

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0001F	E	HEART FAILURE COMPOSITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0001U	Q	RBC DNA HEA 35 AG 11 BLD GRP	-	-	-	Medicare	1200	744	720	-	-	000	999	-
0002M	Q	LIVER DIS 10 ASSAYS W/WASH	-	-	-	Medicare	839	520	503	-	-	000	999	-
0002U	Q	ONC CLRCT 3 UR METAB ALG PLP	-	-	-	Medicare	042	026	025	-	-	000	999	-
0003M	Q	LIVER DIS 10 ASSAYS W/WASH	-	-	-	Medicare	839	520	503	-	-	000	999	-
0003U	Q	ONC OVAR 5 PRTN SER ALG SCOR	-	-	-	Medicare	1583	982	950	-	-	000	999	-
0004M	Q	SCOLIOSIS DNA ALYS	-	-	-	Medicare	132	082	079	-	-	000	999	-
0004U	E	NFCT DS DNA 27 RESIST GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0005F	E	OSTEOARTHRITIS COMPOSITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0005U	Q	ONCO PRST8 3 GENE UR ALG	-	-	-	Medicare	1267	785	760	-	-	000	999	-
0006M	Q	ONC HEP GENE RISK CLASSIFIER	-	-	-	Medicare	250	155	150	-	-	000	999	-
0007M	Q	ONC GASTRO 51 GENE NOMOGRAM	-	-	-	Medicare	625	388	375	-	-	000	999	-
0007U	Q	RX TEST PRSMV UR W/DEF CONF	-	-	-	Medicare	191	118	114	-	-	000	999	-
0008U	Q	HPYLORI DETCJ ABX RSTNC DNA	-	-	-	Medicare	997	618	598	-	-	000	999	-
0009U	Q	ONC BRST CA ERBB2 AMP/NONAMP	-	-	-	Medicare	178	111	107	-	-	000	999	-
00100	N	ANESTH SALIVARY GLAND	-	-	-	Bundled	000	-	-	-	-	000	999	-
00102	N	ANESTH REPAIR OF CLEFT LIP	-	-	-	Bundled	000	-	-	-	-	000	999	-
00103	N	ANESTH BLEPHAROPLASTY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00104	N	ANESTH ELECTROSHOCK	-	-	-	Bundled	000	-	-	-	-	000	999	-
0010M	E	ONC PROSTATE PROB SCORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0010U	Q	NFCT DS STRN TYP WHL GEN SEQ	-	-	-	Medicare	712	442	427	-	-	000	999	-
0011M	Q	ONC PRST8 CA MRNA 12 GEN ALG	-	-	-	Medicare	1267	785	760	-	-	000	999	-
0011U	Q	RX MNTR LC-MS/MS ORAL FLUID	-	-	-	Medicare	191	118	114	-	-	000	999	-
00120	N	ANESTH EAR SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00124	N	ANESTH EAR EXAM	-	-	-	Bundled	000	-	-	-	-	000	999	-
00126	N	ANESTH TYMPANOTOMY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0012F	E	CAP BACTERIAL ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0012M	Q	ONC MRNA 5 GEN RSK URTHL CA	-	-	-	Medicare	1267	785	760	-	-	000	999	-
0013M	Q	ONC MRNA 5 GEN RECR URTHL CA	-	-	-	Medicare	1267	785	760	-	-	000	999	-
00140	N	ANESTH PROCEDURES ON EYE	-	-	-	Bundled	000	-	-	-	-	000	999	-
00142	N	ANESTH LENS SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00144	N	ANESTH CORNEAL TRANSPLANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
00145	N	ANESTH VITREORETINAL SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
00147	N	ANESTH IRIDECTOMY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00148	N	ANESTH EYE EXAM	-	-	-	Bundled	000	-	-	-	-	000	999	-
0014A	E	FEE COVID-19 VAC 2 RES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0014F	E	COMP PREOP ASSESS CAT SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0015F	E	MELAN FOLLOW-UP COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0015M	Q	ADRNL CORTCL TUM BCHM ASY 25	-	-	-	Medicare	2176	1349	1305	-	-	000	999	-
0015U	E	RX METAB ADVRS RX RXN DNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
00160	N	ANESTH NOSE/SINUS SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00162	N	ANESTH NOSE/SINUS SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00164	N	ANESTH BIOPSY OF NOSE	-	-	-	Bundled	000	-	-	-	-	000	999	-
0016M	Q	ONC BLADDER MRNA 219 GEN ALG	-	-	-	Medicare	5816	3606	3490	-	-	000	999	-
0016U	Q	ONC HMTLMF NEO RNA BCR/ABL1	-	-	-	Medicare	273	169	164	-	-	000	999	-
00170	N	ANESTH PROCEDURE ON MOUTH	-	-	-	Bundled	000	-	-	-	-	000	999	-
00172	N	ANESTH CLEFT PALATE REPAIR	-	-	-	Bundled	000	-	-	-	-	000	999	-
00174	N	ANESTH PHARYNGEAL SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00176	C	ANESTH PHARYNGEAL SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
0017M	Q	ONC DLBCL MRNA 20 GENES ALG	-	-	-	Medicare	4184	2594	2510	-	-	000	999	-
0017U	Q	ONC HMTLMF NEO JAK2 MUT DNA	-	-	-	Medicare	153	095	092	-	-	000	999	-
0018M	Q	TRNSPLJ RNL MEAS CD154+CLL	-	-	-	Medicare	1068	662	641	-	-	000	999	-
0018U	Q	ONC THYR 10 MICRORNA SEQ ALG	-	-	-	Medicare	5003	3102	3002	-	-	000	999	-
00190	N	ANESTH FACE/SKULL BONE SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
00192	C	ANESTH FACIAL BONE SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
0019M	E	CV DS PLASMA ALYS PRTN BMRK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
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0019U	Q	ONC RNA TISS PREDICT ALG	-	-	-	Medicare	6125	3798	3675	-	-	000	999	-
00210	N	ANESTH CRANIAL SURG NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
00211	C	ANESTH CRAN SURG HEMOTOMA	-	-	-	IP Only	000	-	-	-	-	000	999	-
00212	N	ANESTH SKULL DRAINAGE	-	-	-	Bundled	000	-	-	-	-	000	999	-
00214	C	ANESTH SKULL DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
00215	C	ANESTH SKULL REPAIR/FRACT	-	-	-	IP Only	000	-	-	-	-	000	999	-
00216	N	ANESTH HEAD VESSEL SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00218	N	ANESTH SPECIAL HEAD SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0021A	M	ADM SARSCOV2 5X1010VP/.5ML 1	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
0021U	Q	ONC PRST8 DETCJ 8 AUTOANTB	-	-	-	Medicare	1267	785	760	-	-	000	999	-
00220	N	ANESTH INTRCRN NERVE	-	-	-	Bundled	000	-	-	-	-	000	999	-
00222	N	ANESTH HEAD NERVE SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0022A	M	ADM SARSCOV2 5X1010VP/.5ML 2	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
0022U	E	TGSAP NSM LUNG NEO DNA&RNA23	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0023A	E	FEE COVID-19 VAC 3 BOOSTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0023U	Q	ONC AML DNA DETCJ/NONDETCJ	-	-	-	Medicare	414	257	249	-	-	000	999	-
0024A	E	FEE COVID-19 VAC 3 RES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0024U	Q	GLYCA NUC MR SPECTRSC QUAN	-	-	-	Medicare	057	035	034	-	-	000	999	-
0025U	Q	TENOFOVIR LIQ CHROM UR QUAN	-	-	-	Medicare	143	089	086	-	-	000	999	-
0026U	Q	ONC THYR DNA&MRNA 112 GENES	-	-	-	Medicare	6000	3720	3600	-	-	000	999	-
0027U	Q	JAK2 GENE TRGT SEQ ALYS	-	-	-	Medicare	203	126	122	-	-	000	999	-
0029U	Q	RX METAB ADVRS TRGT SEQ ALYS	-	-	-	Medicare	1237	767	742	-	-	000	999	-
00300	N	ANESTH HEAD/NECK/PTRUNK	-	-	-	Bundled	000	-	-	-	-	000	999	-
0030T	E	ANTIPROTHROMBIN ANTIBODY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0030U	Q	RX METAB WARF TRGT SEQ ALYS	-	-	-	Medicare	224	139	134	-	-	000	999	-
0031U	Q	CYP1A2 GENE	-	-	-	Medicare	291	181	175	-	-	000	999	-
00320	N	ANESTH NECK ORGAN 1YR/>	-	-	-	Bundled	000	-	-	-	-	000	999	-
00322	N	ANESTH BIOPSY OF THYROID	-	-	-	Bundled	000	-	-	-	-	000	999	-
00326	N	ANESTH LARYNX/TRACH < 1 YR	-	-	-	Bundled	000	-	-	-	-	000	001	-
0032A	E	FEE COVID-19 VAC 4 DOSE 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0032U	Q	COMT GENE	-	-	-	Medicare	291	181	175	-	-	000	999	-
0033A	E	FEE COVID-19 VAC 4 BOOSTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0033U	Q	HTR2A HTR2C GENES	-	-	-	Medicare	583	361	350	-	-	000	999	-
0034U	Q	TPMT NUDT15 GENES	-	-	-	Medicare	777	482	466	-	-	000	999	-
00350	N	ANESTH NECK VESSEL SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00352	N	ANESTH NECK VESSEL SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0035U	Q	NEURO CSF PRION PRTN QUAL	-	-	-	Medicare	902	559	541	-	-	000	999	-
0036U	Q	XOME TUM & NML SPEC SEQ ALYS	-	-	-	Medicare	7967	4939	4780	-	-	000	999	-
0037U	Q	TRGT GEN SEQ DNA 324 GENES	-	-	-	Medicare	5833	3617	3500	-	-	000	999	-
0038U	Q	VITAMIN D SRM MICROSAMP QUAN	-	-	-	Medicare	049	031	030	-	-	000	999	-
0039U	Q	DNA ANTB 2STRAND HI AVIDITY	-	-	-	Medicare	023	014	014	-	-	000	999	-
00400	N	ANESTH SKIN EXT/PER/ATRUNK	-	-	-	Bundled	000	-	-	-	-	000	999	-
00402	N	ANESTH SURGERY OF BREAST	-	-	-	Bundled	000	-	-	-	-	000	999	-
00404	N	ANESTH SURGERY OF BREAST	-	-	-	Bundled	000	-	-	-	-	000	999	-
00406	N	ANESTH SURGERY OF BREAST	-	-	-	Bundled	000	-	-	-	-	000	999	-
0040U	Q	BCR/ABL1 GENE MAJOR BP QUAN	-	-	-	Medicare	683	424	410	-	-	000	999	-
00410	N	ANESTH CORRECT HEART RHYTHM	-	-	-	Bundled	000	-	-	-	-	000	999	-
0041U	Q	B BRGDRFERI ANTB 5 PRTN IGM	-	-	-	Medicare	029	018	017	-	-	000	999	-
0042T	E	CT PERFUSION W/CONTRAST CBF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0042U	Q	B BRGDRFERI ANTB 12 PRTN IGG	-	-	-	Medicare	029	018	017	-	-	000	999	-
0043A	E	FEE COVID-19 VAC 5 BOOSTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0043U	Q	TBRF B GRP ANTB 4 PRTN IGM	-	-	-	Medicare	025	015	015	-	-	000	999	-
0044U	Q	TBRF B GRP ANTB 4 PRTN IGG	-	-	-	Medicare	025	015	015	-	-	000	999	-
00450	N	ANESTH SURGERY OF SHOULDER	-	-	-	Bundled	000	-	-	-	-	000	999	-
