GRAFT EYE WALL	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67311	REVISE EYE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$836.94
67312	REVISE TWO EYE MUSCLES	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67314	REVISE EYE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$836.94
67316	REVISE TWO EYE MUSCLES	Y	-	1/1/2020	Fee Schedule	\$836.94
67318	REVISE EYE MUSCLE(S)	Y	-	1/1/2020	Fee Schedule	\$836.94
67320	REVISE EYE MUSCLE(S) ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67331	EYE SURGERY FOLLOW-UP ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67332	REREVISE EYE MUSCLES ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67334	REVISE EYE MUSCLE W/SUTURE	-	-	7/1/2018	No Separate Payment	\$0.00
67335	EYE SUTURE DURING SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
67340	REVISE EYE MUSCLE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67343	RELEASE EYE TISSUE	Y	-	1/1/2020	Fee Schedule	\$836.94
67345	DESTROY NERVE OF EYE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$126.31
67346	BIOPSY EYE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67400	EXPLORE/BIOPSY EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67405	EXPLORE/DRAIN EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$836.94
67412	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$836.94
67413	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$836.94
67414	EXPLR/DECOMPRESS EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67415	ASPIRATION ORBITAL CONTENTS	Y	-	1/1/2020	Fee Schedule	\$836.94
67420	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67430	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67440	EXPLORE/DRAIN EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67445	EXPLR/DECOMPRESS EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67450	EXPLORE/BIOPSY EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67500	INJECT/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$136.68
67505	INJECT/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$38.98
67515	INJECT/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$36.09
67550	INSERT EYE SOCKET IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67560	REVISE EYE SOCKET IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67570	DECOMPRESS OPTIC NERVE	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67700	DRAINAGE OF EYELID ABSCESS	Y	-	1/1/2020	Fee Schedule	\$136.68
67710	INCISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$199.21
67715	INCISION OF EYELID FOLD	Y	-	1/1/2020	Fee Schedule	\$836.94
67800	REMOVE EYELID LESION	Y	-	1/1/2020	Fee Schedule	\$76.51
67801	REMOVE EYELID LESIONS	Y	-	1/1/2020	Fee Schedule	\$92.75
67805	REMOVE EYELID LESIONS	Y	-	1/1/2020	Fee Schedule	\$118.73
67808	REMOVE EYELID LESION(S)	Y	-	1/1/2020	Fee Schedule	\$836.94
67810	BIOPSY EYELID & LID MARGIN	Y	-	1/1/2020	Fee Schedule	\$136.68
67820	REVISE EYELASHES	-	-	7/1/2018	No Separate Payment	\$0.00
67825	REVISE EYELASHES	Y	-	1/1/2020	Fee Schedule	\$80.48
67830	REVISE EYELASHES	Y	-	1/1/2020	Fee Schedule	\$407.75
67835	REVISE EYELASHES	Y	-	1/1/2020	Fee Schedule	\$836.94

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67840	REMOVE EYELID LESION	Y	-	1/1/2020	Fee Schedule	\$204.27
67850	TREAT EYELID LESION	Y	-	1/1/2020	Fee Schedule	\$153.38
67875	CLOSURE OF EYELID BY SUTURE	Y	-	1/1/2020	Fee Schedule	\$407.75
67880	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67882	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67900	REPAIR BROW DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67901	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67902	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67903	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67904	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67906	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67908	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67909	REVISE EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67911	REVISE EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67912	CORRECTION EYELID W/IMPLANT	Y	-	1/1/2020	Fee Schedule	\$836.94
67914	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67915	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$233.86
67916	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67917	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67921	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67922	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$225.92
67923	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67924	REPAIR EYELID DEFECT	Y	-	1/1/2020	Fee Schedule	\$836.94
67930	REPAIR EYELID WOUND	Y	-	1/1/2020	Fee Schedule	\$235.30
67935	REPAIR EYELID WOUND	Y	-	1/1/2020	Fee Schedule	\$836.94
67938	REMOVE EYELID FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$136.68
67950	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67961	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67966	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67971	RECONSTRUCTION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67973	RECONSTRUCTION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67974	RECONSTRUCTION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67975	RECONSTRUCTION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
68020	INCISE/DRAIN EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$68.57
68040	TREATMENT OF EYELID LESIONS	Y	-	1/1/2020	Fee Schedule	\$31.76
68100	BIOPSY OF EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$129.92
68110	REMOVE EYELID LINING LESION	Y	-	1/1/2020	Fee Schedule	\$168.90
68115	REMOVE EYELID LINING LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
68130	REMOVE EYELID LINING LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
68135	REMOVE EYELID LINING LESION	Y	-	1/1/2020	Fee Schedule	\$88.06
68200	TREAT EYELID BY INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
68320	REVISE/GRAFT EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$836.94
68325	REVISE/GRAFT EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68326	REVISE/GRAFT EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68328	REVISE/GRAFT EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$836.94
68330	REVISE EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$1,012.72
68335	REVISE/GRAFT EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68340	SEPARATE EYELID ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$836.94
68360	REVISE EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68362	REVISE EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$836.94

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
68371	HARVEST EYE TISSUE ALOGRAFT	Y	-	1/1/2020	Fee Schedule	\$836.94
68400	INCISE/DRAIN TEAR GLAND	Y	-	1/1/2020	Fee Schedule	\$232.06
68420	INCISE/DRAIN TEAR SAC	Y	-	1/1/2020	Fee Schedule	\$245.77
68440	INCISE TEAR DUCT OPENING	Y	-	1/1/2020	Fee Schedule	\$66.40
68500	REMOVAL OF TEAR GLAND	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68505	PARTIAL REMOVAL TEAR GLAND	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68510	BIOPSY OF TEAR GLAND	Y	-	1/1/2020	Fee Schedule	\$836.94
68520	REMOVAL OF TEAR SAC	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68525	BIOPSY OF TEAR SAC	Y	-	1/1/2020	Fee Schedule	\$836.94
68530	CLEARANCE OF TEAR DUCT	Y	-	1/1/2020	Fee Schedule	\$136.68
68540	REMOVE TEAR GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
68550	REMOVE TEAR GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68700	REPAIR TEAR DUCTS	Y	-	1/1/2020	Fee Schedule	\$836.94
68705	REVISE TEAR DUCT OPENING	Y	-	1/1/2020	Fee Schedule	\$136.68
68720	CREATE TEAR SAC DRAIN	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68745	CREATE TEAR DUCT DRAIN	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68750	CREATE TEAR DUCT DRAIN	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68760	CLOSE TEAR DUCT OPENING	Y	-	1/1/2020	Fee Schedule	\$136.68
68761	CLOSE TEAR DUCT OPENING	Y	-	1/1/2020	Fee Schedule	\$97.44
68770	CLOSE TEAR SYSTEM FISTULA	Y	-	1/1/2020	Fee Schedule	\$836.94
68801	DILATE TEAR DUCT OPENING	-	-	7/1/2018	No Separate Payment	\$0.00
68810	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2020	Fee Schedule	\$136.68
68811	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2020	Fee Schedule	\$836.94
68815	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2020	Fee Schedule	\$836.94
68816	PROBE NL DUCT W/BALLOON	Y	-	1/1/2020	Fee Schedule	\$836.94
68840	EXPLORE/IRRIGATE TEAR DUCTS	Y	-	1/1/2020	Fee Schedule	\$83.37
68850	INJECTION FOR TEAR SAC X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
69000	DRAIN EXTERNAL EAR LESION	Y	-	1/1/2020	Fee Schedule	\$130.28
69005	DRAIN EXTERNAL EAR LESION	Y	-	1/1/2020	Fee Schedule	\$133.89
69020	DRAIN OUTER EAR CANAL LESION	Y	-	1/1/2020	Fee Schedule	\$173.23
69100	BIOPSY OF EXTERNAL EAR	Y	-	1/1/2020	Fee Schedule	\$68.21
69105	BIOPSY OF EXTERNAL EAR CANAL	Y	-	1/1/2020	Fee Schedule	\$109.71
69110	REMOVE EXTERNAL EAR PARTIAL	Y	-	1/1/2020	Fee Schedule	\$994.34
69120	REMOVAL OF EXTERNAL EAR	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69140	REMOVE EAR CANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69145	REMOVE EAR CANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$994.34
69150	EXTENSIVE EAR CANAL SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69200	CLEAR OUTER EAR CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
69205	CLEAR OUTER EAR CANAL	Y	-	1/1/2020	Fee Schedule	\$576.39
69209	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	\$0.00
69210	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	\$0.00
69220	CLEAN OUT MASTOID CAVITY	-	-	7/1/2018	No Separate Payment	\$0.00
69222	CLEAN OUT MASTOID CAVITY	Y	-	1/1/2020	Fee Schedule	\$157.35
69300	REVISE EXTERNAL EAR	-	-	7/1/2018	Not Allowed	\$0.00
69310	REBUILD OUTER EAR CANAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69320	REBUILD OUTER EAR CANAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69420	INCISION OF EARDRUM	Y	-	1/1/2020	Fee Schedule	\$102.89
69421	INCISION OF EARDRUM	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69424	REMOVE VENTILATING TUBE	-	-	1/1/2020	Fee Schedule	\$96.00
69433	CREATE EARDRUM OPENING	Y	-	1/1/2020	Fee Schedule	\$138.22

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
69436	CREATE EARDRUM OPENING	Y	-	1/1/2020	Fee Schedule	\$536.60
69440	EXPLORATION OF MIDDLE EAR	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69450	EARDRUM REVISION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69501	MASTOIDECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69502	MASTOIDECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69505	REMOVE MASTOID STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69511	EXTENSIVE MASTOID SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69530	EXTENSIVE MASTOID SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69540	REMOVE EAR LESION	Y	-	1/1/2020	Fee Schedule	\$158.79
69550	REMOVE EAR LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69552	REMOVE EAR LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69601	MASTOID SURGERY REVISION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69602	MASTOID SURGERY REVISION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69603	MASTOID SURGERY REVISION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69604	MASTOID SURGERY REVISION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69605	MASTOID SURGERY REVISION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69610	REPAIR OF EARDRUM	Y	-	1/1/2020	Fee Schedule	\$204.27
69620	REPAIR OF EARDRUM	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69631	REPAIR EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69632	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69633	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69635	REPAIR EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69636	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69637	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69641	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69642	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69643	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69644	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69645	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69646	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69650	RELEASE MIDDLE EAR BONE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69660	REVISE MIDDLE EAR BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69661	REVISE MIDDLE EAR BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69662	REVISE MIDDLE EAR BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69666	REPAIR MIDDLE EAR STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69667	REPAIR MIDDLE EAR STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69670	REMOVE MASTOID AIR CELLS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69676	REMOVE MIDDLE EAR NERVE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69700	CLOSE MASTOID FISTULA	Y	-	1/1/2020	Fee Schedule	\$536.60
69711	REMOVE/REPAIR HEARING AID	-	-	1/1/2020	Fee Schedule	\$1,055.06
69714	IMPLANT TEMPLE BONE W/STIMUL	Y	-	1/1/2020	Fee Schedule	\$9,457.64
69715	TEMPLE BNE IMPLNT W/STIMULAT	Y	-	1/1/2020	Fee Schedule	\$10,770.96
69717	TEMPLE BONE IMPLANT REVISION	Y	-	1/1/2020	Fee Schedule	\$4,375.24
69718	REVISE TEMPLE BONE IMPLANT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
69720	RELEASE FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69740	REPAIR FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69745	REPAIR FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69801	INCISE INNER EAR	Y	-	1/1/2020	Fee Schedule	\$133.89
69805	EXPLORE INNER EAR	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69806	EXPLORE INNER EAR	Y	-	1/1/2020	Fee Schedule	\$2,246.55