00454	N	ANESTH COLLAR BONE BIOPSY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0045U	Q	ONC BRST DUX CARC IS 12 GENE	-	-	-	Medicare	6455	4002	3873	-	-	000	999	-

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							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
0046U	Q	FLT3 GENE ITD VARIANTS QUAN	-	-	-	Medicare	679	421	407	-	-	000	999	-
00470	N	ANESTH REMOVAL OF RIB	-	-	-	Bundled	000	-	-	-	-	000	999	-
00472	N	ANESTH CHEST WALL REPAIR	-	-	-	Bundled	000	-	-	-	-	000	999	-
00474	C	ANESTH SURGERY OF RIB	-	-	-	IP Only	000	-	-	-	-	000	999	-
0047U	Q	ONC PRST8 MRNA 17 GENE ALG	-	-	-	Medicare	6455	4002	3873	-	-	000	999	-
0048T	E	IMPLANT VENTRICULAR DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0048U	Q	ONC SLD ORG NEO DNA 468 GENE	-	-	-	Medicare	4866	3017	2920	-	-	000	999	-
0049U	Q	NPM1 GENE ANALYSIS QUAN	-	-	-	Medicare	679	421	407	-	-	000	999	-
00500	N	ANESTH ESOPHAGEAL SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0050T	E	REMOVAL CIRCULATION ASSIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0050U	Q	TRGT GEN SEQ DNA 194 GENES	-	-	-	Medicare	4861	3014	2917	-	-	000	999	-
0051U	Q	RX MNTR LC-MS/MS UR/BLD 31	-	-	-	Medicare	323	200	194	-	-	000	999	-
00520	N	ANESTH CHEST PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
00522	N	ANESTH CHEST LINING BIOPSY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00524	C	ANESTH CHEST DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
00528	N	ANES MEDIASCPY & DX THORS SCPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00529	N	ANES MEDSCPY&THORS SCPY 1 LUNG	-	-	-	Bundled	000	-	-	-	-	000	999	-
0052U	Q	LPOPRTN BLD W/5 MAJ CLASSES	-	-	-	Medicare	056	035	034	-	-	000	999	-
00530	N	ANESTH PACEMAKER INSERTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
00532	N	ANESTH VASCULAR ACCESS	-	-	-	Bundled	000	-	-	-	-	000	999	-
00534	N	ANESTH CARDIOVERTER/DEFIB	-	-	-	Bundled	000	-	-	-	-	000	999	-
00537	N	ANESTH CARDIAC ELECTROPHYS	-	-	-	Bundled	000	-	-	-	-	000	999	-
00539	N	ANESTH TRACH-BRONCH RECONST	-	-	-	Bundled	000	-	-	-	-	000	999	-
00540	C	ANESTH CHEST SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
00541	N	ANESTH ONE LUNG VENTILATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
00542	C	ANESTHESIA REMOVAL PLEURA	-	-	-	IP Only	000	-	-	-	-	000	999	-
00546	C	ANESTH LUNG CHEST WALL SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
00548	N	ANESTH TRACHEA BRONCHI SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
0054T	E	BONE SRGRY CMPTR FLUOR IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0054U	Q	RX MNTR 14+ DRUGS & SBSTS	-	-	-	Medicare	248	154	149	-	-	000	999	-
00550	N	ANESTH STERNAL DEBRIDEMENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
0055T	E	BONE SRGRY CMPTR CT/MRI IMAG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0055U	Q	CARD HRT TRNSPL 96 DNA SEQ	-	-	-	Medicare	5400	3348	3240	-	-	000	999	-
00560	C	ANESTH HEART SURG W/O PUMP	-	-	-	IP Only	000	-	-	-	-	000	999	-
00561	C	ANESTH HEART SURG <1 YR	-	-	-	IP Only	000	-	-	-	-	000	000	-
00562	C	ANESTH HRT SURG W/PMP AGE 1+	-	-	-	IP Only	000	-	-	-	-	000	999	-
00563	N	ANESTH HEART SURG W/ARREST	-	-	-	Bundled	000	-	-	-	-	000	999	-
00566	N	ANESTH CABG W/O PUMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
00567	C	ANESTH CABG W/PUMP	-	-	-	IP Only	000	-	-	-	-	000	999	-
00580	C	ANESTH HEART/LUNG TRANSPLNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
0058U	Q	ONC MERKEL CLL CARC SRM QUAN	-	-	-	Medicare	538	334	323	-	-	000	999	-
0059U	Q	ONC MERKEL CLL CARC SRM +/-	-	-	-	Medicare	538	334	323	-	-	000	999	-
00600	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00604	C	ANESTH SITTING PROCEDURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
0060U	Q	TWN ZYG GEN SEQ ALYS CHRMS2	-	-	-	Medicare	1265	784	759	-	-	000	999	-
0061A	E	FEE COVID-19 VAC 7 DOSE 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0061U	Q	TC MEAS 5 BMRK SFDI M-S ALYS	-	-	-	Medicare	042	026	025	-	-	000	999	-
00620	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00625	N	ANES SPINE TRANTHOR W/O VENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
00626	N	ANES SPINE TRANSTHOR W/VENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
0062A	E	FEE COVID-19 VAC 7 DOSE 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0062U	Q	AI SLE IGG&IGM ALYS 80 BMRK	-	-	-	Medicare	635	393	381	-	-	000	999	-
00630	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00632	C	ANESTH REMOVAL OF NERVES	-	-	-	IP Only	000	-	-	-	-	000	999	-
00635	N	ANESTH LUMBAR PUNCTURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
0063A	E	FEE COVID-19 VAC 7 BOOSTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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0063U	Q	NEURO AUTISM 32 AMINES ALG	-	-	-	Medicare	1250	775	750	-	-	000	999	-
00640	N	ANESTH SPINE MANIPULATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
0064U	Q	ANTB TP TOTAL&RPR IA QUAL	-	-	-	Medicare	052	032	031	-	-	000	999	-
0065U	Q	SYFLS TST NONTREPONEMAL ANTB	-	-	-	Medicare	030	019	018	-	-	000	999	-
00670	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0067U	Q	ONC BRST IMHCHEM PRFL 4 BMRK	-	-	-	Medicare	3162	1960	1897	-	-	000	999	-
0068U	Q	CANDIDA SPECIES PNL AMP PRB	-	-	-	Medicare	238	147	143	-	-	000	999	-
0069U	Q	ONC CLRCT MICRORNA MIR-31-3P	-	-	-	Medicare	633	393	380	-	-	000	999	-
00700	N	ANESTH ABDOMINAL WALL SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
00702	N	ANESTH FOR LIVER BIOPSY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0070U	Q	CYP2D6 GEN COM&SLCT RAR VRNT	-	-	-	Medicare	1127	699	676	-	-	000	999	-
0071T	E	US LEIOMYOMATA ABLATE <200	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0071U	Q	CYP2D6 FULL GENE SEQUENCE	-	-	-	Medicare	1000	620	600	-	-	000	999	-
0072T	E	FCSD US ABLTJ LEIOMYOM>=200	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0072U	Q	CYP2D6 GEN CYP2D6-2D7 HYBRID	-	-	-	Medicare	752	466	451	-	-	000	999	-
00730	N	ANESTH ABDOMINAL WALL SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
00731	N	ANES UPR GI NDSC PX NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
00732	N	ANES UPR GI NDSC PX ERCP	-	-	-	Bundled	000	-	-	-	-	000	999	-
0073U	Q	CYP2D6 GEN CYP2D7-2D6 HYBRID	-	-	-	Medicare	752	466	451	-	-	000	999	-
0074U	Q	CYP2D6 NONDUPLICATED GENE	-	-	-	Medicare	752	466	451	-	-	000	999	-
00750	N	ANES HRNA RPR UPR ABD NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
00752	N	ANES HRNA RPR LMBR&VNT&/DEHS	-	-	-	Bundled	000	-	-	-	-	000	999	-
00754	N	ANES HRNA RPR OMPHALOCELE	-	-	-	Bundled	000	-	-	-	-	000	999	-
00756	N	ANES HRNA RPR DIPHRG HRNA	-	-	-	Bundled	000	-	-	-	-	000	999	-
0075T	E	PERQ STENT/CHEST VERT ART	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
0075U	Q	CYP2D6 5' GENE DUP/MLT	-	-	-	Medicare	752	466	451	-	-	000	999	-
0076T	E	S&I STENT/CHEST VERT ART	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
0076U	Q	CYP2D6 3' GENE DUP/MLT	-	-	-	Medicare	752	466	451	-	-	000	999	-
00770	N	ANES PX MAJ ABD BLOOD VESSEL	-	-	-	Bundled	000	-	-	-	-	000	999	-
0077U	Q	IG PARAPROTEIN QUAL BLD/UR	-	-	-	Medicare	072	045	043	-	-	000	999	-
0078U	Q	PAIN MGT OPI USE GNOTYP PNL	-	-	-	Medicare	752	466	451	-	-	000	999	-
00790	N	ANES IPER UPR ABD NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
00792	C	ANES IPER UPR ABD PRTL HPTC	-	-	-	IP Only	000	-	-	-	-	000	999	-
00794	C	ANES IPER UPR ABD PNCRTECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
00796	C	ANES IPER UPR ABD LVR TRNSPL	-	-	-	IP Only	000	-	-	-	-	000	999	-
00797	N	ANES IPER UPR ABD GSTR PX MO	-	-	-	Bundled	000	-	-	-	-	000	999	-
0079U	E	CMPRTV DNA ALYS MLT SNPS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
00800	N	ANESTH ABDOMINAL WALL SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
00802	N	ANESTH FAT LAYER REMOVAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
0080U	Q	ONC LNG 5 CLIN RSK FACTR ALG	-	-	-	Medicare	5867	3637	3520	-	-	000	999	-
00811	N	ANES LWR INTST NDSC NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
00812	N	ANES LWR INTST SCR COLSC	-	-	-	Bundled	000	-	-	-	-	000	999	-
00813	N	ANES UPR LWR GI NDSC PX	-	-	-	Bundled	000	-	-	-	-	000	999	-
00820	N	ANESTH ABDOMINAL WALL SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
0082U	Q	RX TEST DEF 90+ RX/SBSTS UR	-	-	-	Medicare	412	255	247	-	-	000	999	-
00830	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	000	-	-	-	-	000	999	-
00832	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	000	-	-	-	-	000	999	-
00834	N	ANESTH HERNIA REPAIR < 1 YR	-	-	-	Bundled	000	-	-	-	-	000	001	-
00836	N	ANESTH HERNIA REPAIR PREMIE	-	-	-	Bundled	000	-	-	-	-	000	001	-
0083U	Q	ONC RSPSE CHEMO CNTRST TOMOG	-	-	-	Medicare	279	173	167	-	-	000	999	-
00840	N	ANESTH SURG LOWER ABDOMEN	-	-	-	Bundled	000	-	-	-	-	000	999	-
00842	N	ANESTH AMNIOCENTESIS	-	-	-	Bundled	000	-	-	-	-	000	999	-
00844	C	ANESTH PELVIS SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
00846	C	ANESTH HYSTERECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
00848	C	ANESTH PELVIC ORGAN SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
0084A	E	FEE COVID-19 VAC 9 RES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0084U	Q	RBC DNA GNOTYP 10 BLD GROUPS	-	-	-	Medicare	1200	744	720	-	-	000	999	-
00851	N	ANESTH TUBAL LIGATION	-	-	-	Bundled	000	-	-	-	-	010	999	-
00860	N	ANESTH SURGERY OF ABDOMEN	-	-	-	Bundled	000	-	-	-	-	000	999	-
00862	N	ANESTH KIDNEY/URETER SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
00864	C	ANESTH REMOVAL OF BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
00865	N	ANESTH REMOVAL OF PROSTATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
00866	C	ANESTH REMOVAL OF ADRENAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
00868	C	ANESTH KIDNEY TRANSPLANT	-	-	-	IP Only	000	-	-	-	-	000	999	-
0086U	Q	NFCT DS BACT&FNG ORG ID 6+	-	-	-	Medicare	333	207	200	-	-	000	999	-
00870	N	ANESTH BLADDER STONE SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
00872	N	ANESTH KIDNEY STONE DESTRUCT	-	-	-	Bundled	000	-	-	-	-	000	999	-
00873	N	ANESTH KIDNEY STONE DESTRUCT	-	-	-	Bundled	000	-	-	-	-	000	999	-
0087U	Q	CRD HRT TRNSPL MRNA 1283 GEN	-	-	-	Medicare	5266	3265	3159	-	-	000	999	-
00880	N	ANESTH ABDOMEN VESSEL SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
00882	C	ANESTH MAJOR VEIN LIGATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
0088U	Q	TRNSPLJ KDN ALGRFT REJ 1494	-	-	-	Medicare	5266	3265	3159	-	-	000	999	-
0089U	Q	ONC MLNMA PRAME & LINC00518	-	-	-	Medicare	1267	785	760	-	-	000	999	-
00902	N	ANESTH ANORECTAL SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00904	C	ANESTH PERINEAL SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
00906	N	ANESTH REMOVAL OF VULVA	-	-	-	Bundled	000	-	-	-	-	000	999	-
00908	C	ANESTH REMOVAL OF PROSTATE	-	-	-	IP Only	000	-	-	-	-	000	999	-
0090U	Q	ONC CUTAN MLNMA MRNA 23 GENE	-	-	-	Medicare	3250	2015	1950	-	-	000	999	-
00910	N	ANESTH BLADDER SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00912	N	ANESTH BLADDER TUMOR SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
00914	N	ANESTH REMOVAL OF PROSTATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
00916	N	ANESTH BLEEDING CONTROL	-	-	-	Bundled	000	-	-	-	-	000	999	-
00918	N	ANESTH STONE REMOVAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
0091U	E	ONC CLRCT SCR WHL BLD ALG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
00920	N	ANESTH GENITALIA SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00921	N	ANESTH VASECTOMY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00922	N	ANESTH SPERM DUCT SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00924	N	ANESTH TESTIS EXPLORATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
00926	N	ANESTH REMOVAL OF TESTIS	-	-	-	Bundled	000	-	-	-	-	000	999	-
00928	N	ANESTH REMOVAL OF TESTIS	-	-	-	Bundled	000	-	-	-	-	000	999	-
0092U	Q	ONC LNG 3 PRTN BMRK PLSM ALG	-	-	-	Medicare	4147	2571	2488	-	-	000	999	-
00930	N	ANESTH TESTIS SUSPENSION	-	-	-	Bundled	000	-	-	-	-	000	999	-
00932	C	ANESTH AMPUTATION OF PENIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
00934	C	ANESTH PENIS NODES REMOVAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
00936	C	ANESTH PENIS NODES REMOVAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
00938	N	ANESTH INSERT PENIS DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
0093U	Q	RX MNTR 65 COM DRUGS URINE	-	-	-	Medicare	104	064	062	-	-	000	999	-
00940	N	ANESTH VAGINAL PROCEDURES	-	-	-	Bundled	000	-	-	-	-	000	999	-
00942	N	ANESTH SURG ON VAG/URETHRAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
00944	N	ANESTH VAGINAL HYSTERECTOMY	-	-	-	Bundled	000	-	-	-	-	010	999	-
00948	N	ANESTH REPAIR OF CERVIX	-	-	-	Bundled	000	-	-	-	-	000	999	-
0094U	Q	GENOME RAPID SEQUENCE ALYS	-	-	-	Medicare	12637	7835	7582	-	-	000	999	-
00950	N	ANESTH VAGINAL ENDOSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
00952	N	ANESTH HYSTEROSCOPE/GRAPH	-	-	-	Bundled	000	-	-	-	-	000	999	-
0095T	E	RMVL ARTIFIC DISC ADDL CRVCL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0095U	Q	EE&MJ BSC PRTN ELISA EST DEV	-	-	-	Medicare	1287	798	772	-	-	000	999	-
0096U	Q	HPV HI RISK TYPES MALE URINE	-	-	-	Medicare	058	036	035	-	-	000	999	-
0098T	E	REV ARTIFIC DISC ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0098U	Q	RESPIR PATHOGEN 14 TARGETS	-	-	-	Medicare	413	256	248	-	-	000	999	-
0099U	Q	RESPIR PATHOGEN 20 TARGETS	-	-	-	Medicare	459	285	275	-	-	000	999	-
0100T	E	PROSTH RETINA RECEIVE&GEN	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
0100U	Q	RESPIR PATHOGEN 21 TARGETS	-	-	-	Medicare	498	309	299	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0101A	E	FEE COVID-19 VAC 11 DOSE 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0101T	E	ESW MUSCSKEL SYS NOS	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
0101U	Q	HERED COLON CA DO 15 GENES	-	-	-	Medicare	2907	1802	1744	-	-	000	999	-
0102A	E	FEE COVID-19 VAC 11 DOSE 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0102T	E	ESW PHY ANES LAT HMRL EPCNDL	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
0102U	Q	HERED BRST CA RLTD DO 17 GEN	-	-	-	Medicare	2173	1347	1304	-	-	000	999	-
0103A	E	FEE COVID-19 VAC 11 BOOSTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0103U	Q	HERED OVA CA PNL 24 GENES	-	-	-	Medicare	2907	1802	1744	-	-	000	999	-
0104A	E	ADM SARSCOV2 5MCG/5ML AS03B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0105U	Q	NEPH CKD MULT ECLIA TUM NEC	-	-	-	Medicare	1583	982	950	-	-	000	999	-
0106T	E	TOUCH QUANT SENSORY TEST	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
0106U	Q	GSTR EMPTG 7 TIMED BRTH SPEC	-	-	-	Medicare	1457	904	874	-	-	000	999	-
0107T	E	VIBRATE QUANT SENSORY TEST	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
0107U	Q	C DIFF TOX AG DETCJ IA STOOL	-	-	-	Medicare	027	017	016	-	-	000	999	-
0108T	E	COOL QUANT SENSORY TEST	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
0108U	E	GI BARRETT ESOPH 9 PRTN BMRK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0109T	E	HEAT QUANT SENSORY TEST	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
0109U	Q	ID ASPERGILLUS DNA 4 SPECIES	-	-	-	Medicare	238	147	143	-	-	000	999	-
0110T	E	NOS QUANT SENSORY TEST	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
0110U	Q	RX MNTR 1+ORAL ONC RX&SBSTS	-	-	-	Medicare	045	028	027	-	-	000	999	-
01112	N	ANESTH BONE ASPIRATE/BX	-	-	-	Bundled	000	-	-	-	-	000	999	-
0111U	Q	ONC COLON CA KRAS&NRAS ALYS	-	-	-	Medicare	1137	705	682	-	-	000	999	-
01120	N	ANESTH PELVIS SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0112U	Q	IADI 16S&18S RRNA GENES	-	-	-	Medicare	594	368	356	-	-	000	999	-
01130	N	ANESTH BODY CAST PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
0113U	Q	ONC PRST8 PCA3&TMPRSS2-ERG	-	-	-	Medicare	1267	785	760	-	-	000	999	-
01140	C	ANESTH AMPUTATION AT PELVIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
0114U	Q	GI BARRETTES ESOPH VIM&CCNA1	-	-	-	Medicare	3230	2003	1938	-	-	000	999	-
01150	C	ANESTH PELVIC TUMOR SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
0115U	Q	RESPIR IADNA 18 VIRAL&2 BACT	-	-	-	Medicare	459	285	275	-	-	000	999	-
01160	N	ANESTH PELVIS PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
0116U	Q	RX MNTR NZM IA 35+ORAL FLU	-	-	-	Medicare	412	255	247	-	-	000	999	-
01170	N	ANESTH PELVIS SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01173	N	ANESTH FX REPAIR PELVIS	-	-	-	Bundled	000	-	-	-	-	000	999	-
0117U	Q	PAIN MGMT 11 ENDOGENOUS ANAL	-	-	-	Medicare	1401	869	841	-	-	000	999	-
0118U	Q	TRNSPLJ DON-DRV CLL-FR DNA	-	-	-	Medicare	4589	2845	2753	-	-	000	999	-
0119U	Q	CRD CERAMIDES LIQ CHROM PLSM	-	-	-	Medicare	140	087	084	-	-	000	999	-
01200	N	ANESTH HIP JOINT PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
01202	N	ANESTH ARTHROSCOPY OF HIP	-	-	-	Bundled	000	-	-	-	-	000	999	-
0120U	Q	ONC B CLL LYMPHM MRNA 58 GEN	-	-	-	Medicare	4184	2594	2510	-	-	000	999	-
01210	N	ANESTH HIP JOINT SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01212	C	ANESTH HIP DISARTICULATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
01214	N	ANESTH HIP ARTHROPLASTY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01215	N	ANESTH REVISE HIP REPAIR	-	-	-	Bundled	000	-	-	-	-	000	999	-
0121U	Q	SC DIS VCAM-1 WHOLE BLOOD	-	-	-	Medicare	849	526	509	-	-	000	999	-
01220	N	ANESTH PROCEDURE ON FEMUR	-	-	-	Bundled	000	-	-	-	-	000	999	-
0122U	Q	SC DIS P-SELECTIN WHL BLOOD	-	-	-	Medicare	877	544	526	-	-	000	999	-
01230	N	ANESTH SURGERY OF FEMUR	-	-	-	Bundled	000	-	-	-	-	000	999	-