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
69905	REMOVE INNER EAR	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69910	REMOVE INNER EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69915	INCISE INNER EAR NERVE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69930	IMPLANT COCHLEAR DEVICE	Y	-	1/1/2020	Fee Schedule	\$30,697.92
69990	MICROSURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
70010	CONTRAST X-RAY OF BRAIN	-	-	7/1/2018	No Separate Payment	\$0.00
70015	CONTRAST X-RAY OF BRAIN	-	-	7/1/2018	No Separate Payment	\$0.00
70030	X-RAY EYE FOR FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
70100	X-RAY EXAM OF JAW <4VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
70110	X-RAY EXAM OF JAW 4/> VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
70120	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	\$0.00
70130	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	\$0.00
70134	X-RAY EXAM OF MIDDLE EAR	-	-	7/1/2018	No Separate Payment	\$0.00
70140	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70150	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70160	X-RAY EXAM OF NASAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70170	X-RAY EXAM OF TEAR DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
70190	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	\$0.00
70200	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	\$0.00
70210	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	\$0.00
70220	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	\$0.00
70240	X-RAY EXAM PITUITARY SADDLE	-	-	7/1/2018	No Separate Payment	\$0.00
70250	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	\$0.00
70260	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	\$0.00
70300	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70310	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70320	FULL MOUTH X-RAY OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70328	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
70330	X-RAY EXAM OF JAW JOINTS	-	-	7/1/2018	No Separate Payment	\$0.00
70332	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
70336	MAGNETIC IMAGE JAW JOINT	-	-	1/1/2020	Fee Schedule	\$117.75
70350	X-RAY HEAD FOR ORTHODONTIA	-	-	7/1/2018	No Separate Payment	\$0.00
70355	PANORAMIC X-RAY OF JAWS	-	-	7/1/2018	No Separate Payment	\$0.00
70360	X-RAY EXAM OF NECK	-	-	7/1/2018	No Separate Payment	\$0.00
70370	THROAT X-RAY & FLUOROSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
70371	SPEECH EVALUATION COMPLEX	-	-	7/1/2018	No Separate Payment	\$0.00
70380	X-RAY EXAM OF SALIVARY GLAND	-	-	7/1/2018	No Separate Payment	\$0.00
70390	X-RAY EXAM OF SALIVARY DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
70450	CT HEAD/BRAIN W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
70460	CT HEAD/BRAIN W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70470	CT HEAD/BRAIN W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70480	CT ORBIT/EAR/FOSSA W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
70481	CT ORBIT/EAR/FOSSA W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70486	CT MAXILLOFACIAL W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
70487	CT MAXILLOFACIAL W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70488	CT MAXILLOFACIAL W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70490	CT SOFT TISSUE NECK W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
70491	CT SOFT TISSUE NECK W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70492	CT SFT TSUE NCK W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
70496	CT ANGIOGRAPHY HEAD	-	-	1/1/2020	Fee Schedule	\$92.08
70498	CT ANGIOGRAPHY NECK	-	-	1/1/2020	Fee Schedule	\$92.08
70540	MRI ORBIT/FACE/NECK W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
70542	MRI ORBIT/FACE/NECK W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70543	MRI ORBT/FAC/NCK W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70544	MR ANGIOGRAPHY HEAD W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
70545	MR ANGIOGRAPHY HEAD W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70547	MR ANGIOGRAPHY NECK W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
70548	MR ANGIOGRAPHY NECK W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70549	MR ANGIOGRAPH NECK W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70551	MRI BRAIN STEM W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
70552	MRI BRAIN STEM W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70553	MRI BRAIN STEM W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70554	FMRI BRAIN BY TECH	-	-	1/1/2020	Fee Schedule	\$117.75
70555	FMRI BRAIN BY PHYS/PSYCH	-	-	1/1/2020	Fee Schedule	\$117.75
70557	MRI BRAIN W/O DYE	-	-	1/1/2020	Fee Schedule	\$243.34
70558	MRI BRAIN W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70559	MRI BRAIN W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
71045	X-RAY EXAM CHEST 1 VIEW	-	-	1/1/2020	Fee Schedule	\$16.24
71046	X-RAY EXAM CHEST 2 VIEWS	-	-	1/1/2020	Fee Schedule	\$21.65
71047	X-RAY EXAM CHEST 3 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
71048	X-RAY EXAM CHEST 4+ VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
71100	X-RAY EXAM RIBS UNI 2 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
71101	X-RAY EXAM UNILAT RIBS/CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
71110	X-RAY EXAM RIBS BIL 3 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
71111	X-RAY EXAM RIBS/CHEST4/> VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71120	X-RAY EXAM BREASTBONE 2/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71130	X-RAY STRENOCLAVIC JT 3/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71250	CT THORAX W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
71260	CT THORAX W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
71270	CT THORAX W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
71275	CT ANGIOGRAPHY CHEST	-	-	1/1/2020	Fee Schedule	\$92.08
71550	MRI CHEST W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
71551	MRI CHEST W/DYE	-	-	1/1/2020	Fee Schedule	\$344.01
71552	MRI CHEST W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72020	X-RAY EXAM OF SPINE 1 VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
72040	X-RAY EXAM NECK SPINE 2-3 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72050	X-RAY EXAM NECK SPINE 4/5VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72052	X-RAY EXAM NECK SPINE 6/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72070	X-RAY EXAM THORAC SPINE 2VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72072	X-RAY EXAM THORAC SPINE 3VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72074	X-RAY EXAM THORAC SPINE4/>VW	-	-	7/1/2018	No Separate Payment	\$0.00
72080	X-RAY EXAM THORACOLMB 2/> VW	-	-	7/1/2018	No Separate Payment	\$0.00
72081	X-RAY EXAM ENTIRE SPI 1 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72083	X-RAY EXAM ENTIRE SPI 4/5 VW	-	-	1/1/2020	Fee Schedule	\$56.63
72084	X-RAY EXAM ENTIRE SPI 6/> VW	-	-	1/1/2020	Fee Schedule	\$56.63
72100	X-RAY EXAM L-S SPINE 2/3 VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72110	X-RAY EXAM L-2 SPINE 4/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
72114	X-RAY EXAM L-S SPINE BENDING	-	-	7/1/2018	No Separate Payment	\$0.00
72120	X-RAY BEND ONLY L-S SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72125	CT NECK SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
72126	CT NECK SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$135.70
72127	CT NECK SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72128	CT CHEST SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
72129	CT CHEST SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72130	CT CHEST SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72131	CT LUMBAR SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
72132	CT LUMBAR SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$136.06
72133	CT LUMBAR SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72141	MRI NECK SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
72142	MRI NECK SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72146	MRI CHEST SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
72147	MRI CHEST SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72148	MRI LUMBAR SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
72149	MRI LUMBAR SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72156	MRI NECK SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72157	MRI CHEST SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72158	MRI LUMBAR SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72170	X-RAY EXAM OF PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
72190	X-RAY EXAM OF PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
72191	CT ANGIOGRAPH PELV W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72192	CT PELVIS W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
72193	CT PELVIS W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72194	CT PELVIS W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72195	MRI PELVIS W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
72196	MRI PELVIS W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72197	MRI PELVIS W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72200	X-RAY EXAM SI JOINTS	-	-	7/1/2018	No Separate Payment	\$0.00
72202	X-RAY EXAM SI JOINTS 3/> VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72220	X-RAY EXAM SACRUM TAILBONE	-	-	7/1/2018	No Separate Payment	\$0.00
72240	MYELOGRAPHY NECK SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72255	MYELOGRAPHY THORACIC SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72265	MYELOGRAPHY L-S SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72270	MYELOGPHY 2/> SPINE REGIONS	-	-	7/1/2018	No Separate Payment	\$0.00
72275	EPIDUROGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
72285	DISCOGRAPHY CERV/THOR SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72295	X-RAY OF LOWER SPINE DISK	-	-	7/1/2018	No Separate Payment	\$0.00
73000	X-RAY EXAM OF COLLAR BONE	-	-	7/1/2018	No Separate Payment	\$0.00
73010	X-RAY EXAM OF SHOULDER BLADE	-	-	7/1/2018	No Separate Payment	\$0.00
73020	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73030	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73040	CONTRAST X-RAY OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73050	X-RAY EXAM OF SHOULDERS	-	-	7/1/2018	No Separate Payment	\$0.00
73060	X-RAY EXAM OF HUMERUS	-	-	7/1/2018	No Separate Payment	\$0.00
73070	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73080	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73085	CONTRAST X-RAY OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73090	X-RAY EXAM OF FOREARM	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
73092	X-RAY EXAM OF ARM INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
73100	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73110	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73115	CONTRAST X-RAY OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73120	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	\$0.00
73130	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	\$0.00
73140	X-RAY EXAM OF FINGER(S)	-	-	7/1/2018	No Separate Payment	\$0.00
73200	CT UPPER EXTREMITY W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
73201	CT UPPER EXTREMITY W/DYE	-	-	1/1/2020	Fee Schedule	\$166.37
73202	CT UPPR EXTREMITY W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
73206	CT ANGIO UPR EXTRM W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
73218	MRI UPPER EXTREMITY W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
73219	MRI UPPER EXTREMITY W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
73220	MRI UPPR EXTREMITY W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
73221	MRI JOINT UPR EXTREM W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
73222	MRI JOINT UPR EXTREM W/DYE	-	-	1/1/2020	Fee Schedule	\$286.91
73223	MRI JOINT UPR EXTR W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
73501	X-RAY EXAM HIP UNI 1 VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73503	X-RAY EXAM HIP UNI 4/> VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73521	X-RAY EXAM HIPS BI 2 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73522	X-RAY EXAM HIPS BI 3-4 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73523	X-RAY EXAM HIPS BI 5/> VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73525	CONTRAST X-RAY OF HIP	-	-	7/1/2018	No Separate Payment	\$0.00
73551	X-RAY EXAM OF FEMUR 1	-	-	7/1/2018	No Separate Payment	\$0.00
73552	X-RAY EXAM OF FEMUR 2/>	-	-	7/1/2018	No Separate Payment	\$0.00
73560	X-RAY EXAM OF KNEE 1 OR 2	-	-	7/1/2018	No Separate Payment	\$0.00
73562	X-RAY EXAM OF KNEE 3	-	-	7/1/2018	No Separate Payment	\$0.00
73564	X-RAY EXAM KNEE 4 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
73565	X-RAY EXAM OF KNEES	-	-	7/1/2018	No Separate Payment	\$0.00
73580	CONTRAST X-RAY OF KNEE JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
73590	X-RAY EXAM OF LOWER LEG	-	-	7/1/2018	No Separate Payment	\$0.00
73592	X-RAY EXAM OF LEG INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
73600	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73610	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73615	CONTRAST X-RAY OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73620	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	\$0.00
73630	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	\$0.00
73650	X-RAY EXAM OF HEEL	-	-	7/1/2018	No Separate Payment	\$0.00
73660	X-RAY EXAM OF TOE(S)	-	-	7/1/2018	No Separate Payment	\$0.00
73700	CT LOWER EXTREMITY W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
73701	CT LOWER EXTREMITY W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
73702	CT LWR EXTREMITY W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
73706	CT ANGIO LWR EXTR W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
73718	MRI LOWER EXTREMITY W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
73719	MRI LOWER EXTREMITY W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
73720	MRI LWR EXTREMITY W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
73721	MRI JNT OF LWR EXTRE W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
73722	MRI JOINT OF LWR EXTR W/DYE	-	-	1/1/2020	Fee Schedule	\$287.63
73723	MRI JOINT LWR EXTR W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
74018	X-RAY EXAM ABDOMEN 1 VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
74019	X-RAY EXAM ABDOMEN 2 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
74021	X-RAY EXAM ABDOMEN 3+ VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
74022	X-RAY EXAM COMPLETE ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
74150	CT ABDOMEN W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
74160	CT ABDOMEN W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
74170	CT ABDOMEN W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
74174	CT ANGIO ABD&PELV W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
74175	CT ANGIO ABDOM W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
74176	CT ABD & PELVIS W/O CONTRAST	-	-	1/1/2020	Fee Schedule	\$113.68
74177	CT ABD & PELV W/CONTRAST	-	-	1/1/2020	Fee Schedule	\$192.95
74178	CT ABD & PELV 1/> REGNS	-	-	1/1/2020	Fee Schedule	\$192.95
74181	MRI ABDOMEN W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
74182	MRI ABDOMEN W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
74183	MRI ABDOMEN W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
74190	X-RAY EXAM OF PERITONEUM	-	-	7/1/2018	No Separate Payment	\$0.00
74210	X-RAY XM PHRNX&/CRV ESOPH C+	-	-	7/1/2018	No Separate Payment	\$0.00
74220	X-RAY XM ESOPHAGUS 1CNTRST	-	-	7/1/2018	No Separate Payment	\$0.00
74230	X-RAY XM SWLNG FUNCJ C+	-	-	1/1/2020	Fee Schedule	\$92.08
74235	REMOVE ESOPHAGUS OBSTRUCTION	-	-	7/1/2018	No Separate Payment	\$0.00
74240	X-RAY XM UPGR GI TRC 1CNTRST	-	-	1/1/2020	Fee Schedule	\$80.48
74246	X-RAY XM UPGR GI TRC 2CNTRST	-	-	1/1/2020	Fee Schedule	\$92.08
74250	X-RAY XM SM INT 1CNTRST STD	-	-	1/1/2020	Fee Schedule	\$80.84
74251	X-RAY XM SM INT 2CNTRST STD	-	-	1/1/2020	Fee Schedule	\$92.08
74261	CT COLONOGRAPHY DX	-	-	1/1/2020	Fee Schedule	\$56.63
74262	CT COLONOGRAPHY DX W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
74270	X-RAY XM COLON 1CNTRST STD	-	-	7/1/2018	No Separate Payment	\$0.00
74280	X-RAY XM COLON 2CNTRST STD	-	-	1/1/2020	No Separate Payment	\$0.00
74283	THER NMA RDCTJ INTUS/OBSTR CJ	-	-	1/1/2020	Fee Schedule	\$92.08
74290	CONTRAST X-RAY GALLBLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74300	X-RAY BILE DUCTS/PANCREAS	-	-	7/1/2018	No Separate Payment	\$0.00
74301	X-RAYS AT SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
74328	X-RAY BILE DUCT ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74330	X-RAY BILE/PANC ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74340	X-RAY GUIDE FOR GI TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74355	X-RAY GUIDE INTESTINAL TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74360	X-RAY GUIDE GI DILATION	-	-	7/1/2018	No Separate Payment	\$0.00
74363	X-RAY BILE DUCT DILATION	-	-	7/1/2018	No Separate Payment	\$0.00
74400	CONTRST X-RAY URINARY TRACT	-	-	1/1/2020	Fee Schedule	\$92.08
74410	CONTRST X-RAY URINARY TRACT	-	-	1/1/2020	Fee Schedule	\$92.08
74415	CONTRST X-RAY URINARY TRACT	-	-	1/1/2020	Fee Schedule	\$92.08
74420	CONTRST X-RAY URINARY TRACT	-	-	1/1/2020	Fee Schedule	\$192.95
74425	CONTRST X-RAY URINARY TRACT	-	-	7/1/2018	No Separate Payment	\$0.00
74430	CONTRAST X-RAY BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74440	X-RAY MALE GENITAL TRACT	-	-	7/1/2018	No Separate Payment	\$0.00
74445	X-RAY EXAM OF PENIS	-	-	7/1/2018	No Separate Payment	\$0.00
74450	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74455	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74470	X-RAY EXAM OF KIDNEY LESION	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
74485	DILATION URTR/URT RS&I	-	-	7/1/2018	No Separate Payment	\$0.00
74710	X-RAY MEASUREMENT OF PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
74712	MRI FETAL SNGL/1ST GESTATION	-	-	1/1/2020	Fee Schedule	\$117.75
74713	MRI FETAL EA ADDL GESTATION	-	-	7/1/2018	No Separate Payment	\$0.00
74740	X-RAY FEMALE GENITAL TRACT	-	-	7/1/2018	No Separate Payment	\$0.00
74742	X-RAY FALLOPIAN TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74775	X-RAY EXAM OF PERINEUM	-	-	1/1/2020	Fee Schedule	\$117.75
75557	CARDIAC MRI FOR MORPH	-	-	1/1/2020	Fee Schedule	\$117.75
75559	CARDIAC MRI W/STRESS IMG	-	-	1/1/2020	Fee Schedule	\$243.34
75561	CARDIAC MRI FOR MORPH W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
75563	CARD MRI W/STRESS IMG & DYE	-	-	1/1/2020	Fee Schedule	\$344.01
75565	CARD MRI VELOC FLOW MAPPING	-	-	7/1/2018	No Separate Payment	\$0.00
75571	CT HRT W/O DYE W/CA TEST	-	-	7/1/2018	No Separate Payment	\$0.00
75572	CT HRT W/3D IMAGE	-	-	1/1/2020	Fee Schedule	\$92.08
75573	CT HRT W/3D IMAGE CONGEN	-	-	1/1/2020	Fee Schedule	\$92.08
75574	CT ANGIO HRT W/3D IMAGE	-	-	1/1/2020	Fee Schedule	\$92.08
75600	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75605	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75625	CONTRAST EXAM ABDOMINL AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75630	X-RAY AORTA LEG ARTERIES	-	-	7/1/2018	No Separate Payment	\$0.00
75635	CT ANGIO ABDOMINAL ARTERIES	-	-	7/1/2018	No Separate Payment	\$0.00
75705	ARTERY X-RAYS SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
75710	ARTERY X-RAYS ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75716	ARTERY X-RAYS ARMS/LEGS	-	-	7/1/2018	No Separate Payment	\$0.00
75726	ARTERY X-RAYS ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
75731	ARTERY X-RAYS ADRENAL GLAND	-	-	1/1/2020	Fee Schedule	\$106.83
75733	ARTERY X-RAYS ADRENALS	-	-	7/1/2018	No Separate Payment	\$0.00
75736	ARTERY X-RAYS PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
75741	ARTERY X-RAYS LUNG	-	-	7/1/2018	No Separate Payment	\$0.00
75743	ARTERY X-RAYS LUNGS	-	-	7/1/2018	No Separate Payment	\$0.00
75746	ARTERY X-RAYS LUNG	-	-	1/1/2020	Fee Schedule	\$89.50
75756	ARTERY X-RAYS CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
75774	ARTERY X-RAY EACH VESSEL	-	-	7/1/2018	No Separate Payment	\$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS	-	-	1/1/2020	Fee Schedule	\$579.91
75805	LYMPH VESSEL X-RAY TRUNK	-	-	1/1/2020	Fee Schedule	\$579.91
75807	LYMPH VESSEL X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	\$0.00
75809	NONVASCULAR SHUNT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
75810	VEIN X-RAY SPLEEN/LIVER	-	-	1/1/2020	Fee Schedule	\$579.91
75820	VEIN X-RAY ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75822	VEIN X-RAY ARMS/LEGS	-	-	1/1/2020	Fee Schedule	\$75.07
75825	VEIN X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	\$0.00
75827	VEIN X-RAY CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
75831	VEIN X-RAY KIDNEY	-	-	7/1/2018	No Separate Payment	\$0.00
75833	VEIN X-RAY KIDNEYS	-	-	7/1/2018	No Separate Payment	\$0.00
75840	VEIN X-RAY ADRENAL GLAND	-	-	7/1/2018	No Separate Payment	\$0.00
75842	VEIN X-RAY ADRENAL GLANDS	-	-	7/1/2018	No Separate Payment	\$0.00
75860	VEIN X-RAY NECK	-	-	7/1/2018	No Separate Payment	\$0.00
75870	VEIN X-RAY SKULL	-	-	1/1/2020	Fee Schedule	\$120.90
75872	VEIN X-RAY SKULL EPIDURAL	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
75880	VEIN X-RAY EYE SOCKET	-	-	7/1/2018	No Separate Payment	\$0.00
75885	VEIN X-RAY LIVER W/HEMODYNAM	-	-	7/1/2018	No Separate Payment	\$0.00
75887	VEIN X-RAY LIVER W/O HEMODYN	-	-	1/1/2020	Fee Schedule	\$82.28
75889	VEIN X-RAY LIVER W/HEMODYNAM	-	-	7/1/2018	No Separate Payment	\$0.00
75891	VEIN X-RAY LIVER	-	-	7/1/2018	No Separate Payment	\$0.00
75893	VENOUS SAMPLING BY CATHETER	-	-	7/1/2018	No Separate Payment	\$0.00
75894	X-RAYS TRANSCATH THERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
75898	FOLLOW-UP ANGIOGRAPHY	-	-	1/1/2020	Fee Schedule	\$579.91
75901	REMOVE CVA DEVICE OBSTRUCT	-	-	7/1/2018	No Separate Payment	\$0.00
75902	REMOVE CVA LUMEN OBSTRUCT	-	-	7/1/2018	No Separate Payment	\$0.00
75970	VASCULAR BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
75984	XRAY CONTROL CATHETER CHANGE	-	-	7/1/2018	No Separate Payment	\$0.00
75989	ABSCESS DRAINAGE UNDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
76000	FLUOROSCOPY <1 HR PHYS/QHP	-	-	1/1/2020	Fee Schedule	\$26.35
76010	X-RAY NOSE TO RECTUM	-	-	7/1/2018	No Separate Payment	\$0.00
76080	X-RAY EXAM OF FISTULA	-	-	7/1/2018	No Separate Payment	\$0.00
76098	X-RAY EXAM SURGICAL SPECIMEN	-	-	7/1/2018	No Separate Payment	\$0.00
76100	X-RAY EXAM OF BODY SECTION	-	-	7/1/2018	No Separate Payment	\$0.00
76101	COMPLEX BODY SECTION X-RAY	-	-	1/1/2020	Fee Schedule	\$56.63
76102	COMPLEX BODY SECTION X-RAYS	-	-	1/1/2020	Fee Schedule	\$56.63
76120	CINE/VIDEO X-RAYS	-	-	7/1/2018	No Separate Payment	\$0.00
76125	CINE/VIDEO X-RAYS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
76376	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	\$0.00
76377	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	\$0.00
76380	CAT SCAN FOLLOW-UP STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
76391	MR ELASTOGRAPHY	-	-	1/1/2020	Fee Schedule	\$117.75
76496	FLUOROSCOPIC PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
76497	CT PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
76498	MRI PROCEDURE	-	-	1/1/2020	Fee Schedule	\$40.33
76499	RADIOGRAPHIC PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
76506	ECHO EXAM OF HEAD	-	-	7/1/2018	No Separate Payment	\$0.00
76510	OPHTH US B & QUANT A	-	-	7/1/2018	No Separate Payment	\$0.00
76511	OPHTH US QUANT A ONLY	-	-	7/1/2018	No Separate Payment	\$0.00
76512	OPHTH US B W/NON-QUANT A	-	-	7/1/2018	No Separate Payment	\$0.00
76513	ECHO EXAM OF EYE WATER BATH	-	-	7/1/2018	No Separate Payment	\$0.00
76514	ECHO EXAM OF EYE THICKNESS	-	-	7/1/2018	No Separate Payment	\$0.00
76516	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76519	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76529	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76536	US EXAM OF HEAD AND NECK	-	-	7/1/2018	No Separate Payment	\$0.00
76604	US EXAM CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
76641	ULTRASOUND BREAST COMPLETE	-	-	7/1/2018	No Separate Payment	\$0.00
76642	ULTRASOUND BREAST LIMITED	-	-	7/1/2018	No Separate Payment	\$0.00
76700	US EXAM ABDOM COMPLETE	-	-	1/1/2020	Fee Schedule	\$56.63
76705	ECHO EXAM OF ABDOMEN	-	-	1/1/2020	Fee Schedule	\$56.63
76770	US EXAM ABDO BACK WALL COMP	-	-	1/1/2020	Fee Schedule	\$56.63
76775	US EXAM ABDO BACK WALL LIM	-	-	7/1/2018	No Separate Payment	\$0.00
76776	US EXAM K TRANSPL W/DOPPLER	-	-	1/1/2020	Fee Schedule	\$56.63
76800	US EXAM SPINAL CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
76801	OB US < 14 WKS SINGLE FETUS	-	-	1/1/2020	Fee Schedule	\$56.63

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
76802	OB US < 14 WKS ADDL FETUS	-	-	7/1/2018	No Separate Payment	\$0.00
76805	OB US >= 14 WKS SNGL FETUS	-	-	1/1/2020	Fee Schedule	\$56.63
76810	OB US >= 14 WKS ADDL FETUS	-	-	7/1/2018	No Separate Payment	\$0.00
76811	OB US DETAILED SNGL FETUS	-	-	1/1/2020	Fee Schedule	\$83.37
76812	OB US DETAILED ADDL FETUS	-	-	7/1/2018	No Separate Payment	\$0.00
76813	OB US NUCHAL MEAS 1 GEST	-	-	7/1/2018	No Separate Payment	\$0.00
76814	OB US NUCHAL MEAS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
76815	OB US LIMITED FETUS(S)	-	-	7/1/2018	No Separate Payment	\$0.00
76816	OB US FOLLOW-UP PER FETUS	-	-	7/1/2018	No Separate Payment	\$0.00
76817	TRANSVAGINAL US OBSTETRIC	-	-	7/1/2018	No Separate Payment	\$0.00
76818	FETAL BIOPHYS PROFILE W/NST	-	-	1/1/2020	Fee Schedule	\$56.63
76819	FETAL BIOPHYS PROFIL W/O NST	-	-	1/1/2020	Fee Schedule	\$48.72
76820	UMBILICAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	\$0.00
76821	MIDDLE CEREBRAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	\$0.00
76825	ECHO EXAM OF FETAL HEART	-	-	1/1/2020	Fee Schedule	\$193.44
76826	ECHO EXAM OF FETAL HEART	-	-	1/1/2020	Fee Schedule	\$117.75
76827	ECHO EXAM OF FETAL HEART	-	-	7/1/2018	No Separate Payment	\$0.00
76828	ECHO EXAM OF FETAL HEART	-	-	7/1/2018	No Separate Payment	\$0.00
76830	TRANSVAGINAL US NON-OB	-	-	1/1/2020	Fee Schedule	\$56.63
76831	ECHO EXAM UTERUS	-	-	1/1/2020	Fee Schedule	\$84.09
76856	US EXAM PELVIC COMPLETE	-	-	1/1/2020	Fee Schedule	\$56.63
76857	US EXAM PELVIC LIMITED	-	-	1/1/2020	Fee Schedule	\$23.82
76870	US EXAM SCROTUM	-	-	7/1/2018	No Separate Payment	\$0.00
76872	US TRANSRECTAL	-	-	1/1/2020	Fee Schedule	\$56.63
76873	ECHOGRAP TRANS R PROS STUDY	-	-	1/1/2020	Fee Schedule	\$56.63
76881	US COMPL JOINT R-T W/IMG	-	-	1/1/2020	Fee Schedule	\$46.56
76882	US LMTD JT/NONVASC XTR STRUX	-	-	7/1/2018	No Separate Payment	\$0.00
76885	US EXAM INFANT HIPS DYNAMIC	-	-	7/1/2018	No Separate Payment	\$0.00
76886	US EXAM INFANT HIPS STATIC	-	-	7/1/2018	No Separate Payment	\$0.00
76932	ECHO GUIDE FOR HEART BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR	-	-	1/1/2020	Fee Schedule	\$127.89
76937	US GUIDE VASCULAR ACCESS	-	-	7/1/2018	No Separate Payment	\$0.00
76940	US GUIDE TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
76941	ECHO GUIDE FOR TRANSFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
76942	ECHO GUIDE FOR BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
76945	ECHO GUIDE VILLUS SAMPLING	-	-	7/1/2018	No Separate Payment	\$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS	-	-	7/1/2018	No Separate Payment	\$0.00
76948	ECHO GUIDE OVA ASPIRATION	-	-	7/1/2018	No Separate Payment	\$0.00
76965	ECHO GUIDANCE RADIOTHERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
76970	ULTRASOUND EXAM FOLLOW-UP	-	-	7/1/2018	No Separate Payment	\$0.00
76975	GI ENDOSCOPIC ULTRASOUND	-	-	7/1/2018	No Separate Payment	\$0.00
76977	US BONE DENSITY MEASURE	-	-	1/1/2020	Fee Schedule	\$3.97
76978	US TRGT DYN MBUBB 1ST LES	-	-	1/1/2020	Fee Schedule	\$92.08
76979	US TRGT DYN MBUBB EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
76981	USE PARENCHYMA	-	-	1/1/2020	Fee Schedule	\$56.63
76982	USE 1ST TARGET LESION	-	-	1/1/2020	Fee Schedule	\$56.63
76983	USE EA ADDL TARGET LESION	-	-	1/1/2019	No Separate Payment	\$0.00
76998	US GUIDE INTRAOP	-	-	7/1/2018	No Separate Payment	\$0.00
76999	ECHO EXAMINATION PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
77001	FLUOROGUIDE FOR VEIN DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
77002	NEEDLE LOCALIZATION BY XRAY	-	-	7/1/2018	No Separate Payment	\$0.00
77003	FLUOROGUIDE FOR SPINE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
77011	CT SCAN FOR LOCALIZATION	-	-	7/1/2018	No Separate Payment	\$0.00
77012	CT SCAN FOR NEEDLE BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
77013	CT GUIDE FOR TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
77014	CT SCAN FOR THERAPY GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
77021	MRI GUIDANCE NDL PLMT RS&I	-	-	7/1/2018	No Separate Payment	\$0.00
77022	MRI GDN PARNCHYMA TISS ABLTJ	-	-	7/1/2018	No Separate Payment	\$0.00
77046	MRI BREAST C- UNILATERAL	-	-	1/1/2020	Fee Schedule	\$117.75
77047	MRI BREAST C- BILATERAL	-	-	1/1/2020	Fee Schedule	\$117.75
77053	X-RAY OF MAMMARY DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
77054	X-RAY OF MAMMARY DUCTS	-	-	7/1/2018	No Separate Payment	\$0.00
77071	X-RAY STRESS VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
77072	X-RAYS FOR BONE AGE	-	-	7/1/2018	No Separate Payment	\$0.00
77073	X-RAYS BONE LENGTH STUDIES	-	-	7/1/2018	No Separate Payment	\$0.00
77074	X-RAYS BONE SURVEY LIMITED	-	-	7/1/2018	No Separate Payment	\$0.00
77075	X-RAYS BONE SURVEY COMPLETE	-	-	7/1/2018	No Separate Payment	\$0.00
77076	X-RAYS BONE SURVEY INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
77077	JOINT SURVEY SINGLE VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
77078	CT BONE DENSITY AXIAL	-	-	1/1/2020	Fee Schedule	\$40.33
77080	DXA BONE DENSITY AXIAL	-	-	1/1/2020	Fee Schedule	\$29.59
77081	DXA BONE DENSITY/PERIPHERAL	-	-	1/1/2020	Fee Schedule	\$22.01
77084	MAGNETIC IMAGE BONE MARROW	-	-	1/1/2020	Fee Schedule	\$117.75
77085	DXA BONE DENSITY STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
77086	FRACTURE ASSESSMENT VIA DXA	-	-	7/1/2018	No Separate Payment	\$0.00
77280	SET RADIATION THERAPY FIELD	-	-	1/1/2020	Fee Schedule	\$63.97
77285	SET RADIATION THERAPY FIELD	-	-	1/1/2020	Fee Schedule	\$169.35
77290	SET RADIATION THERAPY FIELD	-	-	1/1/2020	Fee Schedule	\$169.35
77293	RESPIRATOR MOTION MGMT SIMUL	-	-	7/1/2018	No Separate Payment	\$0.00
77295	3-D RADIOTHERAPY PLAN	-	-	1/1/2020	Fee Schedule	\$263.45
77299	RADIATION THERAPY PLANNING	-	-	1/1/2020	Fee Schedule	\$63.97
77300	RADIATION THERAPY DOSE PLAN	-	-	1/1/2020	Fee Schedule	\$33.92
77301	RADIOTHERAPY DOSE PLAN IMRT	-	-	1/1/2020	Fee Schedule	\$629.26
77306	TELETHX ISODOSE PLAN SIMPLE	-	-	1/1/2020	Fee Schedule	\$75.79
77307	TELETHX ISODOSE PLAN CPLX	-	-	1/1/2020	Fee Schedule	\$136.78
77316	BRACHYTX ISODOSE PLAN SIMPLE	-	-	1/1/2020	Fee Schedule	\$144.72
77317	BRACHYTX ISODOSE INTERMED	-	-	1/1/2020	Fee Schedule	\$169.35
77318	BRACHYTX ISODOSE COMPLEX	-	-	1/1/2020	Fee Schedule	\$169.35
77321	SPECIAL TELETX PORT PLAN	-	-	1/1/2020	Fee Schedule	\$44.03
77331	SPECIAL RADIATION DOSIMETRY	-	-	1/1/2020	Fee Schedule	\$18.77
77332	RADIATION TREATMENT AID(S)	-	-	1/1/2020	Fee Schedule	\$23.46
77333	RADIATION TREATMENT AID(S)	-	-	1/1/2020	Fee Schedule	\$63.97
77334	RADIATION TREATMENT AID(S)	-	-	1/1/2020	Fee Schedule	\$67.13
77336	RADIATION PHYSICS CONSULT	-	-	1/1/2020	Fee Schedule	\$63.97
77338	DESIGN MLC DEVICE FOR IMRT	-	-	1/1/2020	Fee Schedule	\$169.35
77370	RADIATION PHYSICS CONSULT	-	-	1/1/2020	Fee Schedule	\$63.97
77371	SRS MULTISOURCE	-	-	7/1/2018	Fee Schedule	\$1,942.53
77372	SRS LINEAR BASED	-	-	7/1/2018	Fee Schedule	\$1,066.15
77373	SBRT DELIVERY	-	-	7/1/2018	Fee Schedule	\$1,042.88
77385	NTSTY MODUL RAD TX DLVR SMPL	-	-	1/1/2020	Fee Schedule	\$272.27