01232	C	ANESTH AMPUTATION OF FEMUR	-	-	-	IP Only	000	-	-	-	-	000	999	-
01234	C	ANESTH RADICAL FEMUR SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
0123U	Q	MCHNL FRAGILITY RBC PRFLG	-	-	-	Medicare	596	370	358	-	-	000	999	-
0124U	E	FTL CGEN ABNOR 3 ANALTYES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
01250	N	ANESTH UPPER LEG SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0125U	E	FTL CGEN ABNOR PRNT COMP 5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
01260	N	ANESTH UPPER LEG VEINS SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
0126U	E	FTL CGEN ABNOR PRNT COMP 5 Y	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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01270	N	ANESTH THIGH ARTERIES SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01272	C	ANESTH FEMORAL ARTERY SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
01274	C	ANESTH FEMORAL EMBOLECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
0127U	E	OB PE 3 ANALYTES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0128U	E	OB PE 3 ANALYTES Y CHRMSM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0129U	Q	HERED BRST CA RLTD DO PANEL	-	-	-	Medicare	2173	1347	1304	-	-	000	999	-
0130U	Q	HERED COLON CA DO MRNA PNL	-	-	-	Medicare	975	604	585	-	-	000	999	-
0131U	Q	HERED BRST CA RLTD DO PNL 13	-	-	-	Medicare	1183	734	710	-	-	000	999	-
01320	N	ANESTH KNEE AREA SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0132U	Q	HERED OVA CA RLTD DO PNL 17	-	-	-	Medicare	1236	766	742	-	-	000	999	-
0133U	Q	HERED PRST8 CA RLTD DO 11	-	-	-	Medicare	1150	713	690	-	-	000	999	-
01340	N	ANESTH KNEE AREA PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
0134U	Q	HERED PAN CA MRNA PNL 18 GEN	-	-	-	Medicare	1247	773	748	-	-	000	999	-
0135U	Q	HERED GYN CA MRNA PNL 12 GEN	-	-	-	Medicare	1168	724	701	-	-	000	999	-
01360	N	ANESTH KNEE AREA SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0136U	Q	ATM MRNA SEQ ALYS	-	-	-	Medicare	679	421	407	-	-	000	999	-
0137U	Q	PALB2 MRNA SEQ ALYS	-	-	-	Medicare	471	292	283	-	-	000	999	-
01380	N	ANESTH KNEE JOINT PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
01382	N	ANESTH DX KNEE ARTHROSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0138U	Q	BRCA1 BRCA2 MRNA SEQ ALYS	-	-	-	Medicare	781	484	468	-	-	000	999	-
01390	N	ANESTH KNEE AREA PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
01392	N	ANESTH KNEE AREA SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01400	N	ANESTH KNEE JOINT SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01402	N	ANESTH KNEE ARTHROPLASTY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01404	C	ANESTH AMPUTATION AT KNEE	-	-	-	IP Only	000	-	-	-	-	000	999	-
0140U	Q	NFCT DS FUNGI DNA 15 TRGT	-	-	-	Medicare	261	162	157	-	-	000	999	-
0141U	Q	NFCT DS BACT&FNG GRAM POS	-	-	-	Medicare	261	162	157	-	-	000	999	-
01420	N	ANESTH KNEE JOINT CASTING	-	-	-	Bundled	000	-	-	-	-	000	999	-
0142U	Q	NFCT DS BACT&FNG GRAM NEG	-	-	-	Medicare	261	162	157	-	-	000	999	-
01430	N	ANESTH KNEE VEINS SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01432	N	ANESTH KNEE VESSEL SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01440	N	ANESTH KNEE ARTERIES SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01442	C	ANESTH KNEE ARTERY SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
01444	C	ANESTH KNEE ARTERY REPAIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
01462	N	ANESTH LOWER LEG PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
01464	N	ANESTH ANKLE/FT ARTHROSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01470	N	ANESTH LOWER LEG SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01472	N	ANESTH ACHILLES TENDON SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01474	N	ANESTH LOWER LEG SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01480	N	ANESTH LOWER LEG BONE SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01482	N	ANESTH RADICAL LEG SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01484	N	ANESTH LOWER LEG REVISION	-	-	-	Bundled	000	-	-	-	-	000	999	-
01486	N	ANESTH ANKLE REPLACEMENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
01490	N	ANESTH LOWER LEG CASTING	-	-	-	Bundled	000	-	-	-	-	000	999	-
01500	N	ANESTH LEG ARTERIES SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01502	C	ANESTH LWR LEG EMBOLECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
01520	N	ANESTH LOWER LEG VEIN SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01522	N	ANESTH LOWER LEG VEIN SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
0152U	Q	NFCT DS DNA UNTRGT NGRNJ SEQ	-	-	-	Medicare	3544	2197	2126	-	-	000	999	-
0153U	Q	ONC BREAST MRNA 101 GENES	-	-	-	Medicare	5266	3265	3159	-	-	000	999	-
0154U	Q	ONC URTHL CA RNA FGFR3 GENE	-	-	-	Medicare	804	498	482	-	-	000	999	-
0155U	Q	ONC BRST CA DNA PIK3CA GENE	-	-	-	Medicare	458	284	275	-	-	000	999	-
0156U	Q	COPY NUMBER SEQUENCE ALYS	-	-	-	Medicare	2900	1798	1740	-	-	000	999	-
0157U	Q	APC MRNA SEQ ALYS	-	-	-	Medicare	471	292	283	-	-	000	999	-
0158U	Q	MLH1 MRNA SEQ ALYS	-	-	-	Medicare	471	292	283	-	-	000	999	-
0159U	Q	MSH2 MRNA SEQ ALYS	-	-	-	Medicare	471	292	283	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0160U	Q	MSH6 MRNA SEQ ALYS	-	-	-	Medicare	471	292	283	-	-	000	999	-
01610	N	ANESTH SURGERY OF SHOULDER	-	-	-	Bundled	000	-	-	-	-	000	999	-
0161U	Q	PMS2 MRNA SEQ ALYS	-	-	-	Medicare	471	292	283	-	-	000	999	-
01620	N	ANESTH SHOULDER PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
01622	N	ANES DX SHOULDER ARTHROSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0162U	Q	HERED COLON CA TRGT MRNA PNL	-	-	-	Medicare	811	503	487	-	-	000	999	-
01630	N	ANESTH SURGERY OF SHOULDER	-	-	-	Bundled	000	-	-	-	-	000	999	-
01634	C	ANESTH SHOULDER JOINT AMPUT	-	-	-	IP Only	000	-	-	-	-	000	999	-
01636	C	ANESTH FOREQUARTER AMPUT	-	-	-	IP Only	000	-	-	-	-	000	999	-
01638	N	ANESTH SHOULDER REPLACEMENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
0163U	Q	ONC CLRCT SCR 3 PRTN ALG	-	-	-	Medicare	651	404	391	-	-	000	999	-
0164T	E	REMOVE LUMB ARTIF DISC ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0164U	Q	GI IBS IA ANTI-CDTB&VINCULIN	-	-	-	Medicare	187	116	112	-	-	000	999	-
01650	N	ANESTH SHOULDER ARTERY SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01652	C	ANESTH SHOULDER VESSEL SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
01654	C	ANESTH SHOULDER VESSEL SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
01656	C	ANESTH ARM-LEG VESSEL SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
0165T	E	REVISE LUMB ARTIF DISC ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0165U	Q	PEANUT ALLG ASMT EPI	-	-	-	Medicare	773	479	464	-	-	000	999	-
0166U	Q	LIVER DS 10 BIOCHEM ASY SRM	-	-	-	Medicare	839	520	503	-	-	000	999	-
01670	N	ANESTH SHOULDER VEIN SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
0167U	Q	CHORNC GONADOTROPIN HCG IA	-	-	-	Medicare	013	008	008	-	-	000	999	-
01680	N	ANESTH SHOULDER CASTING	-	-	-	Bundled	000	-	-	-	-	000	999	-
0168U	Q	FTL ANEUPLOIDY DNA SEQ ALYS	-	-	-	Medicare	1265	784	759	-	-	000	999	-
0169T	E	PLACE STEREO CATH BRAIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0169U	Q	NUDT15&TPMT GENE COM VRNT	-	-	-	Medicare	777	482	466	-	-	000	999	-
0170U	Q	NEURO ASD RNA NEXT GEN SEQ	-	-	-	Medicare	3250	2015	1950	-	-	000	999	-
01710	N	ANESTH ELBOW AREA SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01712	N	ANESTH UPPR ARM TENDON SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01714	N	ANESTH UPPR ARM TENDON SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01716	N	ANESTH BICEPS TENDON REPAIR	-	-	-	Bundled	000	-	-	-	-	000	999	-
0171T	E	LUMBAR SPINE PROCES DISTRACT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0171U	Q	TRGT GEN SEQ ALYS PNL DNA 23	-	-	-	Medicare	2532	1570	1519	-	-	000	999	-
0172T	E	LUMBAR SPINE PROCESS ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0172U	Q	ONC SLD TUM ALYS BRCA1 BRCA2	-	-	-	Medicare	5050	3131	3030	-	-	000	999	-
01730	N	ANESTH UPPR ARM PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
01732	N	ANESTH DX ELBOW ARTHROSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0173T	E	IOP MONIT IO PRESSURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0173U	Q	PSYC GEN ALYS PANEL 14 GENES	-	-	-	Medicare	777	482	466	-	-	000	999	-
01740	N	ANESTH UPPR ARM SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01742	N	ANESTH HUMERUS SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01744	N	ANESTH HUMERUS REPAIR	-	-	-	Bundled	000	-	-	-	-	000	999	-
0174T	E	CAD CXR WITH INTERP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0174U	Q	ONC SOLID TUMOR 30 PRTN TRGT	-	-	-	Medicare	2176	1349	1305	-	-	000	999	-
01756	C	ANESTH RADICAL HUMERUS SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
01758	N	ANESTH HUMERAL LESION SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
0175T	E	CAD CXR REMOTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0175U	Q	PSYC GEN ALYS PANEL 15 GENES	-	-	-	Medicare	2227	1381	1336	-	-	000	999	-
01760	N	ANESTH ELBOW REPLACEMENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
0176U	Q	CDTB&VINCULIN IGG ANTB IA	-	-	-	Medicare	107	066	064	-	-	000	999	-
01770	N	ANESTH UPPR ARM ARTERY SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01772	N	ANESTH UPPR ARM EMBOLECTOMY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0177U	Q	ONC BRST CA DNA PIK3CA 11	-	-	-	Medicare	458	284	275	-	-	000	999	-
01780	N	ANESTH UPPR ARM VEIN SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01782	N	ANESTH UPPR ARM VEIN REPAIR	-	-	-	Bundled	000	-	-	-	-	000	999	-
0178U	Q	PEANUT ALLG ASMT EPI CLIN RX	-	-	-	Medicare	766	475	460	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee	Hospital Lab	Comm.					
	Ind						Schedule	Fees	Fees	Required				
0179U	Q	ONC NONSM CLL LNG CA ALYS 23	-	-	-	Medicare	3239	2008	1943	-	-	000	999	-
0180U	Q	ABO GNOTYP ABO 7 EXONS	-	-	-	Medicare	458	284	275	-	-	000	999	-
01810	N	ANESTH LOWER ARM SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0181U	Q	CO GNOTYP AQP1 EXON 1	-	-	-	Medicare	309	191	185	-	-	000	999	-
01820	N	ANESTH LOWER ARM PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
01829	N	ANESTH DX WRIST ARTHROSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0182U	Q	CROM GNOTYP CD55 EXONS 1-10	-	-	-	Medicare	502	311	301	-	-	000	999	-
01830	N	ANESTH LOWER ARM SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01832	N	ANESTH WRIST REPLACEMENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
0183U	Q	DI GNOTYP SLC4A1 EXON 19	-	-	-	Medicare	309	191	185	-	-	000	999	-
01840	N	ANESTH LWR ARM ARTERY SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01842	N	ANESTH LWR ARM EMBOLECTOMY	-	-	-	Bundled	000	-	-	-	-	000	999	-
01844	N	ANESTH VASCULAR SHUNT SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
0184T	E	EXC RECTAL TUMOR ENDOSCOPIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0184U	Q	DO GNOTYP ART4 EXON 2	-	-	-	Medicare	309	191	185	-	-	000	999	-
01850	N	ANESTH LOWER ARM VEIN SURG	-	-	-	Bundled	000	-	-	-	-	000	999	-
01852	N	ANESTH LWR ARM VEIN REPAIR	-	-	-	Bundled	000	-	-	-	-	000	999	-
0185U	Q	FUT1 GNOTYP FUT1 EXON 4	-	-	-	Medicare	309	191	185	-	-	000	999	-
01860	N	ANESTH LOWER ARM CASTING	-	-	-	Bundled	000	-	-	-	-	000	999	-
0186U	Q	FUT2 GNOTYP FUT2 EXON 2	-	-	-	Medicare	309	191	185	-	-	000	999	-
0187U	Q	FY GNOTYP ACKR1 EXONS 1-2	-	-	-	Medicare	458	284	275	-	-	000	999	-
0188U	Q	GE GNOTYP GYPC EXONS 1-4	-	-	-	Medicare	458	284	275	-	-	000	999	-
0189U	Q	GYP A GNOTYP NTRNS 1 5 EXON 2	-	-	-	Medicare	458	284	275	-	-	000	999	-
0190U	Q	GYPB GNOTYP NTRNS 1 5 SEUX 3	-	-	-	Medicare	458	284	275	-	-	000	999	-
01916	N	ANESTH DX ARTERIOGRAPHY	-	-	-	Bundled	000	-	-	-	-	000	999	-
0191U	Q	IN GNOTYP CD44 EXONS 2 3 6	-	-	-	Medicare	458	284	275	-	-	000	999	-
01920	N	ANESTH CATHETERIZE HEART	-	-	-	Bundled	000	-	-	-	-	000	999	-
01922	N	ANESTH CAT OR MRI SCAN	-	-	-	Bundled	000	-	-	-	-	000	999	-
01924	N	ANES THER INTERVEN RAD ARTRL	-	-	-	Bundled	000	-	-	-	-	000	999	-
01925	N	ANES THER INTERVEN RAD CARD	-	-	-	Bundled	000	-	-	-	-	000	999	-
01926	N	ANES TX INTERV RAD HRT/CRAN	-	-	-	Bundled	000	-	-	-	-	000	999	-
0192U	Q	JK GNOTYP SLC14A1 EXON 9	-	-	-	Medicare	458	284	275	-	-	000	999	-
01930	N	ANES THER INTERVEN RAD VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
01931	N	ANES THER INTERVEN RAD TIPS	-	-	-	Bundled	000	-	-	-	-	000	999	-
01932	N	ANES TX INTERV RAD TH VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
01933	N	ANES TX INTERV RAD CRAN VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
01937	N	ANES DRG/ASPIR CRV/THRC	-	-	-	Bundled	000	-	-	-	-	000	999	-
01938	N	ANES DRG/ASPIR LMBR/SAC	-	-	-	Bundled	000	-	-	-	-	000	999	-
01939	N	ANES NULYT AGT CRV/THRC	-	-	-	Bundled	000	-	-	-	-	000	999	-
0193U	Q	JR GNOTYP ABCG2 EXONS 2-26	-	-	-	Medicare	471	292	283	-	-	000	999	-
01940	N	ANES NULYT AGT LMBR/SAC	-	-	-	Bundled	000	-	-	-	-	000	999	-
01941	N	ANES NEUROMD/NTRVRT CRV/THRC	-	-	-	Bundled	000	-	-	-	-	000	999	-
01942	N	ANES NEUROMD/NTRVRT LMBR/SAC	-	-	-	Bundled	000	-	-	-	-	000	999	-
0194U	Q	KEL GNOTYP KEL EXON 8	-	-	-	Medicare	309	191	185	-	-	000	999	-
01951	N	ANESTH BURN LESS 4 PERCENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
01952	N	ANESTH BURN 4-9 PERCENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
01953	N	ANESTH BURN EACH 9 PERCENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
01958	N	ANES XTRNL CEPHALIC VERSION	-	-	-	Bundled	000	-	-	-	-	010	065	-
0195U	Q	KLF1 TARGETED SEQUENCING	-	-	-	Medicare	625	388	375	-	-	000	999	-
01960	N	ANES VAGINAL DELIVERY ONLY	-	-	-	Bundled	000	-	-	-	-	010	065	-
01961	N	ANES CESAREAN DELIVERY ONLY	-	-	-	Bundled	000	-	-	-	-	010	065	-
01962	N	ANES URGENT HYSTERECTOMY	-	-	-	Bundled	000	-	-	-	-	010	065	-
01963	N	ANES CESAREAN HYSTERECTOMY	-	-	-	Bundled	000	-	-	-	-	010	065	-
01965	N	ANES INCOMPL/MISSED AB PX	-	-	-	Bundled	000	-	-	-	-	000	999	-
01966	N	ANES INDUCED ABORTION PX	-	-	-	Bundled	000	-	-	-	-	000	999	-
01967	N	NEURAXL LBR ANES VAG DLVR	-	-	-	Bundled	000	-	-	-	-	010	065	-

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01968	N	ANES/ANALG CS DLVR NEURAXIAL	-	-	-	Bundled	000	-	-	-	-	010	065	-
01969	N	ANES C HYST FLWG NEURAXIAL	-	-	-	Bundled	000	-	-	-	-	010	065	-
0196U	Q	LU GNOTYP BCAM EXON 3	-	-	-	Medicare	309	191	185	-	-	000	999	-
0197U	Q	LW GNOTYP ICAM4 EXON 1	-	-	-	Medicare	309	191	185	-	-	000	999	-
0198T	E	OCULAR BLOOD FLOW MEASURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0198U	Q	RHD&RHCE GNTYP RHD1-10&RHCE5	-	-	-	Medicare	471	292	283	-	-	000	999	-
01990	C	SUPPORT FOR ORGAN DONOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
01991	N	ANESTH NERVE BLOCK/INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
01992	N	ANESTH N BLOCK/INJ PRONE	-	-	-	Bundled	000	-	-	-	-	000	999	-
01996	N	HOSP MANAGE CONT DRUG ADMIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
01999	N	UNLISTED ANES PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
0199U	Q	SC GNOTYP ERMAP EXONS 4 12	-	-	-	Medicare	458	284	275	-	-	000	999	-
0200T	E	PERQ SACRAL AUGMT UNILAT INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0200U	Q	XK GNOTYP XK EXONS 1-3	-	-	-	Medicare	458	284	275	-	-	000	999	-
0201T	E	PERQ SACRAL AUGMT BILAT INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0201U	Q	YT GNOTYP ACHE EXON 2	-	-	-	Medicare	309	191	185	-	-	000	999	-
0202T	E	POST VERT ARTHRPLST 1 LUMBAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0202U	Q	NFCT DS 22 TRGT SARS-COV-2	-	-	-	Medicare	695	431	417	-	-	000	999	-
0203U	Q	AI IBD MRNA XPRSN PRFL 17	-	-	-	Medicare	1267	785	760	-	-	000	999	-
0204U	Q	ONC THYR MRNA XPRSN ALYS 593	-	-	-	Medicare	4866	3017	2920	-	-	000	999	-
0205U	Q	OPH AMD ALYS 3 GENE VARIANTS	-	-	-	Medicare	078	049	047	-	-	000	999	-
0206U	Q	NEURO ALZHEIMER CELL AGGREGJ	-	-	-	Medicare	3692	2289	2215	-	-	000	999	-
0207T	E	CLEAR EYELID GLAND W/HEAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0207U	Q	NEURO ALZHEIMER QUAN IMAGING	-	-	-	Medicare	852	528	511	-	-	000	999	-
0208T	E	AUDIOMETRY AIR ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0209T	E	AUDIOMETRY AIR & BONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0209U	Q	CYTOG CONST ALYS INTERROG	-	-	-	Medicare	1312	813	787	-	-	000	999	-
0210T	E	SPEECH AUDIOMETRY THRESHOLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0210U	Q	SYPHILIS TST ANTB IA QUAN	-	-	-	Medicare	031	019	019	-	-	000	999	-
0211T	E	SPEECH AUDIOM THRESH & RECOG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0211U	Q	ONC PAN-TUM DNA&RNA GNRJ SEQ	-	-	-	Medicare	14092	8737	8455	-	-	000	999	-
0212T	E	COMPRES AUDIOMETRY EVALUATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0212U	Q	RARE DS GEN DNA ALYS PROBAND	-	-	-	Medicare	9125	5658	5475	-	-	000	999	-
0213T	E	NJX PARAVERT W/US CER/THOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0213U	Q	RARE DS GEN DNA ALYS EA COMP	-	-	-	Medicare	4517	2800	2710	-	-	000	999	-
0214T	E	NJX PARAVERT W/US CER/THOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0214U	Q	RARE DS XOM DNA ALYS PROBAND	-	-	-	Medicare	8708	5399	5225	-	-	000	999	-
0215T	E	NJX PARAVERT W/US CER/THOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0215U	Q	RARE DS XOM DNA ALYS EA COMP	-	-	-	Medicare	4291	2660	2575	-	-	000	999	-
0216T	E	NJX PARAVERT W/US LUMB/SAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0216U	Q	NEURO INH ATAXIA DNA 12 COM	-	-	-	Medicare	2562	1588	1537	-	-	000	999	-