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
77386	NTSTY MODUL RAD TX DLVR CPLX	-	-	1/1/2020	Fee Schedule	\$272.27
77387	GUIDANCE FOR RADJ TX DLVR	-	-	7/1/2018	No Separate Payment	\$0.00
77399	EXTERNAL RADIATION DOSIMETRY	-	-	1/1/2020	Fee Schedule	\$63.97
77401	RADIATION TREATMENT DELIVERY	-	-	1/1/2020	Fee Schedule	\$24.54
77402	RADIATION TREATMENT DELIVERY	-	-	1/1/2020	Fee Schedule	\$62.00
77407	RADIATION TREATMENT DELIVERY	-	-	1/1/2020	Fee Schedule	\$119.43
77412	RADIATION TREATMENT DELIVERY	-	-	1/1/2020	Fee Schedule	\$119.43
77417	RADIOLOGY PORT IMAGES(S)	-	-	7/1/2018	No Separate Payment	\$0.00
77423	NEUTRON BEAM TX COMPLEX	-	-	1/1/2020	Fee Schedule	\$26.71
77424	IO RAD TX DELIVERY BY X-RAY	-	-	1/1/2020	Fee Schedule	\$1,922.61
77425	IO RAD TX DELIVER BY ELCTRNS	-	-	1/1/2020	Fee Schedule	\$1,922.61
77435	SBRT MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
77469	IO RADIATION TX MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
77470	SPECIAL RADIATION TREATMENT	-	-	1/1/2020	Fee Schedule	\$25.62
77520	PROTON TRMT SIMPLE W/O COMP	-	-	1/1/2020	Fee Schedule	\$272.27
77522	PROTON TRMT SIMPLE W/COMP	-	-	1/1/2020	Fee Schedule	\$629.97
77523	PROTON TRMT INTERMEDIATE	-	-	1/1/2020	Fee Schedule	\$629.97
77525	PROTON TREATMENT COMPLEX	-	-	1/1/2020	Fee Schedule	\$629.97
77600	HYPERTHERMIA TREATMENT	-	-	1/1/2020	Fee Schedule	\$119.43
77605	HYPERTHERMIA TREATMENT	-	-	1/1/2020	Fee Schedule	\$374.18
77610	HYPERTHERMIA TREATMENT	-	-	1/1/2020	Fee Schedule	\$272.27
77615	HYPERTHERMIA TREATMENT	-	-	1/1/2020	Fee Schedule	\$272.27
77620	HYPERTHERMIA TREATMENT	-	-	1/1/2020	Fee Schedule	\$272.27
77750	INFUSE RADIOACTIVE MATERIALS	-	-	1/1/2020	Fee Schedule	\$119.43
77761	APPLY INTRCAV RADIAT SIMPLE	-	-	1/1/2020	Fee Schedule	\$202.10
77762	APPLY INTRCAV RADIAT INTERM	-	-	1/1/2020	Fee Schedule	\$231.33
77763	APPLY INTRCAV RADIAT COMPL	-	-	1/1/2020	Fee Schedule	\$298.46
77767	HDR RDNCL SKN SURF BRACHYTX	-	-	1/1/2020	Fee Schedule	\$119.43
77768	HDR RDNCL SKN SURF BRACHYTX	-	-	1/1/2020	Fee Schedule	\$119.43
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2020	Fee Schedule	\$235.30
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2020	Fee Schedule	\$374.18
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2020	Fee Schedule	\$374.18
77778	APPLY INTERSTIT RADIAT COMPL	-	-	1/1/2020	Fee Schedule	\$374.18
77789	APPLY SURF LDR RADIONUCLIDE	-	-	1/1/2020	Fee Schedule	\$62.00
77790	RADIATION HANDLING	-	-	7/1/2018	No Separate Payment	\$0.00
77799	RADIUM/RADIOISOTOPE THERAPY	-	-	1/1/2020	Fee Schedule	\$62.00
78012	THYROID UPTAKE MEASUREMENT	-	-	1/1/2020	Fee Schedule	\$186.01
78013	THYROID IMAGING W/BLOOD FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78014	THYROID IMAGING W/BLOOD FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78015	THYROID MET IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78016	THYROID MET IMAGING/STUDIES	-	-	1/1/2020	Fee Schedule	\$186.01
78018	THYROID MET IMAGING BODY	-	-	1/1/2020	Fee Schedule	\$238.49
78020	THYROID MET UPTAKE	-	-	7/1/2018	No Separate Payment	\$0.00
78070	PARATHYROID PLANAR IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78071	PARATHYRD PLANAR W/NO SUBTRJ	-	-	1/1/2020	Fee Schedule	\$186.01
78072	PARATHYRD PLANAR W/SPECT&CT	-	-	1/1/2020	Fee Schedule	\$238.49
78075	ADRENAL CORTEX & MEDULLA IMG	-	-	1/1/2020	Fee Schedule	\$642.82
78099	ENDOCRINE NUCLEAR PROCEDURE	-	-	1/1/2020	Fee Schedule	\$186.01
78102	BONE MARROW IMAGING LTD	-	-	1/1/2020	Fee Schedule	\$186.01
78103	BONE MARROW IMAGING MULT	-	-	1/1/2020	Fee Schedule	\$186.01

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78104	BONE MARROW IMAGING BODY	-	-	1/1/2020	Fee Schedule	\$186.01
78110	PLASMA VOLUME SINGLE	-	-	1/1/2020	Fee Schedule	\$642.82
78111	PLASMA VOLUME MULTIPLE	-	-	1/1/2020	Fee Schedule	\$642.82
78120	RED CELL MASS SINGLE	-	-	1/1/2020	Fee Schedule	\$186.01
78121	RED CELL MASS MULTIPLE	-	-	1/1/2020	Fee Schedule	\$238.49
78122	BLOOD VOLUME	-	-	1/1/2020	Fee Schedule	\$238.49
78130	RED CELL SURVIVAL STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78135	RED CELL SURVIVAL KINETICS	-	-	1/1/2020	Fee Schedule	\$186.01
78140	RED CELL SEQUESTRATION	-	-	1/1/2020	Fee Schedule	\$186.01
78185	SPLEEN IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78191	PLATELET SURVIVAL	-	-	1/1/2020	Fee Schedule	\$186.01
78195	LYMPH SYSTEM IMAGING	-	-	1/1/2020	Fee Schedule	\$238.49
78199	BLOOD/LYMPH NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78201	LIVER IMAGING	-	-	1/1/2020	Fee Schedule	\$642.82
78202	LIVER IMAGING WITH FLOW	-	-	1/1/2020	Fee Schedule	\$642.82
78215	LIVER AND SPLEEN IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78216	LIVER & SPLEEN IMAGE/FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78226	HEPATOBIILIARY SYSTEM IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78227	HEPATOBI SYST IMAGE W/DRUG	-	-	1/1/2020	Fee Schedule	\$238.49
78230	SALIVARY GLAND IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78231	SERIAL SALIVARY IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78232	SALIVARY GLAND FUNCTION EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78258	ESOPHAGEAL MOTILITY STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78261	GASTRIC MUCOSA IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78262	GASTROESOPHAGEAL REFLUX EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78264	GASTRIC EMPTYING IMAG STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78265	GASTRIC EMPTYING IMAG STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78266	GASTRIC EMPTYING IMAG STUDY	-	-	1/1/2020	Fee Schedule	\$238.49
78278	ACUTE GI BLOOD LOSS IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78282	GI PROTEIN LOSS EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78290	MECKELS DIVERT EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78291	LEVEEN/SHUNT PATENCY EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78299	GI NUCLEAR PROCEDURE	-	-	1/1/2020	Fee Schedule	\$186.01
78300	BONE IMAGING LIMITED AREA	-	-	1/1/2020	Fee Schedule	\$186.01
78305	BONE IMAGING MULTIPLE AREAS	-	-	1/1/2020	Fee Schedule	\$186.01
78306	BONE IMAGING WHOLE BODY	-	-	1/1/2020	Fee Schedule	\$186.01
78315	BONE IMAGING 3 PHASE	-	-	1/1/2020	Fee Schedule	\$186.01
78399	MUSCULOSKELETAL NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78414	NON-IMAGING HEART FUNCTION	-	-	1/1/2020	Fee Schedule	\$238.49
78428	CARDIAC SHUNT IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78429	MYOCDR IMG PET 1 STD W/CT	-	-	4/1/2020	Fee Schedule	\$729.17
78430	MYOCDR IMG PET RST/STRS W/CT	-	-	4/1/2020	Fee Schedule	\$729.17
78431	MYOCDR IMG PET RST&STRS CT	-	-	1/1/2020	Fee Schedule	\$1,137.15
78432	MYOCDR IMG PET 2RTRACER	-	-	1/1/2020	Fee Schedule	\$1,389.79
78433	MYOCDR IMG PET 2RTRACER CT	-	-	1/1/2020	Fee Schedule	\$1,389.79
78434	AQMBF PET REST & RX STRESS	-	-	1/1/2020	No Separate Payment	\$0.00
78445	VASCULAR FLOW IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78451	HT MUSCLE IMAGE SPECT SING	-	-	1/1/2020	Fee Schedule	\$642.82
78452	HT MUSCLE IMAGE SPECT MULT	-	-	1/1/2020	Fee Schedule	\$642.82
78453	HT MUSCLE IMAGE PLANAR SING	-	-	1/1/2020	Fee Schedule	\$642.82

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78454	HT MUSC IMAGE PLANAR MULT	-	-	1/1/2020	Fee Schedule	\$642.82
78456	ACUTE VENOUS THROMBUS IMAGE	-	-	1/1/2020	Fee Schedule	\$642.82
78457	VENOUS THROMBOSIS IMAGING	-	-	1/1/2020	Fee Schedule	\$642.82
78458	VEN THROMBOSIS IMAGES BILAT	-	-	1/1/2020	Fee Schedule	\$186.01
78459	MYOCDR IMG PET SINGLE STUDY	-	-	1/1/2020	Fee Schedule	\$642.82
78466	HEART INFARCT IMAGE	-	-	1/1/2020	Fee Schedule	\$186.01
78468	HEART INFARCT IMAGE (EF)	-	-	1/1/2020	Fee Schedule	\$238.49
78469	HEART INFARCT IMAGE (3D)	-	-	1/1/2020	Fee Schedule	\$642.82
78472	GATED HEART PLANAR SINGLE	-	-	1/1/2020	Fee Schedule	\$186.01
78473	GATED HEART MULTIPLE	-	-	1/1/2020	Fee Schedule	\$186.01
78481	HEART FIRST PASS SINGLE	-	-	1/1/2020	Fee Schedule	\$238.49
78483	HEART FIRST PASS MULTIPLE	-	-	1/1/2020	Fee Schedule	\$238.49
78491	MYOCDR IMG PET 1STD RST/STRS	-	-	4/1/2020	Fee Schedule	\$729.17
78492	MYOCDR IMG PET MLT RST&STRS	-	-	4/1/2020	Fee Schedule	\$729.17
78494	HEART IMAGE SPECT	-	-	1/1/2020	Fee Schedule	\$186.01
78496	HEART FIRST PASS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
78499	CARDIOVASCULAR NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78579	LUNG VENTILATION IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78580	LUNG PERFUSION IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78582	LUNG VENTILAT&PERFUS IMAGING	-	-	1/1/2020	Fee Schedule	\$238.49
78597	LUNG PERFUSION DIFFERENTIAL	-	-	1/1/2020	Fee Schedule	\$186.01
78598	LUNG PERF&VENTILAT DIFERENTL	-	-	1/1/2020	Fee Schedule	\$238.49
78599	RESPIRATORY NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78600	BRAIN IMAGE < 4 VIEWS	-	-	1/1/2020	Fee Schedule	\$186.01
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	-	-	1/1/2020	Fee Schedule	\$186.01
78605	BRAIN IMAGE 4+ VIEWS	-	-	1/1/2020	Fee Schedule	\$238.49
78606	BRAIN IMAGE W/FLOW 4+ VIEWS	-	-	1/1/2020	Fee Schedule	\$238.49
78608	BRAIN IMAGING (PET)	-	-	4/1/2020	Fee Schedule	\$729.17
78610	BRAIN FLOW IMAGING ONLY	-	-	1/1/2020	Fee Schedule	\$238.49
78630	CEREBROSPINAL FLUID SCAN	-	-	1/1/2020	Fee Schedule	\$238.49
78635	CSF VENTRICULOGRAPHY	-	-	1/1/2020	Fee Schedule	\$238.49
78645	CSF SHUNT EVALUATION	-	-	1/1/2020	Fee Schedule	\$238.49
78650	CSF LEAKAGE IMAGING	-	-	1/1/2020	Fee Schedule	\$642.82
78660	NUCLEAR EXAM OF TEAR FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78699	NERVOUS SYSTEM NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78700	KIDNEY IMAGING MORPHOL	-	-	1/1/2020	Fee Schedule	\$186.01
78701	KIDNEY IMAGING WITH FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78707	K FLOW/FUNCT IMAGE W/O DRUG	-	-	1/1/2020	Fee Schedule	\$238.49
78708	K FLOW/FUNCT IMAGE W/DRUG	-	-	1/1/2020	Fee Schedule	\$238.49
78709	K FLOW/FUNCT IMAGE MULTIPLE	-	-	1/1/2020	Fee Schedule	\$238.49
78725	KIDNEY FUNCTION STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78730	URINARY BLADDER RETENTION	-	-	7/1/2018	No Separate Payment	\$0.00
78740	URETERAL REFLUX STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78761	TESTICULAR IMAGING W/FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78799	GENTOURINARY NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78800	RP LOCLZJ TUM 1 AREA 1 D IMG	-	-	1/1/2020	Fee Schedule	\$186.01
78801	RP LOCLZJ TUM 2+AREA 1+D IMG	-	-	1/1/2020	Fee Schedule	\$186.01
78802	RP LOCLZJ TUM WHBDY 1 D IMG	-	-	1/1/2020	Fee Schedule	\$642.82
78803	RP LOCLZJ TUM SPECT 1 AREA	-	-	1/1/2020	Fee Schedule	\$642.82
78804	RP LOCLZJ TUM WHBDY 2+D IMG	-	-	1/1/2020	Fee Schedule	\$642.82