0217T	E	NJX PARAVERT W/US LUMB/SAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0217U	Q	NEURO INH ATAXIA DNA 51 GENE	-	-	-	Medicare	3664	2272	2198	-	-	000	999	-
0218T	E	NJX PARAVERT W/US LUMB/SAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0218U	Q	NEURO MUSC DYS DMD SEQ ALYS	-	-	-	Medicare	3798	2355	2279	-	-	000	999	-
0219T	E	PLMT POST FACET IMPLT CERV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0219U	Q	NFCT AGT HIV GNRJ SEQ ALYS	-	-	-	Medicare	1208	749	725	-	-	000	999	-
0220T	E	PLMT POST FACET IMPLT THOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0220U	Q	ONC BRST CA AI ASSMT 12 FEAT	-	-	-	Medicare	1177	730	706	-	-	000	999	-
0221T	E	PLMT POST FACET IMPLT LUMB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0221U	Q	ABO GNOTYP NEXT GNRJ SEQ ABO	-	-	-	Medicare	458	284	275	-	-	000	999	-
0222T	E	PLMT POST FACET IMPLT ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0222U	Q	RHD&RHCE GNTYP NEXT GNRJ SEQ	-	-	-	Medicare	471	292	283	-	-	000	999	-
0223U	Q	NFCT DS 22 TRGT SARS-COV-2	-	-	-	Medicare	695	431	417	-	-	000	999	-
0224U	Q	ANTIBODY SARS-COV-2 TITER(S)	-	-	-	Medicare	086	053	051	-	-	000	999	-
0225U	Q	NFCT DS DNA&RNA 21 SARSCOV2	-	-	-	Medicare	695	431	417	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0226T	E	ANOSCOPY HRA W/SPEC COLLECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0226U	Q	SVNT SARSOCV2 ELISA PLSM SRM	-	-	-	Medicare	070	044	042	-	-	000	999	-
0227T	E	ANOSCOPY HRA W/BIOPSY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0227U	Q	RX ASY PRSMV 30+RX/METABLT	-	-	-	Medicare	104	064	062	-	-	000	999	-
0228U	Q	ONC PRST8 MA MOLEC PRFL ALG	-	-	-	Medicare	288	179	173	-	-	000	999	-
0229U	Q	BCAT1&IKZF1 PRMTR MTHYLN ALY	-	-	-	Medicare	640	397	384	-	-	000	999	-
0230U	Q	AR FULL SEQUENCE ANALYSIS	-	-	-	Medicare	502	311	301	-	-	000	999	-
0231U	Q	CACNA1A FULL GENE ANALYSIS	-	-	-	Medicare	1410	874	846	-	-	000	999	-
0232T	E	NJX PLATELET PLASMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0232U	Q	CSTB FULL GENE ANALYSIS	-	-	-	Medicare	458	284	275	-	-	000	999	-
0233U	Q	FXN GENE ANALYSIS	-	-	-	Medicare	458	284	275	-	-	000	999	-
0234T	E	TRLUML PERIP ATHRC RENAL ART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0234U	Q	MECP2 FULL GENE ANALYSIS	-	-	-	Medicare	880	545	528	-	-	000	999	-
0235T	E	TRLUML PERIP ATHRC VISCERAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0235U	Q	PTEN FULL GENE ANALYSIS	-	-	-	Medicare	1000	620	600	-	-	000	999	-
0236T	E	TRLUML PERIP ATHRC ABD AORTA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0236U	Q	SMN1&SMN2 FULL GENE ANALYSIS	-	-	-	Medicare	1005	623	603	-	-	000	999	-
0237T	E	TRLUML PERIP ATHRC BRCHIOCPH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0237U	Q	CAR ION CHNLPHTY GEN SEQ PNL	-	-	-	Medicare	975	604	585	-	-	000	999	-
0238T	E	TRLUML PERIP ATHRC ILIAC ART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0238U	Q	ONC LNCH SYN GEN DNA SEQ ALY	-	-	-	Medicare	975	604	585	-	-	000	999	-
0239U	Q	TRGT GEN SEQ ALYS PNL 311+	-	-	-	Medicare	5833	3617	3500	-	-	000	999	-
0240U	Q	NFCT DS VIR RESP RNA 3 TRGT	-	-	-	Medicare	238	147	143	-	-	000	999	-
0241U	Q	NFCT DS VIR RESP RNA 4 TRGT	-	-	-	Medicare	238	147	143	-	-	000	999	-
0242T	E	GI TRACT TRANSIT & PRES MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0242U	Q	TRGT GEN SEQ ALYS PNL 55-74	-	-	-	Medicare	8333	5167	5000	-	-	000	999	-
0243U	Q	OB PE BIOCHEM ASSAY PGF ALG	-	-	-	Medicare	107	067	064	-	-	000	999	-
0244U	Q	ONC SOLID ORGN DNA 257 GENES	-	-	-	Medicare	5833	3617	3500	-	-	000	999	-
0245U	E	ONC THYR MUT ALYS 10 GEN&37	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0246U	Q	RBC DNA GNOTYP 16 BLD GROUPS	-	-	-	Medicare	1200	744	720	-	-	000	999	-
0247U	Q	OB PRTRM BRTH IBP4 SHBG MEAS	-	-	-	Medicare	1250	775	750	-	-	000	999	-
0248U	E	ONC BRN SPHRD CLL 12 RX PNL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0249U	Q	ONC BRST ALYS 32 PHSRPTN ALG	-	-	-	Medicare	3699	2293	2219	-	-	000	999	-
0250T	E	INSERT BRONCHIAL VALVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0250U	Q	ONC SLD ORG NEO DNA 505 GENE	-	-	-	Medicare	4866	3017	2920	-	-	000	999	-
0251T	E	REMOV BRONCHIAL VALVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0251U	Q	HEPCIDIN-25 ELISA SERUM/PLSM	-	-	-	Medicare	029	018	017	-	-	000	999	-
0252T	E	REMOV BRONCH VALVE ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0252U	E	FTL ANEUPLOIDY STR ALYS DNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0253T	E	INSERT AQUEOUS DRAIN DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0253U	E	RPRDTVE MED RNA GEN PRFL 238	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0254U	E	REPRDTVE MED ALYS 24 CHRMSM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0255U	Q	ANDROLOGY INFERTILITY ASSMT	-	-	-	Medicare	053	033	032	-	-	000	999	-
0256T	E	EVASC AORTIC HRT VALVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0256U	Q	TMA/TMAO PRFL MS/MS UR ALG	-	-	-	Medicare	267	165	160	-	-	000	999	-
0257T	E	OPN TTHRC AORTIC HRT VALVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0257U	Q	VLCAD LEUK NZM ACTV WHL BLD	-	-	-	Medicare	1187	736	712	-	-	000	999	-
0258T	E	AORTIC HRT VALV W/O CARD BYP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0258U	Q	AI PSOR MRNA 50-100 GEN ALG	-	-	-	Medicare	6125	3798	3675	-	-	000	999	-
0259T	E	AORTIC HRT VALVE W/CARD BYP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0259U	Q	NEPH CKD NUC MRS MEAS GFR	-	-	-	Medicare	088	054	053	-	-	000	999	-
0260U	E	RARE DS ID OPT GENOME MAPG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0261U	Q	ONC CLRCT CA IMG ALYS W/AI	-	-	-	Medicare	8250	5115	4950	-	-	000	999	-
0262U	E	ONC SLD TUM RT-PCR 7 GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0263T	E	IM B1 MRW CEL THER CMPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0263U	Q	NEURO ASD MEAS 16 C METBLT	-	-	-	Medicare	1250	775	750	-	-	000	999	-

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

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0264T	E	IM B1 MRW CEL THER XCL HRVST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0264U	E	RARE DS ID OPT GENOME MAPG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0265T	E	IM B1 MRW CEL THER HRVST ONL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0265U	E	RAR DO WHL GN&MTCDRL DNA ALS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0266T	E	IMPLT/RPL CRTD SNS DEV TOTAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0266U	E	UNXPL CNST HRTBL DO GN XPRSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0267T	E	IMPLT/RPL CRTD SNS DEV LEAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0267U	E	RARE DO ID OPT GEN MAPG&SEQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0268T	E	IMPLT/RPL CRTD SNS DEV GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0268U	E	HEM AHUS GEN SEQ ALYS 15 GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0269T	E	REV/REMLV CRTD SNS DEV TOTAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0269U	E	HEM AUT DM CGEN TRMBCTPNA 22	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0270T	E	REV/REMLV CRTD SNS DEV LEAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0270U	E	HEM CGEN COAGJ DO 20 GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0271T	E	REV/REMLV CRTD SNS DEV GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0271U	E	HEM CGEN NEUTROPENIA 24 GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0272T	E	INTERROGATE CRTD SNS DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0272U	E	HEM GENETIC BLD DO 60 GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0273T	E	INTERROGATE CRTD SNS W/PGRMG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0273U	E	HEM GEN HYPRFIBRNLYSIS 8 GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0274T	E	PERQ LAMOT/LAM CRV/THRC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0274U	E	HEM GEN PLTLT DO 62 GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0275T	E	PERQ LAMOT/LAM LUMBAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0275U	Q	HEM HEPRN NDUC TRMBCTPNA SRM	-	-	-	Medicare	031	019	018	-	-	000	999	-
0276T	E	BRONCH THERMOPLASTY 1 LOBE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0276U	E	HEM INH THROMBOCYTOPENIA 42	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0277T	E	BRONCH THERMOPLASTY LOBES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0277U	E	HEM GEN PLTLT FUNCJ DO 40	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0278T	E	TEMPR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0278U	E	HEM GEN THROMBOSIS 14 GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0279T	E	CTC TEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0279U	Q	HEM VW FACTOR&CLGN III BNDG	-	-	-	Medicare	019	012	012	-	-	000	999	-