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78808	IV INJ RA DRUG DX STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
78811	PET IMAGE LTD AREA	-	-	1/1/2020	Fee Schedule	\$642.82
78812	PET IMAGE SKULL-THIGH	-	-	4/1/2020	Fee Schedule	\$729.17
78813	PET IMAGE FULL BODY	-	-	4/1/2020	Fee Schedule	\$729.17
78814	PET IMAGE W/CT LMTD	-	-	4/1/2020	Fee Schedule	\$729.17
78815	PET IMAGE W/CT SKULL-THIGH	-	-	4/1/2020	Fee Schedule	\$729.17
78816	PET IMAGE W/CT FULL BODY	-	-	4/1/2020	Fee Schedule	\$729.17
78830	RP LOCLZJ TUM SPECT W/CT 1	-	-	1/1/2020	Fee Schedule	\$642.82
78831	RP LOCLZJ TUM SPECT 2 AREAS	-	-	1/1/2020	Fee Schedule	\$642.82
78832	RP LOCLZJ TUM SPECT W/CT 2	-	-	4/1/2020	Fee Schedule	\$729.17
78999	NUCLEAR DIAGNOSTIC EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
79005	NUCLEAR RX ORAL ADMIN	-	-	1/1/2020	Fee Schedule	\$50.53
79101	NUCLEAR RX IV ADMIN	-	-	1/1/2020	Fee Schedule	\$51.25
79200	NUCLEAR RX INTRACAV ADMIN	-	-	1/1/2020	Fee Schedule	\$53.41
79300	NUCLR RX INTERSTIT COLLOID	-	-	1/1/2020	Fee Schedule	\$119.95
79403	HEMATOPOIETIC NUCLEAR TX	-	-	1/1/2020	Fee Schedule	\$81.92
79440	NUCLEAR RX INTRA-ARTICULAR	-	-	1/1/2020	Fee Schedule	\$39.70
79445	NUCLEAR RX INTRA-ARTERIAL	-	-	1/1/2020	Fee Schedule	\$119.95
79999	NUCLEAR MEDICINE THERAPY	-	-	1/1/2020	Fee Schedule	\$119.95
90296	DIPHThERIA ANTITOXIN	-	-	7/1/2018	Not Allowed	\$0.00
90371	HEP B IG IM	-	-	10/1/2020	Fee Schedule	\$119.09
90375	RABIES IG IM/SC	-	-	10/1/2020	Fee Schedule	\$273.04
90376	RABIES IG HEAT TREATED	-	-	10/1/2020	Fee Schedule	\$331.80
90378	RSV MAB IM 50MG	-	-	1/1/2020	Fee Schedule	\$1,838.68
90385	RH IG MINIDOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90393	VACCINA IG IM	-	-	7/1/2018	Not Allowed	\$0.00
90396	VARICELLA-ZOSTER IG IM	-	-	7/1/2020	Fee Schedule	\$1,703.97
90476	ADENOVIRUS VACCINE TYPE 4	-	-	7/1/2018	No Separate Payment	\$0.00
90477	ADENOVIRUS VACCINE TYPE 7	-	-	7/1/2018	Not Allowed	\$0.00
90581	ANTHRAX VACCINE SC OR IM	-	-	7/1/2018	No Separate Payment	\$0.00
90585	BCG VACCINE PERCUT	-	-	7/1/2018	Fee Schedule	\$123.20
90620	MENB RP W/OMV VACCINE IM	-	-	7/1/2018	Fee Schedule	\$147.37
90621	MENB RLP VACCINE IM	-	-	7/1/2018	Fee Schedule	\$122.70
90630	FLU VACC IIV4 NO PRESERV ID	-	-	7/1/2018	No Separate Payment	\$0.00
90632	HEPA VACCINE ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90633	HEPA VACC PED/ADOL 2 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90634	HEPA VACC PED/ADOL 3 DOSE	-	-	1/1/2020	No Separate Payment	\$0.00
90636	HEP A/HEP B VACC ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90644	HIB-MENCY VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90647	HIB PRP-OMP VACC 3 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90648	HIB PRP-T VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90653	IIV ADJUVANT VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90654	FLU VACC IIV3 NO PRESERV ID	-	-	7/1/2018	No Separate Payment	\$0.00
90655	IIV3 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90656	IIV3 VACC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90657	IIV3 VACCINE SPLT 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90660	LAIIV3 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	\$0.00
90661	CCIIV3 VAC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90662	IIV NO PRSV INCREASED AG IM	-	-	7/1/2018	No Separate Payment	\$0.00
90670	PCV13 VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
90672	LAIV4 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	\$0.00
90673	RIV3 VACCINE NO PRESERV IM	-	-	7/1/2018	No Separate Payment	\$0.00
90674	CCHV4 VAC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90675	RABIES VACCINE IM	-	-	10/1/2020	Fee Schedule	\$303.24
90676	RABIES VACCINE ID	-	-	1/1/2020	Fee Schedule	\$227.53
90680	RV5 VACC 3 DOSE LIVE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
90681	RV1 VACC 2 DOSE LIVE ORAL	-	-	7/1/2018	Fee Schedule	\$108.65
90682	RIV4 VACC RECOMBINANT DNA IM	-	-	7/1/2018	No Separate Payment	\$0.00
90685	IIV4 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90686	IIV4 VACC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90687	IIV4 VACCINE SPLT 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90688	IIV4 VACCINE SPLT 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90689	VACC IIV4 NO PRSRV 0.25ML IM	-	-	7/1/2019	No Separate Payment	\$0.00
90690	TYPHOID VACCINE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
90691	TYPHOID VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90696	DTAP-IPV VACCINE 4-6 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90698	DTAP-IPV/HIB VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90700	DTAP VACCINE < 7 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90702	DT VACCINE UNDER 7 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90707	MMR VACCINE SC	-	-	7/1/2018	No Separate Payment	\$0.00
90710	MMRV VACCINE SC	-	-	7/1/2018	No Separate Payment	\$0.00
90713	POLIOVIRUS IPV SC/IM	-	-	7/1/2018	No Separate Payment	\$0.00
90714	TD VACC NO PRESV 7 YRS+ IM	-	-	7/1/2018	No Separate Payment	\$0.00
90715	TDAP VACCINE 7 YRS/> IM	-	-	7/1/2018	No Separate Payment	\$0.00
90717	YELLOW FEVER VACCINE SUBQ	-	-	7/1/2018	No Separate Payment	\$0.00
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	-	-	7/1/2018	No Separate Payment	\$0.00
90733	MPSV4 VACCINE SUBQ	-	-	7/1/2018	Fee Schedule	\$106.49
90734	MENACWYD/MENACWYCRM VACC IM	-	-	7/1/2018	Fee Schedule	\$97.49
90740	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	\$0.00
90743	HEPB VACC 2 DOSE ADOLESC IM	-	-	7/1/2018	No Separate Payment	\$0.00
90744	HEPB VACC 3 DOSE PED/ADOL IM	-	-	7/1/2018	No Separate Payment	\$0.00
90746	HEPB VACCINE 3 DOSE ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90747	HEPB VACC 4 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	\$0.00
90749	VACCINE TOXOID	-	-	7/1/2018	No Separate Payment	\$0.00
90756	CCIIV4 VACC ABX FREE IM	-	-	7/1/2018	No Separate Payment	\$0.00
91035	G-ESOPH REFLX TST W/ELECTROD	-	-	1/1/2020	Fee Schedule	\$245.37
91200	LIVER ELASTOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
92018	NEW EYE EXAM & TREATMENT	-	-	7/1/2018	Fee Schedule	\$505.41
92071	CONTACT LENS FITTING FOR TX	-	-	7/1/2018	No Separate Payment	\$0.00
92072	FIT CONTAC LENS FOR MANAGMNT	-	-	7/1/2018	No Separate Payment	\$0.00
92920	PRQ CARDIAC ANGIOPLAST 1 ART	Y	-	1/1/2020	Fee Schedule	\$3,021.61
92921	PRQ CARDIAC ANGIO ADDL ART	-	-	1/1/2020	No Separate Payment	\$0.00
92928	PRQ CARD STENT W/ANGIO 1 VSL	Y	-	1/1/2020	Fee Schedule	\$6,057.81
92929	PRQ CARD STENT W/ANGIO ADDL	-	-	1/1/2020	No Separate Payment	\$0.00
93451	RIGHT HEART CATH	-	-	1/1/2020	Fee Schedule	\$1,374.36
93452	LEFT HRT CATH W/VENTRCLGRPHY	-	-	1/1/2020	Fee Schedule	\$1,374.36
93453	R&L HRT CATH W/VENTRCLGRPHY	-	-	1/1/2020	Fee Schedule	\$1,374.36
93454	CORONARY ARTERY ANGIO S&I	-	-	1/1/2020	Fee Schedule	\$1,374.36
93455	CORONARY ART/GRFT ANGIO S&I	-	-	1/1/2020	Fee Schedule	\$1,374.36
93456	R HRT CORONARY ARTERY ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
93457	R HRT ART/GRFT ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93458	L HRT ARTERY/VENTRICLE ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93459	L HRT ART/GRFT ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93460	R&L HRT ART/VENTRICLE ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93461	R&L HRT ART/VENTRICLE ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93462	L HRT CATH TRNSPPL PUNCTURE	-	-	1/1/2019	No Separate Payment	\$0.00
93566	INJECT R VENTR/ATRIAL ANGIO	-	-	1/1/2019	No Separate Payment	\$0.00
93567	INJECT SUPRVLV AORTOGRAPHY	-	-	1/1/2019	No Separate Payment	\$0.00
93568	INJECT PULM ART HRT CATH	-	-	1/1/2019	No Separate Payment	\$0.00
93571	HEART FLOW RESERVE MEASURE	-	-	1/1/2019	No Separate Payment	\$0.00
93572	HEART FLOW RESERVE MEASURE	-	-	1/1/2019	No Separate Payment	\$0.00
93590	PERQ TRANSCATH CLS MITRAL	Y	-	7/1/2018	Fee Schedule	\$8,850.26
93591	PERQ TRANSCATH CLS AORTIC	Y	-	7/1/2018	Fee Schedule	\$8,850.26
93985	DUP-SCAN HEMO COMPL BI STD	-	-	1/1/2020	Fee Schedule	\$117.75
93986	DUP-SCAN HEMO COMPL UNI STD	-	-	1/1/2020	Fee Schedule	\$56.63
95940	IONM IN OPERATNG ROOM 15 MIN	-	-	7/1/2018	No Separate Payment	\$0.00
95941	IONM REMOTE>1 PT OR PER HR	-	-	7/1/2018	No Separate Payment	\$0.00
98966	HC PRO PHONE CALL 5-10 MIN	-	-	3/1/2020	Fee Schedule	\$8.77
98967	HC PRO PHONE CALL 11-20	-	-	3/1/2020	Fee Schedule	\$17.71
98968	HC PRO PHONE CALL 21-30 MIN	-	-	3/1/2020	Fee Schedule	\$26.47
99441	PHONE E/M BY PHYS 5-10 MIN	-	-	3/1/2020	Fee Schedule	\$14.08
99442	PHONE E/M BY PHYS 11-20 MIN	-	-	3/1/2020	Fee Schedule	\$28.42
99443	PHONE E/M BY PHYS 21-30 MIN	-	-	3/1/2020	Fee Schedule	\$42.50
A4216	STERILE WATER/SALINE, 10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4217	STERILE WATER/SALINE, 500 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4218	STERILE SALINE OR WATER	-	-	7/1/2018	No Separate Payment	\$0.00
A4220	INFUSION PUMP REFILL KIT	-	-	7/1/2018	No Separate Payment	\$0.00
A4244	ALCOHOL OR PEROXIDE PER PINT	-	-	7/1/2018	No Separate Payment	\$0.00
A4245	ALCOHOL WIPES PER BOX	-	-	7/1/2018	No Separate Payment	\$0.00
A4246	BETADINE/PHISOHEX SOLUTION	-	-	7/1/2018	No Separate Payment	\$0.00
A4247	BETADINE/IODINE SWABS/WIPES	-	-	7/1/2018	No Separate Payment	\$0.00
A4248	CHLORHEXIDINE ANTISEPT	-	-	7/1/2018	No Separate Payment	\$0.00
A4262	TEMPORARY TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	\$0.00
A4263	PERMANENT TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	\$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH	-	-	7/1/2018	No Separate Payment	\$0.00
A4300	CATH IMPL VASC ACCESS PORTAL	-	-	7/1/2018	No Separate Payment	\$0.00
A4301	IMPLANTABLE ACCESS SYST PERC	-	-	7/1/2018	No Separate Payment	\$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4641	RADIOPHARM DX AGENT NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A4642	IN111 SATUMOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A4648	IMPLANTABLE TISSUE MARKER	-	-	7/1/2018	No Separate Payment	\$0.00
A4650	IMPLANT RADIATION DOSIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
A9500	TC99M SESTAMIBI	-	-	7/1/2018	No Separate Payment	\$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME	-	-	7/1/2018	No Separate Payment	\$0.00
A9502	TC99M TETROFOSMIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9503	TC99M MEDRONATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9504	TC99M APCITIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9505	TL201 THALLIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9507	IN111 CAPROMAB	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A9508	I131 IODOBENGUATE, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9509	IODINE I-123 SOD IODIDE MIL	-	-	7/1/2018	No Separate Payment	\$0.00
A9510	TC99M DISOFENIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9512	TC99M PERTECHNETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9515	CHOLINE C-11	-	-	1/1/2019	No Separate Payment	\$0.00
A9516	IODINE I-123 SOD IODIDE MIC	-	-	7/1/2018	No Separate Payment	\$0.00
A9520	TC99 TILMANOCEPT DIAG 0.5MCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9521	TC99M EXAMETAZIME	-	-	7/1/2018	No Separate Payment	\$0.00
A9524	I131 SERUM ALBUMIN, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9526	NITROGEN N-13 AMMONIA	-	-	7/1/2018	No Separate Payment	\$0.00
A9527	IODINE I-125 SODIUM IODIDE	-	-	4/1/2020	Fee Schedule	\$31.27
A9528	IODINE I-131 IODIDE CAP, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9529	I131 IODIDE SOL, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9531	I131 MAX 100UCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9532	I125 SERUM ALBUMIN, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9536	TC99M DEPREOTIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9537	TC99M MEBROFENIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9538	TC99M PYROPHOSPHATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9539	TC99M PENTETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9540	TC99M MAA	-	-	7/1/2018	No Separate Payment	\$0.00
A9541	TC99M SULFUR COLLOID	-	-	7/1/2018	No Separate Payment	\$0.00
A9542	IN111 IBRITUMOMAB, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9546	CO57/58	-	-	7/1/2018	No Separate Payment	\$0.00
A9547	IN111 OXYQUINOLINE	-	-	7/1/2018	No Separate Payment	\$0.00
A9548	IN111 PENTETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9550	TC99M GLUCEPTATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9551	TC99M SUCCIMER	-	-	7/1/2018	No Separate Payment	\$0.00
A9552	F18 FDG	-	-	7/1/2018	No Separate Payment	\$0.00
A9553	CR51 CHROMATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9554	I125 IOTHALAMATE, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9555	RB82 RUBIDIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9556	GA67 GALLIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9557	TC99M BICISATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9558	XE133 XENON 10MCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9559	CO57 CYANO	-	-	7/1/2018	No Separate Payment	\$0.00
A9560	TC99M LABELED RBC	-	-	7/1/2018	No Separate Payment	\$0.00
A9561	TC99M OXIDRONATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9562	TC99M MERTIATIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9566	TC99M FANOLESOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9567	TECHNETIUM TC-99M AEROSOL	-	-	7/1/2018	No Separate Payment	\$0.00
A9568	TECHNETIUM TC99M ARCTUMOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9569	TECHNETIUM TC-99M AUTO WBC	-	-	7/1/2018	No Separate Payment	\$0.00
A9570	INDIUM IN-111 AUTO WBC	-	-	7/1/2018	No Separate Payment	\$0.00
A9571	INDIUM IN-111 AUTO PLATELET	-	-	7/1/2018	No Separate Payment	\$0.00
A9572	INDIUM IN-111 PENTETREOTIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9575	INJ GADOTERATE MEGLUMI 0.1ML	-	-	7/1/2018	No Separate Payment	\$0.00
A9576	INJ PROHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	\$0.00
A9577	INJ MULTIHANCE	-	-	7/1/2018	No Separate Payment	\$0.00
A9578	INJ MULTIHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	\$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A9580	SODIUM FLUORIDE F-18	-	-	7/1/2018	No Separate Payment	\$0.00
A9581	GADOXETATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
A9582	IODINE I-123 IOBENGUANE	-	-	7/1/2018	No Separate Payment	\$0.00
A9583	GADOFOSVESET TRISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
A9584	IODINE I-123 IOFLUPANE	-	-	7/1/2018	No Separate Payment	\$0.00
A9585	GADOBUTROL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
A9586	FLORBETAPIR F18	-	-	7/1/2019	Fee Schedule	\$3,028.84
A9587	GALLIUM GA-68	-	-	1/1/2020	No Separate Payment	\$0.00
A9588	FLUCICLOVINE F-18	-	-	1/1/2020	No Separate Payment	\$0.00
A9590	IODINE I-131 IOBENGUANE 1MCI	-	-	4/1/2020	Fee Schedule	\$320.12
A9597	PET, DX, FOR TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9598	PET DX FOR NON-TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9698	NON-RAD CONTRAST MATERIALNOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9700	ECHOCARDIOGRAPHY CONTRAST	-	-	7/1/2018	No Separate Payment	\$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN	-	-	7/1/2018	No Separate Payment	\$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR	-	-	7/1/2018	No Separate Payment	\$0.00
C1715	BRACHYTHERAPY NEEDLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1716	BRACHYTX, NON-STR, GOLD-198	-	-	4/1/2020	Fee Schedule	\$116.46
C1717	BRACHYTX, NON-STR,HDR IR-192	-	-	4/1/2020	Fee Schedule	\$322.02
C1719	BRACHYTX, NS, NON-HDRIR-192	-	-	4/1/2020	Fee Schedule	\$62.97
C1721	AICD, DUAL CHAMBER	-	-	7/1/2018	No Separate Payment	\$0.00
C1722	AICD, SINGLE CHAMBER	-	-	7/1/2018	No Separate Payment	\$0.00
C1724	CATH, TRANS ATHEREC,ROTATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1725	CATH, TRANSLUMIN NON-LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1726	CATH, BAL DIL, NON-VASCULAR	-	-	7/1/2018	No Separate Payment	\$0.00
C1727	CATH, BAL TIS DIS, NON-VAS	-	-	7/1/2018	No Separate Payment	\$0.00
C1728	CATH, BRACHYTX SEED ADM	-	-	7/1/2018	No Separate Payment	\$0.00
C1729	CATH, DRAINAGE	-	-	7/1/2018	No Separate Payment	\$0.00
C1730	CATH, EP, 19 OR FEW ELECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1731	CATH, EP, 20 OR MORE ELEC	-	-	7/1/2018	No Separate Payment	\$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP	-	-	7/1/2018	No Separate Payment	\$0.00
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN	-	-	1/1/2020	No Separate Payment	\$0.00
C1748	ENDOSCOPE, SINGLE, UGI	-	-	10/1/2020	No Separate Payment	\$0.00
C1749	ENDO, COLON, RETRO IMAGING	-	-	7/1/2018	No Separate Payment	\$0.00
C1750	CATH, HEMODIALYSIS,LONG-TERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1751	CATH, INF, PER/CENT/MIDLINE	-	-	7/1/2018	No Separate Payment	\$0.00
C1752	CATH,HEMODIALYSIS,SHORT-TERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1753	CATH, INTRAVAS ULTRASOUND	-	-	7/1/2018	No Separate Payment	\$0.00
C1754	CATHETER, INTRADISCAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1755	CATHETER, INTRASPINAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1756	CATH, PACING, TRANSESOPH	-	-	7/1/2018	No Separate Payment	\$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1758	CATHETER, URETERAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
C1760	CLOSURE DEV, VASC	-	-	7/1/2018	No Separate Payment	\$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)	-	-	7/1/2018	No Separate Payment	\$0.00
C1763	CONN TISS, NON-HUMAN	-	-	7/1/2018	No Separate Payment	\$0.00
C1764	EVENT RECORDER, CARDIAC	-	-	7/1/2018	No Separate Payment	\$0.00
C1765	ADHESION BARRIER	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1766	INTRO/SHEATH,STRBLE,NON-PEEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1767	GENERATOR, NEURO NON-RECHARG	-	-	7/1/2018	No Separate Payment	\$0.00
C1768	GRAFT, VASCULAR	-	-	7/1/2018	No Separate Payment	\$0.00
C1769	GUIDE WIRE	-	-	7/1/2018	No Separate Payment	\$0.00
C1770	IMAGING COIL, MR, INSERTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1771	REP DEV, URINARY, W/SLING	-	-	7/1/2018	No Separate Payment	\$0.00
C1772	INFUSION PUMP, PROGRAMMABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1773	RET DEV, INSERTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1776	JOINT DEVICE (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	\$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1778	LEAD, NEUROSTIMULATOR	-	-	7/1/2018	No Separate Payment	\$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD	-	-	7/1/2018	No Separate Payment	\$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)	-	-	7/1/2018	No Separate Payment	\$0.00
C1781	MESH (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	\$0.00
C1782	MORCELLATOR	-	-	7/1/2018	No Separate Payment	\$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE	-	-	7/1/2018	No Separate Payment	\$0.00
C1784	OCULAR DEV, INTRAO, DET RET	-	-	7/1/2018	No Separate Payment	\$0.00
C1785	PMKR, DUAL, RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C1786	PMKR, SINGLE, RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C1787	PATIENT PROGR, NEUROSTIM	-	-	7/1/2018	No Separate Payment	\$0.00
C1788	PORT, INDWELLING, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1789	PROSTHESIS, BREAST, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1813	PROSTHESIS, PENILE, INFLATAB	-	-	7/1/2018	Not Allowed	\$0.00
C1814	RETINAL TAMP, SILICONE OIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1815	PROS, URINARY SPH, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1816	RECEIVER/TRANSMITTER, NEURO	-	-	7/1/2018	No Separate Payment	\$0.00
C1817	SEPTAL DEFECT IMP SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C1818	INTEGRATED KERATOPROSTHESIS	-	-	7/1/2018	No Separate Payment	\$0.00
C1819	TISSUE LOCALIZATION-EXCISION	-	-	7/1/2018	No Separate Payment	\$0.00
C1820	GENERATOR NEURO RECHG BAT SY	-	-	7/1/2018	No Separate Payment	\$0.00
C1821	INTERSPINOUS IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
C1822	GEN, NEURO, HF, RECHG BAT	-	-	7/1/2018	No Separate Payment	\$0.00
C1823	GEN, NEURO, TRANS SEN/STIM	-	-	1/1/2019	No Separate Payment	\$0.00
C1824	GENERATOR, CCM, IMPLANT	-	-	1/1/2020	No Separate Payment	\$0.00
C1830	POWER BONE MARROW BX NEEDLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1839	IRIS PROSTHESIS	-	-	1/1/2020	No Separate Payment	\$0.00
C1840	TELESCOPIC INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
C1841	RETINAL PROSTH INT/EXT COMP	-	-	7/1/2018	Not Allowed	\$0.00
C1842	RETINAL PROSTH, ADD-ON	-	-	4/1/2019	Not Allowed	\$0.00
C1849	SKIN SUBSTITUTE, SYNTHETIC	-	-	10/1/2020	No Separate Payment	\$0.00
C1874	STENT, COATED/COV W/DEL SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C1875	STENT, COATED/COV W/O DEL SY	-	-	7/1/2018	No Separate Payment	\$0.00
C1876	STENT, NON-COA/NON-COV W/DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1877	STENT, NON-COAT/COV W/O DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1878	MATRL FOR VOCAL CORD	-	-	7/1/2018	No Separate Payment	\$0.00
C1880	VENA CAVA FILTER	-	-	7/1/2018	No Separate Payment	\$0.00
C1881	DIALYSIS ACCESS SYSTEM	-	-	7/1/2018	No Separate Payment	\$0.00
C1882	AICD, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD	-	-	7/1/2018	No Separate Payment	\$0.00
C1884	EMBOLIZATION PROTECT SYST	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1885	CATH, TRANSLUMIN ANGIO LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1886	CATHETER, ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1887	CATHETER, GUIDING	-	-	7/1/2018	No Separate Payment	\$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH	-	-	7/1/2018	No Separate Payment	\$0.00
C1889	IMPLANT/INSERT DEVICE, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
C1890	NO DEVICE W/DEV-INTENSIVE PX	-	-	1/1/2019	No Separate Payment	\$0.00
C1891	INFUSION PUMP, NON-PROG, PERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1892	INTRO/SHEATH, FIXED, PEEL-AWAY	-	-	7/1/2018	No Separate Payment	\$0.00
C1893	INTRO/SHEATH, FIXED, NON-PEEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1894	INTRO/SHEATH, NON-LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1895	LEAD, AICD, ENDO DUAL COIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1896	LEAD, AICD, NON SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1897	LEAD, NEUROSTIM TEST KIT	-	-	7/1/2018	No Separate Payment	\$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS	-	-	7/1/2018	No Separate Payment	\$0.00
C1899	LEAD, PMKR/AICD COMBINATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1900	LEAD, CORONARY VENOUS	-	-	7/1/2018	No Separate Payment	\$0.00
C1982	CATH, PRESSURE, VALVE-OCCLU	-	-	1/1/2020	No Separate Payment	\$0.00
C2596	PROBE, ROBOTIC, WATER-JET	-	-	1/1/2020	No Separate Payment	\$0.00
C2613	LUNG BX PLUG W/DEL SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C2614	PROBE, PERC LUMB DISC	-	-	7/1/2018	No Separate Payment	\$0.00
C2615	SEALANT, PULMONARY, LIQUID	-	-	7/1/2018	No Separate Payment	\$0.00
C2616	BRACHYTX, NON-STR, YTRITIUM-90	-	-	4/1/2020	Fee Schedule	\$17,091.57
C2617	STENT, NON-COR, TEM W/O DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C2618	PROBE/NEEDLE, CRYO	-	-	7/1/2018	No Separate Payment	\$0.00
C2619	PMKR, DUAL, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C2620	PMKR, SINGLE, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C2621	PMKR, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C2622	PROSTHESIS, PENILE, NON-INF	-	-	7/1/2018	Not Allowed	\$0.00
C2623	CATH, TRANSLUMIN, DRUG-COAT	-	-	7/1/2018	No Separate Payment	\$0.00
C2624	WIRELESS PRESSURE SENSOR	-	-	7/1/2018	No Separate Payment	\$0.00
C2625	STENT, NON-COR, TEM W/DEL SY	-	-	7/1/2018	No Separate Payment	\$0.00
C2626	INFUSION PUMP, NON-PROG, TEMP	-	-	7/1/2018	No Separate Payment	\$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	7/1/2018	No Separate Payment	\$0.00
C2628	CATHETER, OCCLUSION	-	-	7/1/2018	No Separate Payment	\$0.00
C2629	INTRO/SHEATH, LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C2630	CATH, EP, COOL-TIP	-	-	7/1/2018	No Separate Payment	\$0.00
C2631	REP DEV, URINARY, W/O SLING	-	-	7/1/2018	No Separate Payment	\$0.00
C2634	BRACHYTX, NON-STR, HA, I-125	-	-	4/1/2020	Fee Schedule	\$181.91
C2635	BRACHYTX, NON-STR, HA, P-103	-	-	4/1/2020	Fee Schedule	\$56.38
C2636	BRACHY LINEAR, NON-STR, P-103	-	-	1/1/2020	Fee Schedule	\$36.03
C2638	BRACHYTX, STRANDED, I-125	-	-	4/1/2020	Fee Schedule	\$34.55
C2639	BRACHYTX, NON-STRANDED, I-125	-	-	4/1/2020	Fee Schedule	\$35.64
C2640	BRACHYTX, STRANDED, P-103	-	-	4/1/2020	Fee Schedule	\$83.60
C2641	BRACHYTX, NON-STRANDED, P-103	-	-	1/1/2020	Fee Schedule	\$69.39
C2642	BRACHYTX, STRANDED, C-131	-	-	4/1/2020	Fee Schedule	\$76.71
C2643	BRACHYTX, NON-STRANDED, C-131	-	-	4/1/2020	Fee Schedule	\$95.72
C2644	BRACHYTX CESIUM-131 CHLORIDE	-	-	7/1/2018	Fee Schedule	\$105.09
C2645	BRACHYTX PLANAR, P-103	-	-	7/1/2018	Fee Schedule	\$4.69
C2698	BRACHYTX, STRANDED, NOS	-	-	4/1/2020	Fee Schedule	\$34.55
C2699	BRACHYTX, NON-STRANDED, NOS	-	-	4/1/2020	Fee Schedule	\$35.64

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C5271	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2020	Fee Schedule	\$251.14
C5272	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5273	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2020	Fee Schedule	\$819.95
C5274	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5275	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2020	Fee Schedule	\$251.14
C5276	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5277	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2020	Fee Schedule	\$251.14
C5278	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C8900	MRA W/CONT, ABD	-	-	1/1/2020	Fee Schedule	\$192.95
C8901	MRA W/O CONT, ABD	-	-	1/1/2020	Fee Schedule	\$117.75
C8902	MRA W/O FOL W/CONT, ABD	-	-	1/1/2020	Fee Schedule	\$192.95
C8903	MRI W/CONT, BREAST, UNI	-	-	1/1/2020	Fee Schedule	\$92.08
C8905	MRI W/O FOL W/CONT, BRST, UN	-	-	1/1/2020	Fee Schedule	\$192.95
C8906	MRI W/CONT, BREAST, BI	-	-	1/1/2020	Fee Schedule	\$192.95
C8908	MRI W/O FOL W/CONT, BREAST,	-	-	1/1/2020	Fee Schedule	\$192.95
C8909	MRA W/CONT, CHEST	-	-	1/1/2020	Fee Schedule	\$192.95
C8910	MRA W/O CONT, CHEST	-	-	1/1/2020	Fee Schedule	\$117.75
C8911	MRA W/O FOL W/CONT, CHEST	-	-	1/1/2020	Fee Schedule	\$192.95
C8912	MRA W/CONT, LWR EXT	-	-	1/1/2020	Fee Schedule	\$192.95
C8913	MRA W/O CONT, LWR EXT	-	-	1/1/2020	Fee Schedule	\$117.75
C8914	MRA W/O FOL W/CONT, LWR EXT	-	-	1/1/2020	Fee Schedule	\$192.95
C8918	MRA W/CONT, PELVIS	-	-	1/1/2020	Fee Schedule	\$192.95
C8919	MRA W/O CONT, PELVIS	-	-	1/1/2020	Fee Schedule	\$117.75
C8920	MRA W/O FOL W/CONT, PELVIS	-	-	1/1/2020	Fee Schedule	\$192.95
C8931	MRA, W/DYE, SPINAL CANAL	-	-	1/1/2020	Fee Schedule	\$192.95
C8932	MRA, W/O DYE, SPINAL CANAL	-	-	1/1/2020	Fee Schedule	\$117.75
C8933	MRA, W/O&W/DYE, SPINAL CANAL	-	-	1/1/2020	Fee Schedule	\$192.95
C8934	MRA, W/DYE, UPPER EXTREMITY	-	-	1/1/2020	Fee Schedule	\$192.95
C8935	MRA, W/O DYE, UPPER EXTR	-	-	1/1/2020	Fee Schedule	\$117.75
C8936	MRA, W/O&W/DYE, UPPER EXTR	-	-	1/1/2020	Fee Schedule	\$192.95
C9034	INJECTION, DEXAMETHASONE 9%	-	-	4/1/2019	Fee Schedule	\$1.11
C9046	COCAINE HCL NASAL SOLUTION	-	-	10/1/2020	Fee Schedule	\$1.23
C9047	INJECTION, CAPLACIZUMAB-YHDP	-	-	10/1/2020	Fee Schedule	\$690.68
C9054	INJECTION, LEFAMULIN	-	-	7/1/2020	No Separate Payment	\$0.00
C9060	FLUOROESTRADIOL F18	-	-	10/1/2020	Fee Schedule	\$0.75
C9062	DARATUMUMAB HYALURONIDASE	-	-	10/1/2020	Fee Schedule	\$43.34
C9064	MITOMYCIN PYELOALYCEAL INST	-	-	10/1/2020	Fee Schedule	\$275.22
C9065	ROMIDEPSIN NON-LYOPHILIZED	-	-	10/1/2020	Fee Schedule	\$329.46
C9066	SACTUZUMAB GOVITECAN-HZIY	-	-	10/1/2020	Fee Schedule	\$28.79
C9067	GALLIUM GA-68 DOTATOC	-	-	10/1/2020	Fee Schedule	\$8.64
C9113	INJ PANTOPRAZOLE SODIUM, VIA	-	-	7/1/2018	No Separate Payment	\$0.00
C9122	MOMETASONE FUROATE (SINUVA)	-	-	10/1/2020	Fee Schedule	\$10.25
C9132	KCENTRA, PER I.U.	-	-	7/1/2020	Fee Schedule	\$2.09
C9248	INJ, CLEVIDIPINE BUTYRATE	-	-	1/1/2020	No Separate Payment	\$0.00
C9250	ARTISS FIBRIN SEALANT	-	-	1/1/2020	Fee Schedule	\$156.84
C9254	INJECTION, LACOSAMIDE	-	-	7/1/2018	No Separate Payment	\$0.00
C9257	BEVACIZUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$1.91
C9285	PATCH, LIDOCAINE/TETRACAINE	-	-	7/1/2018	No Separate Payment	\$0.00
C9290	INJ, BUPIVACAINE LIPOSOME	-	-	7/1/2020	Fee Schedule	\$1.29
C9293	INJECTION, GLUCARPIDASE	-	-	1/1/2020	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C9352	NEURAGEN NERVE GUIDE, PER CM	-	-	7/1/2018	No Separate Payment	\$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM	-	-	7/1/2018	No Separate Payment	\$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2	-	-	7/1/2018	No Separate Payment	\$0.00
C9355	NEUROMATRIX NERVE CUFF, CM	-	-	7/1/2018	No Separate Payment	\$0.00
C9356	TENOGLIDE TENDON PROT, CM2	-	-	7/1/2018	No Separate Payment	\$0.00
C9358	SURGIMEND, FETAL	-	-	7/1/2018	No Separate Payment	\$0.00
C9359	IMPLNT,BON VOID FILLER-PUTTY	-	-	7/1/2018	No Separate Payment	\$0.00
C9360	SURGIMEND, NEONATAL	-	-	7/1/2018	No Separate Payment	\$0.00
C9361	NEUROMEND NERVE WRAP	-	-	7/1/2018	No Separate Payment	\$0.00
C9362	IMPLNT,BON VOID FILLER-STRIP	-	-	7/1/2018	No Separate Payment	\$0.00
C9363	INTEGRA MESHED BIL WOUND MAT	-	-	7/1/2018	No Separate Payment	\$0.00
C9364	PORCINE IMPLANT, PERMACOL	-	-	7/1/2018	No Separate Payment	\$0.00
C9367	ENDOFORM DERMAL TEMPLATE	-	-	7/1/2018	Fee Schedule	\$4.35
C9399	UNCLASSIFIED DRUGS OR BIOLOG	-	-	7/1/2018	Not Allowed	\$0.00
C9460	INJECTION, CANGRELOR	-	-	10/1/2020	Fee Schedule	\$15.32
C9462	INJECTION, DELAFLOXACIN	-	-	10/1/2020	Fee Schedule	\$0.28
C9482	SOTALOL HYDROCHLORIDE IV	-	-	7/1/2020	Fee Schedule	\$16.00
C9488	CONIVAPTAN HCL	-	-	10/1/2020	Fee Schedule	\$32.57
C9600	PERC DRUG-EL COR STENT SING	Y	-	1/1/2020	Fee Schedule	\$6,189.28
C9601	PERC DRUG-EL COR STENT BRAN	-	-	1/1/2020	No Separate Payment	\$0.00
C9725	PLACE ENDORECTAL APP	Y	-	1/1/2020	Fee Schedule	\$385.98
C9726	RXT BREAST APPL PLACE/REMOV	-	-	7/1/2018	No Separate Payment	\$0.00
C9727	INSERT PALATE IMPLANTS	Y	-	1/1/2020	Fee Schedule	\$536.60
C9728	PLACE DEVICE/MARKER, NON PRO	-	-	1/1/2020	Fee Schedule	\$629.26
C9733	NON-OPHTHALMIC FVA	-	-	7/1/2018	No Separate Payment	\$0.00
C9738	BLUE LIGHT CYSTO IMAG AGENT	-	-	7/1/2018	No Separate Payment	\$0.00
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	Y	-	1/1/2020	Fee Schedule	\$3,281.75
C9740	CYSTO IMPL 4 OR MORE	Y	-	1/1/2020	Fee Schedule	\$6,908.94
C9745	NASAL ENDO EUSTACHIAN TUBE	Y	-	1/1/2020	Fee Schedule	\$3,358.64
C9747	ABLATION, HIFU, PROSTATE	Y	-	1/1/2020	Fee Schedule	\$1,976.27
C9749	REPAIR NASAL STENOSIS W/IMP	-	-	1/1/2020	Fee Schedule	\$3,418.03
C9752	INTRAOSSEOUS DES LUMB/SACRUM	-	-	1/1/2020	Fee Schedule	\$7,465.38
C9753	INTRAOSSEOUS DESTRUCT ADD'L	-	-	7/1/2019	No Separate Payment	\$0.00
C9757	SPINE/LUMBAR DISK SURGERY	Y	-	1/1/2020	Fee Schedule	\$7,465.38
C9759	TRANSCATH INTRAOP MICROINF	-	-	10/1/2020	No Separate Payment	\$0.00
C9761	CYSTO, LITHO, VACUUM KIDNEY	Y	-	10/1/2020	Fee Schedule	\$2,576.10
C9762	CARDIAC MRI SEG DYS STRAIN	-	-	7/1/2020	Fee Schedule	\$243.34
C9763	CARDIAC MRI SEG DYS STRESS	-	-	7/1/2020	Fee Schedule	\$243.34
C9769	CYSTO W/TEMP PROS IMPLANT	Y	-	10/1/2020	Fee Schedule	\$2,576.10
C9803	HOPD COVID-19 SPEC COLLECT	-	-	10/1/2020	No Separate Payment	\$0.00
E0616	CARDIAC EVENT RECORDER	-	-	7/1/2018	Not Allowed	\$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED	-	-	7/1/2018	No Separate Payment	\$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	\$0.00
E0783	PROGRAMMABLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	\$0.00
E0785	REPLACEMENT IMPL PUMP CATHET	-	-	7/1/2018	No Separate Payment	\$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT	-	-	7/1/2018	Not Allowed	\$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE	Y	-	1/1/2020	Fee Schedule	\$145.44
G0105	COLORECTAL SCRIN; HI RISK IND	Y	-	1/1/2020	Fee Schedule	\$385.98
G0121	COLON CA SCRIN NOT HI RSK IND	Y	-	1/1/2020	Fee Schedule	\$385.98
G0127	TRIM NAIL(S)	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
G0130	SINGLE ENERGY X-RAY STUDY	-	-	1/1/2020	Fee Schedule	\$23.82
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y	-	1/1/2020	Fee Schedule	\$256.14
G0247	ROUTINE FOOTCARE PT W LOPS	-	-	7/1/2018	No Separate Payment	\$0.00
G0259	INJECT FOR SACROILIAC JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y	-	1/1/2020	Fee Schedule	\$315.83
G0268	REMOVAL OF IMPACTED WAX MD	-	-	7/1/2018	No Separate Payment	\$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART	-	-	7/1/2018	No Separate Payment	\$0.00
G0276	PILD/PLACEBO CONTROL CLIN TR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
G0288	RECON, CTA FOR SURG PLAN	-	-	7/1/2018	No Separate Payment	\$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO	-	-	7/1/2018	No Separate Payment	\$0.00
G0339	ROBOT LIN-RADSURG COM, FIRST	-	-	7/1/2018	Fee Schedule	\$1,852.08
G0340	ROBT LIN-RADSURG FRACTX 2-5	-	-	7/1/2018	Fee Schedule	\$1,321.34
G0364	BONE MARROW ASPIRATE & BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
G0429	DERMAL FILLER INJECTION(S)	Y	-	1/1/2020	Fee Schedule	\$52.69
G0448	PLACE PERM PACING CARDIOVERT	-	-	7/1/2018	Fee Schedule	\$29,599.81
G0453	CONT INTRAOP NEURO MONITOR	-	-	7/1/2018	No Separate Payment	\$0.00
G0458	LDR PROSTATE BRACHY COMP RAT	-	-	7/1/2018	Fee Schedule	\$1,892.55
G0516	INSERT DRUG DEL IMPLANT, >=4	-	-	7/1/2019	No Separate Payment	\$0.00
G0517	REMOVE DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	\$0.00
G0518	REMOVE W INSERT DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	\$0.00
G2001	POST D/C H VST NEW PT 20 M	-	-	4/1/2019	Not Allowed	\$0.00
G2002	POST-D/C H VST NEW PT 30 M	-	-	4/1/2019	Not Allowed	\$0.00
G2003	POST-D/C H VST NEW PT 45 M	-	-	4/1/2019	Not Allowed	\$0.00
G2004	POST-D/C H VST NEW PT 60 M	-	-	4/1/2019	Not Allowed	\$0.00
G2005	POST-D/C H VST NEW PT 75 M	-	-	4/1/2019	Not Allowed	\$0.00
G2006	POST-D/C H VST EXT PT 20 M	-	-	4/1/2019	Not Allowed	\$0.00
G2007	POST-D/C H VST EXT PT 30 M	-	-	4/1/2019	Not Allowed	\$0.00
G2008	POST-D/C H VST EXT PT 45 M	-	-	4/1/2019	Not Allowed	\$0.00
G2009	POST-D/C H VST EXT PT 60 M	-	-	4/1/2019	Not Allowed	\$0.00
G2013	POST-D/C H VST EXT PT 75 M	-	-	4/1/2019	Not Allowed	\$0.00
G2014	POST-D/C CARE PLAN OVERS 30M	-	-	4/1/2019	Not Allowed	\$0.00
G2015	POST-D/C CARE PLAN OVERS 60M	-	-	4/1/2019	Not Allowed	\$0.00
G2061	QUAL NONMD EST PT 5-10M	-	-	3/1/2020	Fee Schedule	\$8.29
G2062	QUAL NONMD EST PT 11-20M	-	-	3/1/2020	Fee Schedule	\$14.69
G2063	QUAL NONMD EST PT 21>MIN	-	-	3/1/2020	Fee Schedule	\$22.75
G2170	AVF USE MAGNETIC/ART/VEN	Y	-	7/1/2020	Fee Schedule	\$8,861.68
G2171	CYSTO W/PRST8 COMMISSUROTOMY	Y	-	7/1/2020	Fee Schedule	\$8,861.68
G8907	PT DOC NO EVENTS ON DISCHARGE	-	-	7/1/2018	No Separate Payment	\$0.00
G8908	PT DOC W BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8909	PT DOC NO BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8910	PT DOC TO HAVE FALL IN ASC	-	-	7/1/2018	No Separate Payment	\$0.00
G8911	PT DOC NO FALL IN ASC	-	-	7/1/2018	No Separate Payment	\$0.00
G8912	PT DOC WITH WRONG EVENT	-	-	7/1/2018	No Separate Payment	\$0.00
G8913	PT DOC NO WRONG EVENT	-	-	7/1/2018	No Separate Payment	\$0.00
G8914	PT TRANS TO HOSP POST D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8915	PT NOT TRANS TO HOSP AT D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8916	PT W IV AB GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	\$0.00
G8917	PT W IV AB NOT GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	\$0.00
G8918	PT W/O PREOP ORDER IV AB PROP	-	-	7/1/2018	No Separate Payment	\$0.00
J0120	TETRACYCLIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0121	INJ., OMADACYCLINE, 1 MG	-	-	10/1/2020	Fee Schedule	\$3.15
J0122	INJ., ERAVACYCLINE, 1 MG	-	-	10/1/2020	Fee Schedule	\$1.02
J0129	ABATACEPT INJECTION	-	-	10/1/2020	Fee Schedule	\$58.10
J0130	ABCIXIMAB INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0131	ACETAMINOPHEN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0132	ACETYLCYSTEINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0133	ACYCLOVIR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0135	ADALIMUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$1,430.92
J0153	ADENOSINE INJ 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0171	ADRENALIN EPINEPHRINE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
J0178	AFLIBERCEPT INJECTION	-	-	10/1/2020	Fee Schedule	\$928.24
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	-	-	10/1/2020	Fee Schedule	\$311.99
J0180	AGALSIDASE BETA INJECTION	-	-	10/1/2020	Fee Schedule	\$188.99
J0185	INJ., APREPITANT, 1 MG	-	-	10/1/2020	Fee Schedule	\$1.73
J0190	INJ BIPERIDEN LACTATE/5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0200	ALATROFLOXACIN MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0202	INJECTION, ALEMTUZUMAB	-	-	10/1/2020	Fee Schedule	\$1,984.32
J0205	ALGLUCERASE INJECTION	-	-	7/1/2018	Fee Schedule	\$42.03
J0207	AMIFOSTINE	-	-	7/1/2020	Fee Schedule	\$1,135.69
J0210	METHYLDOPATE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0215	ALEFACEPT	-	-	7/1/2018	Fee Schedule	\$41.64
J0220	ALGLUCOSIDASE ALFA INJECTION	-	-	1/1/2020	Fee Schedule	\$73.81
J0221	LUMIZYME INJECTION	-	-	10/1/2020	Fee Schedule	\$174.49
J0222	INJ., PATISIRAN, 0.1 MG	-	-	10/1/2020	Fee Schedule	\$97.84
J0223	INJ GIVOSIRAN 0.5 MG	-	-	10/1/2020	Fee Schedule	\$106.88
J0256	ALPHA 1 PROTEINASE INHIBITOR	-	-	10/1/2020	Fee Schedule	\$4.36
J0257	GLASSIA INJECTION	-	-	10/1/2020	Fee Schedule	\$4.83
J0278	AMIKACIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0280	AMINOPHYLLIN 250 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0282	AMIODARONE HCL	-	-	7/1/2018	No Separate Payment	\$0.00
J0285	AMPHOTERICIN B	-	-	7/1/2018	No Separate Payment	\$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX	-	-	10/1/2020	Fee Schedule	\$9.36
J0288	AMPHO B CHOLESTERYL SULFATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0289	AMPHOTERICIN B LIPOSOME INJ	-	-	10/1/2020	Fee Schedule	\$26.56
J0290	AMPICILLIN 500 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0291	INJ., PLAZOMICIN, 5 MG	-	-	10/1/2020	Fee Schedule	\$3.11
J0295	AMPICILLIN SULBACTAM 1.5 GM	-	-	7/1/2018	No Separate Payment	\$0.00
J0300	AMOBARBITAL 125 MG INJ	-	-	1/1/2020	Fee Schedule	\$95.16
J0330	SUCCINYCHOLINE CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0348	ANIDULAFUNGIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0350	INJECTION ANISTREPLASE 30 U	-	-	7/1/2018	No Separate Payment	\$0.00
J0360	HYDRALAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0364	APOMORPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J0365	APROTONIN, 10,000 KIU	-	-	7/1/2018	Fee Schedule	\$174.42
J0380	INJ METARAMINOL BITARTRATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0390	CHLOROQUINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0395	ARBUTAMINE HCL INJECTION	-	-	7/1/2018	Fee Schedule	\$86.37
J0400	ARIPRAZOLE INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J0401	INJ ARIPIPRAZOLE EXT REL 1MG	-	-	7/1/2020	Fee Schedule	\$5.70
J0456	AZITHROMYCIN	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0461	ATROPINE SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0470	DIMECAPROL INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J0475	BACLOFEN 10 MG INJECTION	-	-	10/1/2020	Fee Schedule	\$171.59
J0476	BACLOFEN INTRATHECAL TRIAL	-	-	1/1/2019	No Separate Payment	\$0.00
J0480	BASILIXIMAB	-	-	10/1/2020	Fee Schedule	\$4,005.19
J0485	BELATACEPT INJECTION	-	-	10/1/2020	Fee Schedule	\$3.78
J0490	BELIMUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$46.18
J0500	DICYCLOMINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0515	INJ BENZTROPINE MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0517	INJ., BENRALIZUMAB, 1 MG	-	-	10/1/2020	Fee Schedule	\$170.11
J0520	BETHANECHOL CHLORIDE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
J0558	PENG BENZATHINE/PROCAINE INJ	-	-	10/1/2020	Fee Schedule	\$12.00
J0561	PENICILLIN G BENZATHINE INJ	-	-	10/1/2020	Fee Schedule	\$15.16
J0565	INJ, BEZLOTOXUMAB, 10 MG	-	-	10/1/2020	Fee Schedule	\$39.65
J0567	INJ., CERLIPONASE ALFA 1 MG	-	-	10/1/2020	Fee Schedule	\$95.36
J0570	BUPRENORPHINE IMPLANT 74.2MG	-	-	10/1/2020	Fee Schedule	\$1,207.16
J0583	BIVALIRUDIN	-	-	7/1/2018	No Separate Payment	\$0.00
J0584	INJECTION, BUROSUMAB-TWZA 1M	-	-	10/1/2020	Fee Schedule	\$361.90
J0585	INJECTION,ONABOTULINUMTOXINA	-	-	10/1/2020	Fee Schedule	\$6.08
J0586	ABOBOTULINUMTOXINA	-	-	10/1/2020	Fee Schedule	\$8.15
J0587	INJ, RIMABOTULINUMTOXINB	-	-	10/1/2020	Fee Schedule	\$11.93
J0588	INCOBOTULINUMTOXIN A	-	-	7/1/2020	Fee Schedule	\$5.02
J0592	BUPRENORPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J0593	INJ., LANADELUMAB-FLYO, 1 MG	-	-	10/1/2020	Fee Schedule	\$78.65
J0594	BUSULFAN INJECTION	-	-	10/1/2020	Fee Schedule	\$3.41
J0595	BUTORPHANOL TARTRATE 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0596	INJECTION, RUCONEST	-	-	10/1/2020	Fee Schedule	\$29.11
J0597	C-1 ESTERASE, BERINERT	-	-	10/1/2020	Fee Schedule	\$54.13
J0598	C-1 ESTERASE, CINRYZE	-	-	10/1/2020	Fee Schedule	\$56.20
J0599	INJ., HAEGARDA 10 UNITS	-	-	10/1/2020	Fee Schedule	\$9.92
J0600	EDETATE CALCIUM DISODIUM INJ	-	-	7/1/2018	Fee Schedule	\$5,594.42
J0606	INJ, ETELCALCETIDE, 0.1 MG	-	-	10/1/2020	Fee Schedule	\$2.15
J0610	CALCIUM GLUCONATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0620	CALCIUM GLYCER & LACT/10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
J0630	CALCITONIN SALMON INJECTION	-	-	10/1/2020	Fee Schedule	\$2,839.22
J0636	INJ CALCITRIOL PER 0.1 MCG	-	-	7/1/2018	No Separate Payment	\$0.00
J0637	CASPOFUNGIN ACETATE	-	-	1/1/2020	No Separate Payment	\$0.00
J0638	CANAKINUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$113.24
J0640	LEUCOVORIN CALCIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG	-	-	7/1/2020	Fee Schedule	\$0.28
J0642	INJECTION, KHAPZORY, 0.5 MG	-	-	10/1/2020	Fee Schedule	\$2.00
J0670	INJ MEPIVACAINE HCL/10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
J0690	CEFAZOLIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0691	INJ LEFAMULIN 1 MG	-	-	7/1/2020	Fee Schedule	\$0.72
J0692	CEFEPIME HCL FOR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0694	CEFOXITIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0695	INJ CEFTOLOZANE TAZOBACTAM	-	-	10/1/2020	Fee Schedule	\$6.49
J0696	CEFTRIAZONE SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0697	STERILE CEFUROXIME INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0698	CEFOTAXIME SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0702	BETAMETHASONE ACET&SOD PHOSP	-	-	7/1/2018	No Separate Payment	\$0.00
J0706	CAFFEINE CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0710	CEPHAPIRIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0712	CEFTAROLINE FOSAMIL INJ	-	-	10/1/2020	Fee Schedule	\$3.32
J0713	INJ CEFTAZIDIME PER 500 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0714	CEFTAZIDIME AND AVIBACTAM	-	-	10/1/2020	Fee Schedule	\$92.00
J0715	CEFTIZOXIME SODIUM / 500 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0716	CENTRUROIDES IMMUNE F(AB)	-	-	10/1/2020	Fee Schedule	\$5,063.56
J0717	CERTOLIZUMAB PEGOL INJ 1MG	-	-	10/1/2020	Fee Schedule	\$8.16
J0720	CHLORAMPHENICOL SODIUM INJEC	-	-	7/1/2018	No Separate Payment	\$0.00
J0725	CHORIONIC GONADOTROPIN/1000U	-	-	1/1/2020	No Separate Payment	\$0.00
J0735	CLONIDINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J0740	CIDOFOVIR INJECTION	-	-	10/1/2020	Fee Schedule	\$666.25
J0742	INJ IMP 4 CILAS 4 RELEB 2MG	-	-	10/1/2020	Fee Schedule	\$2.26
J0743	CILASTATIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0744	CIPROFLOXACIN IV	-	-	7/1/2018	No Separate Payment	\$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0770	COLISTIMETHATE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0775	COLLAGENASE, CLOST HIST INJ	-	-	10/1/2020	Fee Schedule	\$52.39
J0780	PROCHLORPERAZINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0791	INJ CRIZANLIZUMAB-TMCA 5MG	-	-	10/1/2020	Fee Schedule	\$122.41
J0795	CORTICORELIN OVINE TRIFLUTAL	-	-	10/1/2020	Fee Schedule	\$9.38
J0800	CORTICOTROPIN INJECTION	-	-	10/1/2020	Fee Schedule	\$4,013.24
J0834	INJ., COSYNTROPIN, 0.25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0840	CROTALIDAE POLY IMMUNE FAB	-	-	10/1/2020	Fee Schedule	\$3,043.75
J0841	INJ CROTALIDAE IM F(AB)2 EQ	-	-	10/1/2020	Fee Schedule	\$1,264.21
J0850	CYTOMEGALOVIRUS IMM IV /VIAL	-	-	10/1/2020	Fee Schedule	\$1,496.95
J0875	INJECTION, DALBAVANCIN	-	-	10/1/2020	Fee Schedule	\$15.39
J0878	DAPTOMYCIN INJECTION	-	-	10/1/2020	Fee Schedule	\$0.16
J0881	DARBEOETIN ALFA, NON-ESRD	-	-	10/1/2020	Fee Schedule	\$3.72
J0882	DARBEOETIN ALFA, ESRD USE	-	-	10/1/2020	Fee Schedule	\$3.72
J0883	ARGATROBAN NONESRD USE 1MG	-	-	10/1/2020	Fee Schedule	\$1.31
J0884	ARGATROBAN ESRD DIALYSIS 1MG	-	-	10/1/2020	Fee Schedule	\$1.31
J0885	EPOETIN ALFA, NON-ESRD	-	-	10/1/2020	Fee Schedule	\$9.11
J0887	EPOETIN BETA ESRD USE	-	-	7/1/2018	No Separate Payment	\$0.00
J0888	EPOETIN BETA NON ESRD	-	-	1/1/2019	No Separate Payment	\$0.00
J0894	DECITABINE INJECTION	-	-	10/1/2020	Fee Schedule	\$4.26
J0895	DEFEROXAMINE MESYLATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0896	INJ LUSPATERCEPT-AAMT 0.25MG	-	-	10/1/2020	Fee Schedule	\$36.32
J0897	DENOSUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$20.12
J0945	BROMPHENIRAMINE MALEATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1020	METHYLPREDNISOLONE 20 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1030	METHYLPREDNISOLONE 40 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1040	METHYLPREDNISOLONE 80 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1050	MEDROXYPROGESTERONE ACETATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1071	INJ TESTOSTERONE CYPIONATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1094	INJ DEXAMETHASONE ACETATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1095	INJECTION, DEXAMETHASONE 9%	-	-	10/1/2020	Fee Schedule	\$1.11
J1096	DEXAMETHA OPTH INSERT 0.1 MG	-	-	10/1/2020	Fee Schedule	\$139.55