0280T	E	CTC TEST W/I & R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0280U	Q	HEM VW FACTOR&CLGN IV BNDG	-	-	-	Medicare	029	018	017	-	-	000	999	-
0281T	E	LAA CLOSURE W/IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0281U	Q	HEM VWD PROPEPTIDE AG LVL	-	-	-	Medicare	029	018	017	-	-	000	999	-
0282T	E	PERIPH FIELD STIMUL TRIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0282U	Q	RBC DNA GNTYP 12 BLD GRP GEN	-	-	-	Medicare	1200	744	720	-	-	000	999	-
0283T	E	PERIPH FIELD STIMUL PERM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0283U	Q	VW FACTOR TYPE 2B EVAL PLSM	-	-	-	Medicare	031	019	018	-	-	000	999	-
0284T	E	PERIPH FIELD STIMUL REVISE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0284U	Q	VW FACTOR TYPE 2N EVAL PLSM	-	-	-	Medicare	029	018	017	-	-	000	999	-
0285T	E	PERIPH FIELD STIMUL ANALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0285U	E	ONC RSPS RADJ CLL FR DNA TOX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0286T	E	NEAR IFR SPECTRSC OF WOUNDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0286U	E	CEP72 NUDT15&TPMT GENE ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0287T	E	NEAR IFR GUIDE OF VASC SITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0287U	E	ONC THYR DNA&MRNA 112 GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0288T	E	ANOSCOPY W/RF DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0288U	E	ONC LUNG MRNA QUAN PCR 11&3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0289T	E	LASER INC FOR PKP/LKP DONOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0289U	E	NEURO ALZHEIMER MRNA 24 GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0290U	E	PAIN MGMT MRNA GEN XPRSN 36	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0291T	E	IV OCT FOR PROC INIT VESSEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0291U	E	PSYC MOOD DO MRNA 144 GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0292T	E	IV OCT FOR PROC ADDL VESSEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0292U	E	PSYC STRS DO MRNA 72 GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0293U	E	PSYC SUICIDAL IDEA MRNA 54	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0294U	E	LNGVTY&MRTLTY RSK MRNA 18GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0295U	Q	ONC BRST DUX CARC 7 PROTEINS	-	-	-	Medicare	9058	5616	5435	-	-	000	999	-
0296U	E	ONC ORL&/OROP CA 20 MLC FEAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0297U	E	ONC PAN TUM WHL GEN SEQ DNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0298U	E	ONC PAN TUM WHL TRNS SEQ RNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0299U	E	ONC PAN TUM WHL GEN OPT MAPG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0300U	E	ONC PAN TUM WHL GEN SEQ&OPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0301U	E	IADNA BARTONELLA DDPCR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0302U	E	IADNA BRTNLA DDPCR FLWG LIQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0303U	E	HEM RBC ADS WHL BLD HYPOXIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0304U	E	HEM RBC ADS WHL BLD NORMOXIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0305U	E	HEM RBC FNCLTY&DFRM SHR STRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0306U	E	ONC MRD NXT-GNRJ ALYS 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0307U	E	ONC MRD NXT-GNRJ ALYS SBSQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0308T	E	INSJ OCULAR TELESCOPE PROSTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0308U	Q	CRD CAD ALYS 3 PRTN 3 PARAM	-	-	-	Medicare	651	404	391	-	-	000	999	-
0309U	Q	CRD CV DS ALY 4 PRTN PLM ALG	-	-	-	Medicare	651	404	391	-	-	000	999	-
0310U	Q	PED VSCLTS KD ALYS 3 BMRKS	-	-	-	Medicare	651	404	391	-	-	000	019	-
0311U	Q	NFCT DS BCT QUAN ANTMCRB SC	-	-	-	Medicare	013	008	008	-	-	000	999	-
0312U	Q	AI DS SLE ALYS 8 IGG AUTOANT	-	-	-	Medicare	1401	869	841	-	-	000	999	-
0313U	E	ONC PNCRS DNA&MRNA SEQ 74	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0314U	E	ONC CUTAN MLNMA MRNA 35 GENE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0315U	E	ONC CUTAN SQ CLL CA MRNA 40	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0316U	Q	B BRGDRFERI LYME DS OSPA EVL	-	-	-	Medicare	031	019	019	-	-	000	999	-
0317U	E	ONC LUNG CA 4-PRB FISH ASSAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0318U	E	PED WHL GEN MTHYLTN ALYS 50+	-	-	-	Not Allowed	000	-	-	-	-	000	019	-
0319T	E	INSERT SUBQ DEFIB W/ELTRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0319U	E	NEPH RNA PRETRNSPL PERPH BLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0320T	E	INSERT SUBQ DEFIB ELECTRODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0320U	E	NEPH RNA PSTTRNSPL PERPH BLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0321T	E	INSERT SUBQ DEFIB PLS GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0321U	Q	IADNA GU PTHGN 20BCT&FNG ORG	-	-	-	Medicare	1058	656	635	-	-	000	999	-
0322T	E	RMVL SUBQ DEFIB PLS GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0322U	Q	NEURO ASD MEAS 14 ACYL CARN	-	-	-	Medicare	1250	775	750	-	-	000	999	-
0323T	E	RMVL & REPLC SUBQ PLS GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0323U	Q	IADNA CNS PTHGN NEXT GEN SEQ	-	-	-	Medicare	3544	2197	2126	-	-	000	999	-
0324T	E	RMVL SUBQ DEFIB ELECTRODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0324U	E	ONC OVAR SPHRD CELL 4 RX PNL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0325T	E	REPOS SUBQ DEFIB ELTRD &/GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0325U	E	ONC OVAR SPHRD CELL PARP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0326T	E	EPHYS EVAL SUBQ IMPLT DEFIB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0326U	E	TRGT GEN SEQ ALYS PNL 83+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0327T	E	IMPLT SUBQ DEFIB INTEROGAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0327U	E	FTL ANEUPLOIDY TRSMY DNA SEQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0328T	E	IMPLT SUBQ DEFIB SYS DEV EVL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0328U	Q	DRUG ASSAY 120+ RX&METABLT	-	-	-	Medicare	191	118	114	-	-	000	999	-
0329T	E	MNTR IO PRESS 24HRS/> UNI/BI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0329U	E	ONC NEO XOME&TRNS SEQ ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0330T	E	TEAR FILM IMG UNI/BI W/I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0330U	Q	IADNA VAG PTHGN PANEL 27 ORG	-	-	-	Medicare	695	431	417	-	-	000	999	-
0331T	E	HEART SYMP IMAGE PLNR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0331U	E	ONC HL NEO OPT GEN MAPPING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0332T	E	HEART SYMP IMAGE PLNR SPECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0332U	E	ONC PAN TUM GEN PRFLG 8 DNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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0333T	E	VISUAL EP SCR ACUITY AUTO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0333U	E	ONC LVR SURVEILANC HCC CFDNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0334U	E	ONC SLD ORGN TGSA DNA 84/+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0335T	E	INSJ SINUS TARSI IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0335U	E	RARE DS WHL GEN SEQ FETA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0336T	E	LAP ABLAT UTERINE FIBROIDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0336U	E	RARE DS WHL GEN SEQ BLD/SLV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0337U	E	ONC PLSM CELL DO&MYELOMA ID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0338T	E	TRNSCTH RENAL SYMP DENRV UNL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0338U	E	ONC SLD TUM CRCG TUM CL SLCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0339T	E	TRNSCTH RENAL SYMP DENRV BIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0339U	E	ONC PRST8 MRNA HOXC6 & DLX1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0340U	Q	ONC PAN CA ALYS MRD PLASMA	-	-	-	Medicare	5983	3710	3590	-	-	000	999	-