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1097	PHENYLEP KETOROLAC OPTH SOLN	-	-	10/1/2020	No Separate Payment	\$0.00
J1100	DEXAMETHASONE SODIUM PHOS	-	-	7/1/2018	No Separate Payment	\$0.00
J1110	INJ DIHYDROERGOTAMINE MESYLT	-	-	1/1/2019	No Separate Payment	\$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO	-	-	7/1/2018	No Separate Payment	\$0.00
J1130	INJ DICLOFENAC SODIUM 0.5MG	-	-	1/1/2019	No Separate Payment	\$0.00
J1160	DIGOXIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)	-	-	10/1/2020	Fee Schedule	\$3,972.14
J1165	PHENYTOIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1170	HYDROMORPHONE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1180	DYPHYLLINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1190	DEXRAZOXANE HCL INJECTION	-	-	10/1/2020	Fee Schedule	\$199.93
J1200	DIPHENHYDRAMINE HCL INJECTIO	-	-	7/1/2018	No Separate Payment	\$0.00
J1201	INJ. CETIRIZINE HCL 0.5MG	-	-	7/1/2020	Fee Schedule	\$15.45
J1205	CHLOROTHIAZIDE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1212	DIMETHYL SULFOXIDE 50% 50 ML	-	-	10/1/2020	Fee Schedule	\$635.67
J1230	METHADONE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1240	DIMENHYDRINATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1245	DIPYRIDAMOLE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1250	INJ DOBUTAMINE HCL/250 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J1260	DOLASETRON MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1265	DOPAMINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1267	DORIPENEM INJECTION	-	-	7/1/2020	Fee Schedule	\$1.15
J1270	INJECTION, DOXERCALCIFEROL	-	-	7/1/2018	No Separate Payment	\$0.00
J1290	ECALLANTIDE INJECTION	-	-	10/1/2020	Fee Schedule	\$494.69
J1300	ECULIZUMAB INJECTION	-	-	7/1/2018	Fee Schedule	\$230.48
J1301	INJECTION, EDARAVONE, 1 MG	-	-	7/1/2020	Fee Schedule	\$19.89
J1303	INJ., RAVULIZUMAB-CWVZ 10 MG	-	-	10/1/2019	Fee Schedule	\$226.28
J1320	AMITRIPTYLINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1322	ELOSULFASE ALFA, INJECTION	-	-	10/1/2020	Fee Schedule	\$246.20
J1324	ENFUVIRTIDE INJECTION	-	-	7/1/2018	Fee Schedule	\$18.63
J1325	EPOPROSTENOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1327	EPTIFIBATIDE INJECTION	-	-	10/1/2020	Fee Schedule	\$4.51
J1330	ERGONOVINE MALEATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1335	ERTAPENEM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG	-	-	1/1/2020	No Separate Payment	\$0.00
J1380	ESTRADIOL VALERATE 10 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG	-	-	10/1/2020	Fee Schedule	\$325.62
J1428	INJ, ETEPLIRSEN, 10 MG	-	-	10/1/2020	Fee Schedule	\$167.45
J1429	INJ GOLODIRSEN 10 MG	-	-	10/1/2020	Fee Schedule	\$166.33
J1430	ETHANOLAMINE OLEATE 100 MG	-	-	7/1/2018	Fee Schedule	\$444.10
J1435	INJECTION ESTRONE PER 1 MG	-	-	7/1/2018	Fee Schedule	\$1.54
J1436	ETIDRONATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1438	ETANERCEPT INJECTION	-	-	7/1/2020	Fee Schedule	\$736.30
J1439	INJ FERRIC CARBOXYMALTOS 1MG	-	-	10/1/2020	Fee Schedule	\$1.11
J1442	INJ FILGRASTIM EXCL BIOSIMIL	-	-	10/1/2020	Fee Schedule	\$0.93
J1443	INJ FERRIC PYROPHOSPHATE CIT	-	-	7/1/2018	No Separate Payment	\$0.00
J1447	INJ TBO FILGRASTIM 1 MICROG	-	-	10/1/2020	Fee Schedule	\$0.47
J1450	FLUCONAZOLE	-	-	7/1/2018	No Separate Payment	\$0.00
J1451	FOMEPIZOLE, 15 MG	-	-	10/1/2020	Fee Schedule	\$5.33
J1452	INTRAOCULAR FOMIVIRSEN NA	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1453	FOSAPREPITANT INJECTION	-	-	10/1/2020	Fee Schedule	\$0.79
J1454	INJ FOSNETUPITANT, PALONOSET	-	-	10/1/2020	Fee Schedule	\$695.77
J1455	FOSCARNET SODIUM INJECTION	-	-	7/1/2018	Fee Schedule	\$82.27
J1457	GALLIUM NITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1458	GALSULFASE INJECTION	-	-	10/1/2020	Fee Schedule	\$405.76
J1459	INJ IVIG PRIVIGEN 500 MG	-	-	10/1/2020	Fee Schedule	\$41.50
J1460	GAMMA GLOBULIN 1 CC INJ	-	-	10/1/2020	Fee Schedule	\$42.93
J1555	INJ CUVITRU, 100 MG	-	-	10/1/2020	Fee Schedule	\$14.02
J1556	INJ, IMM GLOB BIVIGAM, 500MG	-	-	1/1/2020	No Separate Payment	\$0.00
J1557	GAMMAPLEX INJECTION	-	-	10/1/2020	Fee Schedule	\$53.66
J1558	INJ. XEMBIFY, 100 MG	-	-	10/1/2020	Fee Schedule	\$14.22
J1559	HIZENTRA INJECTION	-	-	10/1/2020	Fee Schedule	\$10.86
J1560	GAMMA GLOBULIN > 10 CC INJ	-	-	10/1/2020	Fee Schedule	\$429.26
J1561	GAMUNEX-C/GAMMAKED	-	-	10/1/2020	Fee Schedule	\$42.19
J1562	VIVAGLOBIN, INJ	-	-	7/1/2018	Fee Schedule	\$12.72
J1566	IMMUNE GLOBULIN, POWDER	-	-	10/1/2020	Fee Schedule	\$68.30
J1568	OCTAGAM INJECTION	-	-	10/1/2020	Fee Schedule	\$41.23
J1569	GAMMAGARD LIQUID INJECTION	-	-	10/1/2020	Fee Schedule	\$43.20
J1570	GANCICLOVIR SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1571	HEPAGAM B IM INJECTION	-	-	10/1/2020	Fee Schedule	\$63.40
J1572	FLEBOGAMMA INJECTION	-	-	10/1/2020	Fee Schedule	\$40.38
J1573	HEPAGAM B INTRAVENOUS, INJ	-	-	10/1/2020	Fee Schedule	\$65.96
J1575	HYQVIA 100MG IMMUNEGLOBULIN	-	-	10/1/2020	Fee Schedule	\$14.49
J1580	GARAMYCIN GENTAMICIN INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1595	INJECTION GLATIRAMER ACETATE	-	-	10/1/2020	Fee Schedule	\$157.42
J1599	IVIG NON-LYOPHILIZED, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
J1600	GOLD SODIUM THIOMALEATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1602	GOLIMUMAB FOR IV USE 1MG	-	-	10/1/2020	Fee Schedule	\$19.00
J1610	GLUCAGON HYDROCHLORIDE/1 MG	-	-	10/1/2020	Fee Schedule	\$211.79
J1620	GONADORELIN HYDROCH/ 100 MCG	-	-	7/1/2018	Fee Schedule	\$6.06
J1626	GRANISETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1627	INJ, GRANISETRON, XR, 0.1 MG	-	-	4/1/2020	No Separate Payment	\$0.00
J1628	INJ., GUSELKUMAB, 1 MG	-	-	10/1/2020	Fee Schedule	\$93.12
J1630	HALOPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1631	HALOPERIDOL DECANOATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1632	INJ., BREXANOLONE, 1 MG	-	-	10/1/2020	Fee Schedule	\$76.91
J1640	HEMIN, 1 MG	-	-	10/1/2020	Fee Schedule	\$24.44
J1642	INJ HEPARIN SODIUM PER 10 U	-	-	7/1/2018	No Separate Payment	\$0.00
J1644	INJ HEPARIN SODIUM PER 1000U	-	-	7/1/2018	No Separate Payment	\$0.00
J1645	DALTEPARIN SODIUM	-	-	7/1/2018	No Separate Payment	\$0.00
J1650	INJ ENOXAPARIN SODIUM	-	-	7/1/2018	No Separate Payment	\$0.00
J1652	FONDAPARINUX SODIUM	-	-	7/1/2018	No Separate Payment	\$0.00
J1655	TINZAPARIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ	-	-	10/1/2020	Fee Schedule	\$476.57
J1680	HUMAN FIBRINOGEN CONC INJ	-	-	7/1/2018	Not Allowed	\$0.00
J1700	HYDROCORTISONE ACETATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1710	HYDROCORTISONE SODIUM PH INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1720	HYDROCORTISONE SODIUM SUCC I	-	-	7/1/2018	No Separate Payment	\$0.00
J1726	MAKENA, 10 MG	-	-	10/1/2020	Fee Schedule	\$15.88
J1729	INJ HYDROXYPROGST CAPOAT NOS	-	-	1/1/2020	Fee Schedule	\$10.81

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1730	DIAZOXIDE INJECTION	-	-	7/1/2018	Fee Schedule	\$690.03
J1738	INJ. MELOXICAM 1 MG	-	-	10/1/2020	Fee Schedule	\$3.26
J1740	IBANDRONATE SODIUM INJECTION	-	-	10/1/2020	Fee Schedule	\$51.00
J1741	IBUPROFEN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1742	IBUTILIDE FUMARATE INJECTION	-	-	10/1/2020	Fee Schedule	\$316.20
J1743	IDURSULFASE INJECTION	-	-	7/1/2020	Fee Schedule	\$542.92
J1744	ICATIBANT INJECTION	-	-	10/1/2020	Fee Schedule	\$276.57
J1745	INFLIXIMAB NOT BIOSIMIL 10MG	-	-	10/1/2020	Fee Schedule	\$47.62
J1746	INJ., IBALIZUMAB-UIYK, 10 MG	-	-	10/1/2020	Fee Schedule	\$63.62
J1750	INJ IRON DEXTRAN	-	-	10/1/2020	Fee Schedule	\$15.01
J1756	IRON SUCROSE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1786	IMUGLUCERASE INJECTION	-	-	10/1/2020	Fee Schedule	\$43.38
J1790	DROPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1800	PROPRANOLOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1815	INSULIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1817	INSULIN FOR INSULIN PUMP USE	-	-	7/1/2018	No Separate Payment	\$0.00
J1826	INTERFERON BETA-1A INJ	-	-	1/1/2020	Fee Schedule	\$2,276.61
J1830	INTERFERON BETA-1B / .25 MG	-	-	10/1/2020	Fee Schedule	\$393.83
J1833	INJECTION, ISAVUCONAZONIUM	-	-	10/1/2020	Fee Schedule	\$0.78
J1835	ITRACONAZOLE INJECTION	-	-	7/1/2018	Fee Schedule	\$0.28
J1840	KANAMYCIN SULFATE 500 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1850	KANAMYCIN SULFATE 75 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1885	KETOROLAC TROMETHAMINE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1890	CEPHALOTHIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1930	LANREOTIDE INJECTION	-	-	10/1/2020	Fee Schedule	\$68.48
J1931	LARONIDASE INJECTION	-	-	10/1/2020	Fee Schedule	\$33.10
J1940	FUROSEMIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1943	INJ., ARISTADA INITIO, 1 MG	-	-	10/1/2020	Fee Schedule	\$2.86
J1944	ARIPIRAZOLE LAUROXIL 1 MG	-	-	10/1/2020	Fee Schedule	\$2.85
J1945	LEPIRUDIN	-	-	7/1/2018	Fee Schedule	\$12.71
J1950	LEUPROLIDE ACETATE /3.75 MG	-	-	10/1/2020	Fee Schedule	\$1,347.56
J1953	LEVETIRACETAM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1956	LEVOFLOXACIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1960	LEVORPHANOL TARTRATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1980	HYOSCYAMINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1990	CHLORDIAZEPOXIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2001	LIDOCAINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2010	LINCOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2020	LINEZOLID INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2060	LORAZEPAM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2062	LOXAPINE FOR INHALATION 1 MG	-	-	1/1/2020	No Separate Payment	\$0.00
J2150	MANNITOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2170	MECASERMIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2175	MEPERIDINE HYDROCHL /100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2182	INJECTION, MEPOLIZUMAB, 1MG	-	-	10/1/2020	Fee Schedule	\$28.70
J2185	MEROPENEM	-	-	7/1/2018	No Separate Payment	\$0.00
J2186	INJ., MEROPENEM, VABORBACTAM	-	-	7/1/2020	Fee Schedule	\$1.78
J2210	METHYLERGONOVIN MALEATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2212	METHYLNALTREXONE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2248	MICAFUNGIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2250	INJ MIDAZOLAM HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J2260	INJ MILRINONE LACTATE / 5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2265	MINOCYCLINE HYDROCHLORIDE	-	-	10/1/2020	Fee Schedule	\$1.99
J2270	MORPHINE SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2274	INJ MORPHINE PF EPID ITHC	-	-	7/1/2018	No Separate Payment	\$0.00
J2278	ZICONOTIDE INJECTION	-	-	10/1/2020	Fee Schedule	\$8.17
J2280	INJ, MOXIFLOXACIN 100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J2310	INJ NALOXONE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J2315	NALTREXONE, DEPOT FORM	-	-	10/1/2020	Fee Schedule	\$3.26
J2320	NANDROLONE DECANOATE 50 MG	-	-	1/1/2020	No Separate Payment	\$0.00
J2323	NATALIZUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$21.63
J2325	NESIRITIDE INJECTION	-	-	1/1/2019	Fee Schedule	\$74.80
J2326	INJ, NUSINERSEN, 0.1MG	-	-	10/1/2020	Fee Schedule	\$1,122.51
J2350	INJECTION, OCRELIZUMAB, 1 MG	-	-	10/1/2020	Fee Schedule	\$57.38
J2353	OCTREOTIDE INJECTION, DEPOT	-	-	10/1/2020	Fee Schedule	\$205.88
J2354	OCTREOTIDE INJ, NON-DEPOT	-	-	7/1/2018	No Separate Payment	\$0.00
J2355	OPRELVEKIN INJECTION	-	-	1/1/2020	Fee Schedule	\$1.34
J2357	OMALIZUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$37.70
J2358	OLANZAPINE LONG-ACTING INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2360	ORPHENADRINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2370	PHENYLEPHRINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2400	CHLOROPROCAINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2405	ONDANSETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2407	INJECTION, ORITAVANCIN	-	-	10/1/2020	Fee Schedule	\$23.80
J2410	OXYMORPHONE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2425	PALIFERMIN INJECTION	-	-	10/1/2020	Fee Schedule	\$22.81
J2426	PALIPERIDONE PALMITATE INJ	-	-	10/1/2020	Fee Schedule	\$12.10
J2430	PAMIDRONATE DISODIUM /30 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2440	PAPAVERIN HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2460	OXYTETRACYCLINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2469	PALONOSETRON HCL	-	-	1/1/2020	No Separate Payment	\$0.00
J2501	PARICALCITOL	-	-	7/1/2018	No Separate Payment	\$0.00
J2502	INJ, PASIREOTIDE LONG ACTING	-	-	10/1/2020	Fee Schedule	\$332.59
J2503	PEGAPTANIB SODIUM INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J2504	PEGADEMASE BOVINE, 25 IU	-	-	4/1/2020	Fee Schedule	\$1,471.85
J2505	INJECTION, PEGFILGRASTIM 6MG	-	-	10/1/2020	Fee Schedule	\$3,571.68
J2507	PEGLOTICASE INJECTION	-	-	10/1/2020	Fee Schedule	\$2,801.08
J2510	PENICILLIN G PROCAINE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2513	PENTASTARCH 10% SOLUTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2515	PENTOBARBITAL SODIUM INJ	-	-	10/1/2020	Fee Schedule	\$33.93
J2540	PENICILLIN G POTASSIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2543	PIPERACILLIN/TAZOBACTAM	-	-	7/1/2018	No Separate Payment	\$0.00
J2547	INJECTION, PERAMIVIR	-	-	10/1/2020	Fee Schedule	\$1.60
J2550	PROMETHAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2560	PHENOBARBITAL SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2562	PLERIXAFOR INJECTION	-	-	10/1/2020	Fee Schedule	\$365.29
J2590	OXYTOCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2597	INJ DESMOPRESSIN ACETATE	-	-	10/1/2020	Fee Schedule	\$10.45

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2650	PREDNISOLONE ACETATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2670	TOTAZOLINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2675	INJ PROGESTERONE PER 50 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2690	PROCAINAMIDE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2700	OXACILLIN SODIUM INJECTON	-	-	7/1/2018	No Separate Payment	\$0.00
J2704	INJ, PROPOFOL, 10 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2710	NEOSTIGMINE METHYLSLFTE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2720	INJ PROTAMINE SULFATE/10 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2724	PROTEIN C CONCENTRATE	-	-	4/1/2020	Fee Schedule	\$15.06
J2725	INJ PROTIRELIN PER 250 MCG	-	-	7/1/2018	Fee Schedule	\$29.74
J2730	PRALIDOXIME CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2760	PHENTOLAMINE MESYLATE INJ	-	-	10/1/2020	Fee Schedule	\$359.14
J2765	METOCLOPRAMIDE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN	-	-	10/1/2020	Fee Schedule	\$458.04
J2778	RANIBIZUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$324.27
J2780	RANITIDINE HYDROCHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2783	RASBURICASE	-	-	10/1/2020	Fee Schedule	\$300.94
J2785	REGADENOSON INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2786	INJECTION, RESLIZUMAB, 1MG	-	-	10/1/2020	Fee Schedule	\$9.76
J2788	RHO D IMMUNE GLOBULIN 50 MCG	-	-	7/1/2018	No Separate Payment	\$0.00
J2790	RHO D IMMUNE GLOBULIN INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2791	RHOPHYLAC INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2792	RHO(D) IMMUNE GLOBULIN H, SD	-	-	10/1/2020	Fee Schedule	\$36.37
J2793	RILONACEPT INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J2794	INJ RISPERDAL CONSTA, 0.5 MG	-	-	10/1/2020	Fee Schedule	\$10.53
J2795	ROPIVACAINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2796	ROMIPLOSTIM INJECTION	-	-	10/1/2020	Fee Schedule	\$78.43
J2797	INJ., ROLAPITANT, 0.5 MG	-	-	1/1/2019	Fee Schedule	\$0.94
J2798	INJ., PERSERIS, 0.5 MG	-	-	10/1/2020	Fee Schedule	\$10.18
J2800	METHOCARBAMOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2805	SINCALIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2810	INJ THEOPHYLLINE PER 40 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2820	SARGRAMOSTIM INJECTION	-	-	10/1/2020	Fee Schedule	\$48.12
J2840	INJ SEBELIPASE ALFA 1 MG	-	-	10/1/2018	Fee Schedule	\$541.13
J2850	INJ SECRETIN SYNTHETIC HUMAN	-	-	7/1/2018	Fee Schedule	\$34.78
J2860	INJECTION, SILTUXIMAB	-	-	10/1/2020	Fee Schedule	\$111.94
J2910	AUROTHIOGLUCOSE INJECTON	-	-	7/1/2018	No Separate Payment	\$0.00
J2916	NA FERRIC GLUCONATE COMPLEX	-	-	7/1/2018	No Separate Payment	\$0.00
J2920	METHYLPREDNISOLONE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2930	METHYLPREDNISOLONE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2940	SOMATREM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2941	SOMATROPIN INJECTION	-	-	1/1/2020	Fee Schedule	\$84.13
J2950	PROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2993	RETEPLASE INJECTION	-	-	1/1/2020	No Separate Payment	\$0.00
J2995	INJ STREPTOKINASE /250000 IU	-	-	7/1/2018	No Separate Payment	\$0.00
J2997	ALTEPLASE RECOMBINANT	-	-	10/1/2020	Fee Schedule	\$87.15
J3000	STREPTOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3010	FENTANYL CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J3031	INJ., FREMANEZUMAB-VFRM 1 MG	-	-	10/1/2020	Fee Schedule	\$2.25
J3032	INJ. EPTINEZUMAB-JJMR 1 MG	-	-	10/1/2020	Fee Schedule	\$15.40
J3060	INJ, TALIGLUCERASE ALFA 10 U	-	-	10/1/2020	Fee Schedule	\$40.86
J3070	PENTAZOCINE INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J3090	INJ TEDIZOLID PHOSPHATE	-	-	7/1/2020	Fee Schedule	\$1.59
J3095	TELAVANCIN INJECTION	-	-	10/1/2020	Fee Schedule	\$5.14
J3101	TENECTEPLASE INJECTION	-	-	10/1/2020	Fee Schedule	\$129.26
J3105	TERBUTALINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3111	INJ. ROMOSOZUMAB-AQQG 1 MG	-	Y	10/1/2020	Fee Schedule	\$9.01
J3121	INJ TESTOSTERO ENANTHATE 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3145	TESTOSTERONE UNDECANOATE 1MG	-	-	10/1/2020	Fee Schedule	\$1.54
J3230	CHLORPROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3240	THYROTROPIN INJECTION	-	-	10/1/2020	Fee Schedule	\$1,740.23
J3241	INJ. TEPROTUMUMAB-TRBW 10 MG	-	-	10/1/2020	Fee Schedule	\$315.88
J3243	TIGECYCLINE INJECTION	-	-	10/1/2020	Fee Schedule	\$1.38
J3245	INJ., TILDRAKIZUMAB, 1 MG	-	-	10/1/2020	Fee Schedule	\$135.67
J3246	TIROFIBAN HCL	-	-	10/1/2020	Fee Schedule	\$2.19
J3250	TRIMETHOBENZAMIDE HCL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3260	TOBRAMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3262	TOCILIZUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$5.40
J3265	INJECTION TORSEMIDE 10 MG/ML	-	-	7/1/2018	No Separate Payment	\$0.00
J3280	THIETHYLPERAZINE MALEATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3285	TREPROSTINIL INJECTION	-	-	10/1/2020	Fee Schedule	\$62.81
J3300	TRIAMCINOLONE A INJ PRS-FREE	-	-	1/1/2020	No Separate Payment	\$0.00
J3301	TRIAMCINOLONE ACET INJ NOS	-	-	7/1/2018	No Separate Payment	\$0.00
J3302	TRIAMCINOLONE DIACETATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3304	INJ TRIAMCINOLONE ACE XR 1MG	-	-	10/1/2020	Fee Schedule	\$18.20
J3305	INJ TRIMETREXATE GLUCORONATE	-	-	7/1/2018	No Separate Payment	\$0.00
J3310	PERPHENAZINE INJECTON	-	-	7/1/2018	No Separate Payment	\$0.00
J3315	TRIPTORELIN PAMOATE	-	-	10/1/2020	Fee Schedule	\$385.61
J3316	INJ., TRIPTORELIN XR 3.75 MG	-	-	10/1/2020	Fee Schedule	\$3,044.01
J3320	SPECTINOMYCN DI-HCL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3350	UREA INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3355	UROFOLLITROPIN, 75 IU	-	-	7/1/2018	Fee Schedule	\$132.66
J3357	USTEKINUMAB SUB CU INJ, 1 MG	-	-	10/1/2020	Fee Schedule	\$184.36
J3358	USTEKINUMAB, IV INJECT, 1 MG	-	-	10/1/2020	Fee Schedule	\$12.03
J3360	DIAZEPAM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3364	UROKINASE 5000 IU INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3365	UROKINASE 250,000 IU INJ	-	-	7/1/2018	Fee Schedule	\$262.79
J3370	VANCOMYCIN HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3380	INJECTION, VEDOLIZUMAB	-	-	10/1/2020	Fee Schedule	\$20.30
J3385	VELAGLUCERASE ALFA	-	-	10/1/2020	Fee Schedule	\$346.15
J3396	VERTEPORFIN INJECTION	-	-	10/1/2020	Fee Schedule	\$11.23
J3397	INJ., VESTRONIDASE ALFA-VJBK	-	-	10/1/2020	Fee Schedule	\$223.01
J3398	INJ LUXTURNA 1 BILLION VEC G	-	-	10/1/2020	Fee Schedule	\$2,883.20
J3400	TRIFLUPROMAZINE HCL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3410	HYDROXYZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3411	THIAMINE HCL 100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3415	PYRIDOXINE HCL 100 MG	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J3420	VITAMIN B12 INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3430	VITAMIN K PHYTONADIONE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3465	INJECTION, VORICONAZOLE	-	-	1/1/2019	No Separate Payment	\$0.00
J3470	HYALURONIDASE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3471	OVINE, UP TO 999 USP UNITS	-	-	7/1/2018	No Separate Payment	\$0.00
J3472	OVINE, 1000 USP UNITS	-	-	7/1/2018	No Separate Payment	\$0.00
J3473	HYALURONIDASE RECOMBINANT	-	-	7/1/2018	No Separate Payment	\$0.00
J3475	INJ MAGNESIUM SULFATE	-	-	7/1/2018	No Separate Payment	\$0.00
J3480	INJ POTASSIUM CHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J3485	ZIDOVUDINE	-	-	7/1/2018	No Separate Payment	\$0.00
J3486	ZIPRASIDONE MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J3489	ZOLEDRONIC ACID 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3490	DRUGS UNCLASSIFIED INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3530	NASAL VACCINE INHALATION	-	-	7/1/2018	No Separate Payment	\$0.00
J3590	UNCLASSIFIED BIOLOGICS	-	-	7/1/2018	No Separate Payment	\$0.00
J7030	NORMAL SALINE SOLUTION INFUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7040	NORMAL SALINE SOLUTION INFUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7042	5% DEXTROSE/NORMAL SALINE	-	-	7/1/2018	No Separate Payment	\$0.00
J7050	NORMAL SALINE SOLUTION INFUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7060	5% DEXTROSE/WATER	-	-	7/1/2018	No Separate Payment	\$0.00
J7070	D5W INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
J7100	DEXTRAN 40 INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
J7110	DEXTRAN 75 INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
J7120	RINGERS LACTATE INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
J7121	5% DEXTROSE IN LAC RINGERS	-	-	7/1/2018	No Separate Payment	\$0.00
J7131	HYPERTONIC SALINE SOL	-	-	7/1/2018	No Separate Payment	\$0.00
J7169	INJ ANDEXXA, 10 MG	-	-	7/1/2020	Fee Schedule	\$291.50
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	-	-	10/1/2020	Fee Schedule	\$47.47
J7175	INJ, FACTOR X, (HUMAN), 1IU	-	-	7/1/2020	Fee Schedule	\$7.88
J7177	INJ., FIBRYGA, 1 MG	-	-	10/1/2020	Fee Schedule	\$1.07
J7178	INJ HUMAN FIBRINOGEN CON NOS	-	-	4/1/2020	Fee Schedule	\$1.24
J7179	VONVENDI INJ 1 IU VWF:RCO	-	-	10/1/2020	Fee Schedule	\$1.78
J7180	FACTOR XIII ANTI-HEM FACTOR	-	-	10/1/2020	Fee Schedule	\$8.77
J7181	FACTOR XIII RECOMB A-SUBUNIT	-	-	10/1/2020	Fee Schedule	\$15.53
J7182	FACTOR VIII RECOMB NOVEIGHT	-	-	10/1/2020	Fee Schedule	\$1.33
J7183	WILATE INJECTION	-	-	10/1/2020	Fee Schedule	\$1.02
J7185	XYNTHA INJ	-	-	10/1/2020	Fee Schedule	\$1.31
J7186	ANTHEMOPHILIC VIII/VWF COMP	-	-	10/1/2020	Fee Schedule	\$1.14
J7187	HUMATE-P, INJ	-	-	4/1/2020	Fee Schedule	\$1.21
J7188	FACTOR VIII RECOMB OBIZUR	-	-	4/1/2020	Fee Schedule	\$3.19
J7189	FACTOR VIIA	-	-	7/1/2020	Fee Schedule	\$2.25
J7190	FACTOR VIII	-	-	10/1/2020	Fee Schedule	\$1.02
J7191	FACTOR VIII (PORCINE)	-	-	7/1/2018	Fee Schedule	\$0.20
J7192	FACTOR VIII RECOMBINANT NOS	-	-	10/1/2020	Fee Schedule	\$1.38
J7193	FACTOR IX NON-RECOMBINANT	-	-	10/1/2020	Fee Schedule	\$1.16
J7194	FACTOR IX COMPLEX	-	-	10/1/2020	Fee Schedule	\$1.49
J7195	FACTOR IX RECOMBINANT NOS	-	-	10/1/2020	Fee Schedule	\$1.53
J7196	ANTITHROMBIN RECOMBINANT	-	-	7/1/2018	Fee Schedule	\$103.35
J7197	ANTITHROMBIN III INJECTION	-	-	10/1/2020	Fee Schedule	\$3.50
J7198	ANTI-INHIBITOR	-	-	10/1/2020	Fee Schedule	\$2.05

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J7200	FACTOR IX RECOMBINAN RIXUBIS	-	-	10/1/2020	Fee Schedule	\$1.46
J7201	FACTOR IX ALPROLIX RECOMB	-	-	7/1/2020	Fee Schedule	\$3.25
J7202	FACTOR IX IDELVION INJ	-	-	7/1/2020	Fee Schedule	\$4.44
J7203	FACTOR IX RECOMB GLY REBINYN	-	-	10/1/2020	Fee Schedule	\$4.01
J7204	INJ RECOMBIN ESPEROCT PER IU	-	-	10/1/2020	Fee Schedule	\$2.29
J7205	FACTOR VIII FC FUSION RECOMB	-	-	10/1/2020	Fee Schedule	\$2.17
J7207	FACTOR VIII PEGYLATED RECOMB	-	-	7/1/2020	Fee Schedule	\$1.87
J7208	INJ. JIVI 1 IU	-	-	7/1/2020	Fee Schedule	\$2.02
J7209	FACTOR VIII NUWIQ RECOMB 1IU	-	-	10/1/2020	Fee Schedule	\$1.36
J7210	INJ, AFSTYLA, 1 IU.	-	-	10/1/2020	Fee Schedule	\$1.34
J7211	INJ, KOVALTRY, 1 IU.	-	-	1/1/2020	No Separate Payment	\$0.00
J7308	AMINOLEVULINIC ACID HCL TOP	-	-	10/1/2020	Fee Schedule	\$394.75
J7309	METHYL AMINOLEVULINATE, TOP	-	-	7/1/2018	No Separate Payment	\$0.00
J7310	GANCICLOVIR LONG ACT IMPLANT	-	-	7/1/2018	Fee Schedule	\$11.71
J7311	INJ., RETISERT, 0.01 MG	-	Y	10/1/2020	Fee Schedule	\$340.62
J7312	DEXAMETHASONE INTRA IMPLANT	-	-	10/1/2020	Fee Schedule	\$199.76
J7313	INJ., ILUVIEN, 0.01 MG	-	-	10/1/2020	Fee Schedule	\$490.87
J7314	INJ., YUTIQ, 0.01 MG	-	-	10/1/2019	Fee Schedule	\$491.13
J7315	OPHTHALMIC MITOMYCIN	-	-	7/1/2018	No Separate Payment	\$0.00
J7316	INJ, OCRIPLASMIN, 0.125 MG	-	-	7/1/2019	Fee Schedule	\$1,046.93
J7318	INJ, DUROLANE 1 MG	-	-	1/1/2019	Fee Schedule	\$17.23
J7320	GENVISC 850, INJ, 1MG	-	-	7/1/2019	Fee Schedule	\$16.92
J7321	HYALGAN SUPARTZ VISCO-3 DOSE	-	-	1/1/2020	No Separate Payment	\$0.00
J7322	HYMOVIS INJECTION 1 MG	-	-	10/1/2019	Fee Schedule	\$31.67
J7323	EUFLEXA INJ PER DOSE	-	-	10/1/2020	Fee Schedule	\$140.31
J7324	ORTHOVISC INJ PER DOSE	-	-	10/1/2020	Fee Schedule	\$128.41
J7325	SYNVISC OR SYNVISC-ONE	-	-	10/1/2020	Fee Schedule	\$10.22
J7326	GEL-ONE	-	-	10/1/2020	Fee Schedule	\$1,219.00
J7327	MONOVISC INJ PER DOSE	-	-	10/1/2020	Fee Schedule	\$694.58
J7328	GELSYN-3 INJECTION 0.1 MG	-	-	7/1/2018	Fee Schedule	\$2.18
J7329	INJ, TRIVISC 1 MG	-	-	7/1/2019	Fee Schedule	\$7.20
J7331	SYNOJOYNT, INJ., 1 MG	-	-	10/1/2020	Fee Schedule	\$4.39
J7332	INJ., TRILURON, 1 MG	-	-	4/1/2020	Fee Schedule	\$25.92
J7333	VISCO-3 INJ DOSE	-	-	10/1/2020	No Separate Payment	\$0.00
J7336	CAPSAICIN 8% PATCH	-	-	1/1/2020	Fee Schedule	\$3.25
J7340	CARBIDOPA LEVODOPA ENT 100ML	-	-	10/1/2020	Fee Schedule	\$213.10
J7342	CIPROFLOXACIN OTIC SUSP 6 MG	-	-	10/1/2020	Fee Schedule	\$29.97
J7345	AMINOLEVULINIC ACID, 10% GEL	-	-	7/1/2020	Fee Schedule	\$1.53
J7351	INJ BIMATOPROST ITC IMP1MCG	-	-	10/1/2020	Fee Schedule	\$200.85
J7500	AZATHIOPRINE ORAL 50MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7501	AZATHIOPRINE PARENTERAL	-	-	10/1/2020	Fee Schedule	\$227.93
J7502	CYCLOSPORINE ORAL 100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7503	TACROL ENVARUSUS EX REL ORAL	-	-	1/1/2019	No Separate Payment	\$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN	-	-	10/1/2020	Fee Schedule	\$2,257.67
J7505	MONOCLONAL ANTIBODIES	-	-	1/1/2019	No Separate Payment	\$0.00
J7507	TACROLIMUS IMME REL ORAL 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7508	TACROL ASTAGRAF EX REL ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
J7509	METHYLPREDNISOLONE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
J7510	PREDNISOLONE ORAL PER 5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT	-	-	10/1/2020	Fee Schedule	\$817.12

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J7512	PREDNISONE IR OR DR ORAL 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7513	DACLIZUMAB, PARENTERAL	-	-	7/1/2018	Fee Schedule	\$10.00
J7515	CYCLOSPORINE ORAL 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7516	CYCLOSPORIN PARENTERAL 250MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
J7518	MYCOPHENOLIC ACID	-	-	7/1/2018	No Separate Payment	\$0.00
J7520	SIROLIMUS, ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
J7525	TACROLIMUS INJECTION	-	-	10/1/2020	Fee Schedule	\$211.97
J7527	ORAL EVEROLIMUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7599	IMMUNOSUPPRESSIVE DRUG NOC	-	-	7/1/2018	No Separate Payment	\$0.00
J7665	MANNITOL FOR INHALER	-	-	7/1/2018	No Separate Payment	\$0.00
J7674	METHACHOLINE CHLORIDE, NEB	-	-	7/1/2018	No Separate Payment	\$0.00
J7799	NON-INHALATION DRUG FOR DME	-	-	7/1/2018	No Separate Payment	\$0.00
J7999	COMPOUNDED DRUG, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
J8501	ORAL APREPITANT	-	-	1/1/2019	No Separate Payment	\$0.00
J8510	ORAL BUSULFAN	-	-	10/1/2020	Fee Schedule	\$23.81
J8520	CAPECITABINE, ORAL, 150 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J8521	CAPECITABINE, ORAL, 500 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J8540	ORAL DEXAMETHASONE	-	-	7/1/2018	No Separate Payment	\$0.00
J8560	ETOPOSIDE ORAL 50 MG	-	-	10/1/2020	Fee Schedule	\$75.49
J8562	ORAL FLUDARABINE PHOSPHATE	-	-	7/1/2018	No Separate Payment	\$0.00
J8597	ANTIEMETIC DRUG ORAL NOS	-	-	7/1/2018	No Separate Payment	\$0.00
J8600	MELPHALAN ORAL 2 MG	-	-	1/1/2020	No Separate Payment	\$0.00
J8610	METHOTREXATE ORAL 2.5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J8650	NABILONE ORAL	-	-	7/1/2018	Fee Schedule	\$38.20
J8655	ORAL NETUPITANT, PALONOSETRO	-	-	10/1/2020	Fee Schedule	\$270.10
J8670	ROLAPITANT, ORAL, 1MG	-	-	10/1/2020	Fee Schedule	\$2.27
J8700	TEMOZOLOMIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J8705	TOPOTECAN ORAL	-	-	1/1/2019	No Separate Payment	\$0.00
J9000	DOXORUBICIN HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ	-	-	7/1/2018	Not Allowed	\$0.00
J9015	ALDESLEUKIN INJECTION	-	-	10/1/2019	Fee Schedule	\$4,964.62
J9017	ARSENIC TRIOXIDE INJECTION	-	-	10/1/2020	Fee Schedule	\$22.06
J9019	ERWINAZE INJECTION	-	-	10/1/2020	Fee Schedule	\$427.27
J9020	ASPARAGINASE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
J9022	INJ, ATEZOLIZUMAB,10 MG	-	-	10/1/2020	Fee Schedule	\$78.28
J9023	INJECTION, AVELUMAB, 10 MG	-	-	10/1/2020	Fee Schedule	\$84.70
J9025	AZACITIDINE INJECTION	-	-	10/1/2020	Fee Schedule	\$0.80
J9027	CLOFARABINE INJECTION	-	-	10/1/2020	Fee Schedule	\$52.64
J9030	BCG LIVE INTRAVESICAL 1MG	-	-	10/1/2020	Fee Schedule	\$2.79
J9032	INJECTION, BELINOSTAT, 10MG	-	-	10/1/2020	Fee Schedule	\$42.79
J9033	INJ., TREANDA 1 MG	-	-	10/1/2020	Fee Schedule	\$24.69
J9034	INJ., BENDEKA 1 MG	-	-	10/1/2020	Fee Schedule	\$20.27
J9035	BEVACIZUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$76.36
J9036	INJ. BELRAPZO/BENDAMUSTINE	-	-	10/1/2020	Fee Schedule	\$21.61
J9039	INJECTION, BLINATUMOMAB	-	-	10/1/2020	Fee Schedule	\$118.59
J9040	BLEOMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9041	INJ., VELCADE 0.1 MG	-	-	10/1/2020	Fee Schedule	\$44.97
J9042	BRENTUXIMAB VEDOTIN INJ	-	-	10/1/2020	Fee Schedule	\$175.28

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9043	CABAZITAXEL INJECTION	-	-	10/1/2020	Fee Schedule	\$181.51
J9044	INJ, BORTEZOMIB, NOS, 0.1 MG	-	-	10/1/2020	Fee Schedule	\$22.04
J9045	CARBOPLATIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9047	INJECTION, CARFILZOMIB, 1 MG	-	-	10/1/2020	Fee Schedule	\$39.20
J9050	CARMUSTINE INJECTION	-	-	10/1/2020	Fee Schedule	\$2,016.27
J9055	CETUXIMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$64.29
J9057	INJ., COPANLISIB, 1 MG	-	-	10/1/2020	Fee Schedule	\$78.99
J9060	CISPLATIN 10 MG INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9065	INJ CLADRIBINE PER 1 MG	-	-	10/1/2020	Fee Schedule	\$19.57
J9070	CYCLOPHOSPHAMIDE 100 MG INJ	-	-	10/1/2020	Fee Schedule	\$29.67
J9098	CYTARABINE LIPOSOME INJ	-	-	1/1/2020	Fee Schedule	\$492.92
J9100	CYTARABINE HCL 100 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9119	INJ., CEMIPIMAB-RWLC, 1 MG	-	-	10/1/2020	Fee Schedule	\$27.40
J9120	DACTINOMYCIN INJECTION	-	-	10/1/2020	Fee Schedule	\$1,044.53
J9130	DACARBAZINE 100 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9145	INJECTION, DARATUMUMAB 10 MG	-	-	10/1/2020	Fee Schedule	\$56.29
J9150	DAUNORUBICIN INJECTION	-	-	10/1/2020	Fee Schedule	\$43.84
J9151	DAUNORUBICIN CITRATE INJ	-	-	7/1/2018	Fee Schedule	\$243.80
J9153	INJ DAUNORUBICIN, CYTARABINE	-	-	10/1/2020	Fee Schedule	\$197.79
J9155	DEGARELIX INJECTION	-	-	10/1/2020	Fee Schedule	\$3.84
J9160	DENILEUKIN DIFTTOX INJ	-	-	7/1/2018	Fee Schedule	\$1,646.18
J9165	DIETHYLSTILBESTROL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9171	DOCETAXEL INJECTION	-	-	10/1/2020	Fee Schedule	\$0.85
J9173	INJ., DURVALUMAB, 10 MG	-	-	10/1/2020	Fee Schedule	\$76.02
J9175	ELLIOTTS B SOLUTION PER ML	-	-	7/1/2018	No Separate Payment	\$0.00
J9176	INJECTION, ELOTUZUMAB, 1MG	-	-	7/1/2020	Fee Schedule	\$6.67
J9177	INJ ENFORT VEDO-EJFV 0.25MG	-	-	7/1/2020	Fee Schedule	\$27.96
J9178	INJ, EPIRUBICIN HCL, 2 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J9179	ERIBULIN MESYLATE INJECTION	-	-	10/1/2020	Fee Schedule	\$117.66
J9181	ETOPOSIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9185	FLUDARABINE PHOSPHATE INJ	-	-	1/1/2019	No Separate Payment	\$0.00
J9190	FLUOROURACIL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9198	INJ. INFUGEM, 100 MG	-	-	10/1/2020	No Separate Payment	\$0.00
J9200	FLOXURIDINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9201	IN GEMCITABINE HCL NOS 200MG	-	-	7/1/2018	No Separate Payment	\$0.00
J9202	GOSERELIN ACETATE IMPLANT	-	-	10/1/2020	Fee Schedule	\$503.59
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	-	-	10/1/2020	Fee Schedule	\$205.38
J9204	INJ MOGAMULIZUMAB-KPKC, 1 MG	-	-	10/1/2020	Fee Schedule	\$203.88
J9205	INJ IRINOTECAN LIPOSOME 1 MG	-	-	10/1/2020	Fee Schedule	\$54.33
J9206	IRINOTECAN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9207	IXABEPILONE INJECTION	-	-	10/1/2020	Fee Schedule	\$101.19
J9208	IFOSFAMIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9209	MESNA INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9210	INJ., EMAPALUMAB-LZSG, 1 MG	-	-	10/1/2020	Fee Schedule	\$441.59
J9211	IDARUBICIN HCL INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J9212	INTERFERON ALFACON-1 INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9213	INTERFERON ALFA-2A INJ	-	-	1/1/2020	Fee Schedule	\$407.24
J9214	INTERFERON ALFA-2B INJ	-	-	10/1/2020	Fee Schedule	\$34.35
J9215	INTERFERON ALFA-N3 INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9216	INTERFERON GAMMA 1-B INJ	-	-	7/1/2018	Fee Schedule	\$6,932.64

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9217	LEUPROLIDE ACETATE SUSPNION	-	-	10/1/2020	Fee Schedule	\$224.45
J9218	LEUPROLIDE ACETATE INJECTON	-	-	1/1/2019	No Separate Payment	\$0.00
J9219	LEUPROLIDE ACETATE IMPLANT	-	-	7/1/2018	Fee Schedule	\$168.48
J9225	VANTAS IMPLANT	-	-	10/1/2020	Fee Schedule	\$4,558.13
J9226	SUPPRELIN LA IMPLANT	-	-	10/1/2020	Fee Schedule	\$40,237.00
J9227	INJ. ISATUXIMAB-IRFC 10 MG	-	-	10/1/2020	Fee Schedule	\$66.67
J9228	IPILIMUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$157.38
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	-	-	10/1/2020	Fee Schedule	\$2,341.50
J9230	MECHLORETHAMINE HCL INJ	-	-	7/1/2019	Fee Schedule	\$328.29
J9245	INJ MELPHALAN HYDROCHL 50 MG	-	-	10/1/2020	Fee Schedule	\$260.38
J9246	INJ., EVOMELA, 1 MG	-	-	10/1/2020	Fee Schedule	\$26.96
J9250	METHOTREXATE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9260	METHOTREXATE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9261	NELARABINE INJECTION	-	-	10/1/2020	Fee Schedule	\$152.15
J9262	INJ. OMACETAXINE MEP, 0.01MG	-	-	10/1/2020	Fee Schedule	\$2.98
J9263	OXALIPLATIN	-	-	7/1/2018	No Separate Payment	\$0.00
J9264	PACLITAXEL PROTEIN BOUND	-	-	10/1/2020	Fee Schedule	\$13.30
J9266	PEGASPARGASE INJECTION	-	-	10/1/2020	Fee Schedule	\$19,717.76
J9267	PACLITAXEL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9268	PENTOSTATIN INJECTION	-	-	10/1/2020	Fee Schedule	\$2,060.28
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	-	-	10/1/2020	Fee Schedule	\$270.59
J9270	PLICAMYCIN (MITHRAMYCIN) INJ	-	-	1/1/2020	No Separate Payment	\$0.00
J9271	INJ PEMBROLIZUMAB	-	-	10/1/2020	Fee Schedule	\$50.85
J9280	MITOMYCIN INJECTION	-	-	10/1/2020	Fee Schedule	\$49.88
J9285	INJ. OLARATUMAB, 10 MG	-	-	4/1/2020	Fee Schedule	\$52.07
J9293	MITOXANTRONE HYDROCHL / 5 MG	-	-	10/1/2020	Fee Schedule	\$28.69
J9295	INJECTION, NECITUMUMAB, 1 MG	-	-	4/1/2020	Fee Schedule	\$5.73
J9299	INJECTION, NIVOLUMAB	-	-	10/1/2020	Fee Schedule	\$28.56
J9301	OBINUTUZUMAB INJ	-	-	10/1/2020	Fee Schedule	\$63.74
J9302	OFATUMUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$61.94
J9303	PANITUMUMAB INJECTION	-	-	10/1/2020	Fee Schedule	\$123.55
J9305	INJ. PEMETREXED NOS 10MG	-	-	10/1/2020	Fee Schedule	\$71.81
J9306	INJECTION, PERTUZUMAB, 1 MG	-	-	10/1/2020	Fee Schedule	\$12.95
J9307	PRALATREXATE INJECTION	-	-	10/1/2020	Fee Schedule	\$311.22
J9308	INJECTION, RAMUCIRUMAB	-	-	10/1/2020	Fee Schedule	\$60.71
J9309	INJ. POLATUZUMAB VEDOTIN 1MG	-	-	10/1/2020	Fee Schedule	\$110.72
J9311	INJ RITUXIMAB, HYALURONIDASE	-	-	10/1/2020	Fee Schedule	\$41.14
J9312	INJ., RITUXIMAB, 10 MG	-	-	10/1/2020	Fee Schedule	\$92.56
J9313	INJ., LUMOXITIL, 0.01 MG	-	-	10/1/2020	Fee Schedule	\$22.46
J9315	ROMIDEPSIN INJECTION	-	-	10/1/2020	Fee Schedule	\$336.54
J9320	STREPTOZOCIN INJECTION	-	-	10/1/2020	Fee Schedule	\$349.54
J9325	INJ TALIMOGENE LAHERPAREPVEC	-	-	10/1/2020	Fee Schedule	\$53.92
J9328	TEMOZOLOMIDE INJECTION	-	-	10/1/2020	Fee Schedule	\$10.38
J9330	TEMSIROLIMUS INJECTION	-	-	10/1/2020	Fee Schedule	\$44.99
J9340	THIOTEPA INJECTION	-	-	10/1/2020	Fee Schedule	\$475.39
J9351	TOPOTECAN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9352	INJECTION TRABECTEDIN 0.1MG	-	-	10/1/2020	Fee Schedule	\$318.93
J9354	INJ. ADO-TRASTUZUMAB EMT 1MG	-	-	10/1/2020	Fee Schedule	\$32.79
J9355	INJ TRASTUZUMAB EXCL BIOSIMI	-	-	10/1/2020	Fee Schedule	\$99.68
J9356	INJ. HERCEPTIN HYLECTA, 10MG	-	-	10/1/2020	Fee Schedule	\$75.08

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9357	VALRUBICIN INJECTION	-	-	10/1/2020	Fee Schedule	\$1,403.17
J9358	INJ FAM-TRASTU DERU-NXKI 1MG	-	-	10/1/2020	Fee Schedule	\$24.14
J9360	VINBLASTINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9370	VINCRISTINE SULFATE 1 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9371	INJ, VINCRISTINE SUL LIP 1MG	-	-	10/1/2020	Fee Schedule	\$3,320.17
J9390	VINORELBINE TARTRATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9395	INJECTION, FULVESTRANT	-	-	10/1/2020	Fee Schedule	\$52.74
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	-	-	10/1/2020	Fee Schedule	\$8.07
J9600	PORFIMER SODIUM INJECTION	-	-	1/1/2020	Fee Schedule	\$21,856.35
J9999	CHEMOTHERAPY DRUG	-	-	7/1/2018	No Separate Payment	\$0.00
L8600	IMPLANT BREAST SILICONE/EQ	-	-	7/1/2018	No Separate Payment	\$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML	-	-	7/1/2018	No Separate Payment	\$0.00
L8604	DEXTRANOMER/HYALURONIC ACID	-	-	7/1/2018	No Separate Payment	\$0.00
L8605	INJ BULKING AGENT ANAL CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML	-	-	7/1/2018	Not Allowed	\$0.00
L8607	INJ VOCAL CORD BULKING AGENT	-	-	7/1/2018	No Separate Payment	\$0.00
L8609	ARTIFICIAL CORNEA	-	-	7/1/2018	No Separate Payment	\$0.00
L8610	OCULAR IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8612	AQUEOUS SHUNT PROSTHESIS	-	-	7/1/2018	No Separate Payment	\$0.00
L8613	OSSICULAR IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8614	COCHLEAR DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
L8630	METACARPOPHALANGEAL IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8631	MCP JOINT REPL 2 PC OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
L8641	METATARSAL JOINT IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8642	HALLUX IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8658	INTERPHALANGEAL JOINT SPACER	-	-	7/1/2018	No Separate Payment	\$0.00
L8659	INTERPHALANGEAL JOINT REPL	-	-	7/1/2018	No Separate Payment	\$0.00
L8670	VASCULAR GRAFT, SYNTHETIC	-	-	7/1/2018	No Separate Payment	\$0.00
L8679	IMP NEUROSTI PLS GN ANY TYPE	-	-	7/1/2018	No Separate Payment	\$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC	-	-	7/1/2018	No Separate Payment	\$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP	-	-	7/1/2018	No Separate Payment	\$0.00
L8699	PROSTHETIC IMPLANT NOS	-	-	7/1/2018	No Separate Payment	\$0.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE	-	-	7/1/2018	No Separate Payment	\$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML	-	-	10/1/2018	Fee Schedule	\$10.49
P9045	ALBUMIN (HUMAN), 5%, 250 ML	-	-	10/1/2018	Fee Schedule	\$52.45
P9046	ALBUMIN (HUMAN), 25%, 20 ML	-	-	10/1/2018	Fee Schedule	\$20.98
P9047	ALBUMIN (HUMAN), 25%, 50ML	-	-	10/1/2018	Fee Schedule	\$52.45
Q0138	FERUMOXYTOL, NON-ESRD	-	-	10/1/2020	Fee Schedule	\$0.98
Q0139	FERUMOXYTOL, ESRD USE	-	-	10/1/2020	Fee Schedule	\$0.98
Q0161	CHLORPROMAZINE HCL 5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0162	ONDANSETRON ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0166	GRANISETRON HCL 1 MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0167	DRONABINOL 2.5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0174	THIETHYLPERAZINE MALEATE10MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0175	PERPHENAZINE 4MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0177	HYDROXYZINE PAMOATE 25MG	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q0180	DOLASETRON MESYLATE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0181	UNSPECIFIED ORAL ANTI-EMETIC	-	-	7/1/2018	No Separate Payment	\$0.00
Q0507	MISC SUP/ACC EXT VAD	-	-	7/1/2018	No Separate Payment	\$0.00
Q0508	MIS SUP/ACC IMP VAD	-	-	7/1/2018	No Separate Payment	\$0.00
Q0509	MIS SUP/AC IMP VAD NOPAY MED	-	-	7/1/2018	No Separate Payment	\$0.00
Q0515	SERMORELIN ACETATE INJECTION	-	-	7/1/2018	Fee Schedule	\$1.80
Q2004	BLADDER CALCULI IRRIG SOL	-	-	7/1/2018	No Separate Payment	\$0.00
Q2009	FOSPHENYTOIN INJ PE	-	-	10/1/2020	Fee Schedule	\$1.61
Q2017	TENIPOSIDE, 50 MG	-	-	4/1/2020	Fee Schedule	\$2,645.71
Q2026	RADIESSE INJECTION	-	-	1/1/2020	Fee Schedule	\$222.09
Q2028	INJ, SCULPTRA, 0.5MG	-	-	1/1/2020	Fee Schedule	\$3.19
Q2033	INFLUENZA VACCINE, (FLUBLOK)	-	-	7/1/2018	No Separate Payment	\$0.00
Q2034	AGRIFLU VACCINE	-	-	7/1/2018	No Separate Payment	\$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2039	INFLUENZA VIRUS VACCINE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
Q2043	SIPULEUCCEL-T AUTO CD54+	-	-	10/1/2020	Fee Schedule	\$49,671.77
Q2049	IMPORTED LIPODOX INJ	-	-	1/1/2020	Fee Schedule	\$482.06
Q2050	DOXORUBICIN INJ 10MG	-	-	10/1/2020	Fee Schedule	\$315.73
Q3014	TELEHEALTH FACILITY FEE	-	-	3/1/2020	Fee Schedule	\$26.65
Q3027	INJ BETA INTERFERON IM 1 MCG	-	-	10/1/2020	Fee Schedule	\$54.32
Q3031	COLLAGEN SKIN TEST	-	-	7/1/2018	No Separate Payment	\$0.00
Q4100	SKIN SUBSTITUTE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4101	APLIGRAF	-	-	7/1/2018	No Separate Payment	\$0.00
Q4102	OASIS WOUND MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4103	OASIS BURN MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4104	INTEGRA BMWWD	-	-	7/1/2018	No Separate Payment	\$0.00
Q4105	INTEGRA DRT OR OMNIGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4106	DERMAGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4107	GRAFTJACKET	-	-	7/1/2018	No Separate Payment	\$0.00
Q4108	INTEGRA MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4110	PRIMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4111	GAMMAGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4112	CYMETRA INJECTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
Q4113	GRAFTJACKET XPRESS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRI	-	-	7/1/2018	No Separate Payment	\$0.00
Q4115	ALLOSKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4116	ALLODERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4117	HYALOMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4118	MATRISTEM MICROMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4121	THERASKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4122	DERMACELL	-	-	7/1/2018	No Separate Payment	\$0.00
Q4123	ALLOSKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4124	OASIS TRI-LAYER WOUND MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4125	ARTHROFLEX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4126	MEMODERM/DERMA/TRANZ/INTEGUP	-	-	7/1/2018	No Separate Payment	\$0.00
Q4127	TALYMED	-	-	7/1/2018	No Separate Payment	\$0.00
Q4128	FLEXHD/ALLOPATCHHD/MATRIXHD	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4130	STRATTICE TM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4132	GRAFIX CORE, GRAFIXPL CORE	-	-	7/1/2018	No Separate Payment	\$0.00
Q4133	GRAFIX STRAVIX PRIME PL SQCM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4134	HMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4135	MEDISKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4136	EZDERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4138	BIODFENCE DRYFLEX, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4140	BIODFENCE 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4141	ALLOSKIN AC, 1 CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4142	XCM BIOLOGIC TISS MATRIX 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4143	REPRIZA, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4145	EPIFIX, INJ, 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4146	TENSIX, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4147	ARCHITECT ECM PX FX 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4148	NEOX NEOX RT OR CLARIX CORD	-	-	7/1/2018	No Separate Payment	\$0.00
Q4149	EXCELLAGEN, 0.1 CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4150	ALLOWRAP DS OR DRY 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4152	DERMAPURE 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4153	DERMAVEST, PLURIVEST SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4154	BIOVANCE 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4155	NEOXFLO OR CLARIXFLO 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4156	NEOX 100 OR CLARIX 100	-	-	7/1/2018	No Separate Payment	\$0.00
Q4157	REVITALON 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4158	KERECIS OMEGA3, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4159	AFFINITY1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4160	NUSHIELD 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4161	BIO-CONNEKT PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4162	WNDEX FLW, BIOSKN FLW, 0.5CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4163	WOUNDEX, BIOSKIN, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4164	HELICOLL, PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4165	KERAMATRIX, PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4166	CYTAL, PER SQUARE CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4167	TRUSKIN, PER SQ CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4168	AMNIOBAND, 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4169	ARTACENT WOUND, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4170	CYGNUS, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4171	INTERFYL, 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4173	PALINGEN OR PALINGEN XPLUS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4174	PALINGEN OR PROMATRX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4175	MIRODERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4176	NEOPATCH, PER SQ CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4177	FLOWERAMNIOFLO, 0.1 CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4178	FLOWERAMNIOPATCH, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4179	FLOWERDERM, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4180	REVITA, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4181	AMNIO WOUND, PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4182	TRANSCYTE, PER SQ CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4183	SURGIGRAFT, 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4184	CELLESTA, 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4185	CELLESTA FLOWAB AMNION 0.5CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4186	EPIFIX 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4187	EPICORD 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4188	AMNIOARMOR 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4189	ARTACENT AC, 1 MG	-	-	1/1/2019	No Separate Payment	\$0.00
Q4190	ARTACENT AC 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4191	RESTORIGIN 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4192	RESTORIGIN, 1 CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4193	COLL-E-DERM 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4194	NOVACHOR 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4195	PURAPLY 1 SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4196	PURAPLY AM 1 SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4197	PURAPLY XT 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4198	GENESIS AMNIO MEMBRANE 1SQCM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4200	SKIN TE 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4201	MATRION 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4202	KEROXX (2.5G/CC), 1CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4203	DERMA-GIDE, 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4204	XWRAP 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4205	MEMBRANE GRAFT OR WRAP SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4206	FLUID FLOW OR FLUID GF 1 CC	-	-	7/1/2020	No Separate Payment	\$0.00
Q4208	NOVAFIX PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4209	SURGRAFT PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4210	AXOLOTL GRAF DUALGRAF SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4211	AMNION BIO OR AXOBIO SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4214	CELLESTA CORD PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4216	ARTACENT CORD PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS	-	-	4/1/2020	No Separate Payment	\$0.00
Q4218	SURGICORD PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4219	SURGIGRAFT DUAL PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4220	BELLACELL HD, SUREDERM SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4221	AMNIOWRAP2 PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4222	PROGENAMATRIX, PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4226	MYOWN HARV PREP PROC SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4227	AMNIOCORE PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4228	BIONEXTPATCH, PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4229	COGENEX AMNIO MEMB PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4230	COGENEX FLOW AMNION 0.5 CC	-	-	10/1/2020	No Separate Payment	\$0.00
Q4231	CORPLEX P, PER CC	-	-	10/1/2020	No Separate Payment	\$0.00
Q4232	CORPLEX, PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4233	SURFACTOR /NUDYN PER 0.5 CC	-	-	10/1/2020	No Separate Payment	\$0.00
Q4234	XCELLERATE, PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4235	AMNIOREPAIR OR ALTIPLY SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4236	CAREPATCH PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4237	CRYO-CORD, PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4238	DERM-MAXX, PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4239	AMNIO-MAXX OR LITE PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4240	CORECYTE TOPICAL ONLY 0.5 CC	-	-	10/1/2020	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4241	POLYCYTE, TOPICAL ONLY 0.5CC	-	-	10/1/2020	No Separate Payment	\$0.00
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	-	-	10/1/2020	No Separate Payment	\$0.00
Q4244	PROCENTA, PER 200 MG	-	-	10/1/2020	No Separate Payment	\$0.00
Q4245	AMNIOTEXT, PER CC	-	-	10/1/2020	No Separate Payment	\$0.00
Q4246	CORETEXT OR PROTEXT, PER CC	-	-	10/1/2020	No Separate Payment	\$0.00
Q4247	AMNIOTEXT PATCH, PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4248	DERMACYTE AMN MEM ALLO SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4249	AMNIPLY, PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4250	AMNIOAMP-MP PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4254	NOVAFIX DL PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4255	REGUARD, TOPICAL USE PER SQ	-	-	10/1/2020	No Separate Payment	\$0.00
Q5101	INJECTION, ZARXIO	-	-	10/1/2020	Fee Schedule	\$0.47
Q5103	INJECTION, INFLECTRA	-	-	10/1/2020	Fee Schedule	\$43.72
Q5104	INJECTION, RENFLEXIS	-	-	10/1/2020	Fee Schedule	\$44.55
Q5105	INJ RETACRIT ESRD ON DIALYSI	-	-	10/1/2020	Fee Schedule	\$0.86
Q5106	INJ RETACRIT NON-ESRD USE	-	-	10/1/2020	Fee Schedule	\$8.61
Q5107	INJ MVASI 10 MG	-	-	10/1/2020	Fee Schedule	\$60.94
Q5108	INJECTION, FULPHILA	-	-	10/1/2020	Fee Schedule	\$269.04
Q5110	NIVESTYM	-	-	7/1/2020	Fee Schedule	\$0.62
Q5111	INJECTION, UDENYCA 0.5 MG	-	-	10/1/2020	Fee Schedule	\$286.67
Q5112	INJ ONTRUZANT 10 MG	-	-	10/1/2020	Fee Schedule	\$92.30
Q5113	INJ HERZUMA 10 MG	-	-	10/1/2020	Fee Schedule	\$91.52
Q5114	INJ OGVIRI 10 MG	-	-	10/1/2020	Fee Schedule	\$76.41
Q5115	INJ TRUXIMA 10 MG	-	-	10/1/2020	Fee Schedule	\$68.80
Q5116	INJ., TRAZIMERA, 10 MG	-	-	10/1/2020	Fee Schedule	\$83.10
Q5117	INJ., KANJINTI, 10 MG	-	-	10/1/2020	Fee Schedule	\$78.72
Q5118	INJ., ZIRABEV, 10 MG	-	-	10/1/2020	Fee Schedule	\$62.24
Q5119	INJ RUXIENCE, 10 MG	-	-	10/1/2020	Fee Schedule	\$70.90
Q5120	INJ PEGFILGRASTIM-BMEZ 0.5MG	-	-	10/1/2020	Fee Schedule	\$305.55
Q5121	INJ. AVSOLA, 10 MG	-	-	10/1/2020	Fee Schedule	\$51.50
Q9950	INJ SULF HEXA LIPID MICROSPH	-	-	10/1/2020	No Separate Payment	\$0.00
Q9951	LOCM >= 400 MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9954	ORAL MR CONTRAST, 100 ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9956	INJ OCTAFLUOROPROPANE MIC,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9968	VISUALIZATION ADJUNCT	-	-	10/1/2020	Fee Schedule	\$7.55
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC	-	-	10/1/2020	No Separate Payment	\$0.00
Q9983	FLORBETABEN F18 DIAGNOSTIC	-	-	10/1/2020	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q9991	BUPRENORPH XR 100 MG OR LESS	-	-	10/1/2020	Fee Schedule	\$1,743.48
Q9992	BUPRENORPHINE XR OVER 100 MG	-	-	10/1/2020	Fee Schedule	\$1,743.48
V2630	ANTER CHAMBER INTRAOCUL LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2632	POST CHMBR INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2785	CORNEAL TISSUE PROCESSING	-	-	4/1/2016	Fee Schedule	\$0.00
V2790	AMNIOTIC MEMBRANE	-	-	7/1/2018	No Separate Payment	\$0.00