0341U	E	FTL ANEUP DNA SEQ CMPR ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0342T	E	THXP APHERESIS W/HDL DELIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0342U	E	ONC PNCRTC CA MULT IA ECLIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0343U	E	ONC PRST8 XOM ALY 442 SNCRNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0344U	E	HEP NAFLD SEMIQ EVL 28 LIPID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0345T	E	TRANSCATH MTRAL VLVE REPAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0345U	E	PSYC GENOM ALYS PNL 15 GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0346U	E	BETA AMYL AB40&AB42 LC-MS/MS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0347T	E	INS BONE DEVICE FOR RSA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0347U	E	RX METAB/PCX DNA 16 GEN ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0348T	E	RSA SPINE EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0348U	E	RX METAB/PCX DNA 25 GEN ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0349T	E	RSA UPPER EXTR EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0349U	E	RX METAB/PCX DNA 27GEN RX IA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0350T	E	RSA LOWER EXTR EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0350U	E	RX METAB/PCX DNA 27 GEN ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0351T	E	INTRAOP OCT BRST/NODE SPEC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0351U	Q	NFCT DS BCT/VIRAL TRAIL IP10	-	-	-	Medicare	434	269	261	-	-	000	999	-
0352T	E	OCT BRST/NODE I&R PER SPEC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0352U	Q	NFCT DS BV&VAGINITIS AMP PRB	-	-	-	Medicare	238	147	143	-	-	000	999	-
0353T	E	INTRAOP OCT BREAST CAVITY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0353U	Q	IADNA CHLMYD&GONORR AMP PRB	-	-	-	Medicare	117	073	070	-	-	000	999	-
0354T	E	OCT BREAST SURG CAVITY I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0354U	E	HPV HI RSK QUAL MRNA E6/E7	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0355U	E	APOL1 RISK VARIANTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0356U	E	ONC OROP/ANAL 17 DNA DDPGR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0358T	E	BIA WHOLE BODY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0358U	E	NEURO ALYS B-AMYL 1-42&1-40	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0359U	E	ONC PRST8 CA ALYS ALL PSA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0360U	E	ONC LUNG ELISA 7 AUTOANT ALG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0361U	E	NEURFLMNT LT CHN DIG IA QUAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0362T	E	BHV ID SUPRT ASSMT EA 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0362U	E	ONC PAP THYR CA RNA 82&10	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0363U	E	ONC URTHL MRNA 5 GEN ALG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0364U	E	ONC HL NEO GEN SEQ ALYS ALG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0365U	E	ONC BLDR 10 PRB BLDR CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0366U	E	ONC BLDR 10 PRB RECR BLDR CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0367U	E	ONC BLDR 10 FLWG TRURL RESCJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0368U	E	ONC CLRCT CA MUT&MTHYLTN MRK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0369U	E	IADNA GI PTHGN 31 ORG&21 ARG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0370U	E	IADNA SURG WND PTHGN 34&21	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0371U	E	IADNA GU PTHGN SEMIQ DNA16&1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0372U	E	NFCT DS GU PTHGN ARG DETCJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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0373T	E	ADAPT BHV TX EA 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0373U	E	IADNA RSP TR NFCT 17 8 13&16	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0374U	E	IADNA GU PTHGN 21 ORG&21ARG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0375U	E	ONC OVRN BCHM ASY 7 PRTN ALG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0376U	E	ONC PRST8 CA IMG ALYS 128	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0377U	E	CV DS QUAN ADVSRM/PLSM LPRTN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0378T	E	VISUAL FIELD ASSMNT REV/RPRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0378U	E	RFC1 REPEAT XPNSJ VRNT ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0379T	E	VIS FIELD ASSMNT TECH SUPPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0379U	E	TGSAP SL OR NEO DNA523&RNA55	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0380U	E	RX METB ADVRS TRGT SQ ALY 20	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0381U	E	MAPLE SYRUP UR DS MNTR QUAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0382U	E	HYPRPHENYLALANINMIA MNTR QUAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0383U	E	TYROSINEMIA TYP I MNTR QUAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0384U	E	NEPH CKD RSK HI STG KDN DS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0385U	E	NEPH CKD ALG RSK DBTC KDN DS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0387U	Q	ONC MLNMA AMBRA1&AMLO	-	-	-	Medicare	1581	980	948	-	-	000	999	-
0388U	Q	ONC NONSM CLL LNG CA 37 GEN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
0389U	Q	PED FBRL KD IFI27&MCEMP1 RNA	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
0390U	Q	OB PE KDR ENG&RBP4 IA ALG	-	-	-	Medicare	107	067	064	-	-	000	999	-
0391U	Q	ONC SLD TUM DNA&RNA 437 GEN	-	-	-	Medicare	6000	3720	3600	-	-	000	999	-
0392T	E	LAP ES SPH AUGMENT DEV PLACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0392U	Q	RX METAB GENRX IA 16 GENES	-	-	-	Medicare	2227	1381	1336	-	-	000	999	-
0393T	E	ES SPH AUGMNT DEVICE REMOVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0393U	Q	NEU PRKSN MSFL ?-SYNCLN PRTN	-	-	-	Medicare	902	559	541	-	-	000	999	-
0394T	E	HDR ELCTRNC SKN SURF BRCHYTX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0394U	Q	PFAS 16 PFAS COMPND LC MS/MS	-	-	-	Medicare	331	205	199	-	-	000	999	-
0395T	E	HDR ELCTR NTRST/NTRCV BRCHTX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0395U	Q	ONC LNG MULTIOMICS PLSM ALG	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
0396U	E	OB PREIMPLTJ TST 300000 DNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0397T	E	ERCP W/OPTICAL ENDOMICROSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0398T	E	MRGFUS STRTCTC LES ABLTJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0398U	Q	GI BARET ESPH DNA MTHYLN ALY	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
0399U	Q	NEURO CERE FOLATE DEFNCY SRM	-	-	-	Medicare	000	000	000	-	-	000	999	-
0400U	E	OB XPND CAR SCR 145 GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0401U	Q	CRD C HRT DS 9 GEN 12 VRNTS	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
0402T	E	COLGN CRS-LINK CRN&PACHYMTRY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0402U	E	NFCT AGT STI MULT AMP PRB TQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0403T	M	DIABETES PREV STANDARD CURR	-	-	-	Fee Schedule	032	-	-	-	-	000	999	-
0403U	E	ONC PRST8 MRNA 18 GEN DRE UR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0404U	E	ONC BRST SEMIQ MEAS THYM KN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0405U	E	ONC PNCRTC 59 MTHLTN BLK MRK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0406U	E	ONC LUNG FLOW CYTMTRY 5 MRK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0407U	Q	NEPH DBTC CKD MULT ECLIA ALG	-	-	-	Medicare	1267	785	760	-	-	000	999	-
0408T	E	INSJ/RPLC CARDIAC MODULJ SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0408U	E	IAAD BLK AC WV BSNSR SARSCV2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0409T	E	INSJ/RPLC CAR MODULJ PLS GN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0409U	E	ONC SLD TUM DNA 80 & RNA 36	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0410T	E	INSJ/RPLC CAR MODULJ ATR ELT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0410U	E	ONC PNCRTC DNA WHL GN SEQ 5-	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0411T	E	INSJ/RPLC CAR MODULJ VNT ELT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0411U	E	PSYC GENOM ALYS PNL 15 GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0412T	E	RMVL CARDIAC MODULJ PLS GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0412U	E	BETA AMYLOID A?42/40 IMPRCIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0413T	E	RMVL CAR MODULJ TRANVNS ELT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0413U	E	ONC HL NEO OPT GEN MAPG DNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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0414T	E	RMVL & RPL CAR MODULJ PLS GN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0414U	E	ONC LNG AUG ALG ALY WHL SLD8	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0415T	E	REPOS CAR MODULJ TRANVNS ELT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0415U	E	CV DS ACS BLD ALG 5 YR SCORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0416T	E	RELOC SKIN POCKET PLS GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0417T	E	PRGRMG EVAL CARDIAC MODULJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0417U	E	RARE DS ALYS 335 NUC GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0418T	E	INTERRO EVAL CARDIAC MODULJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0418U	E	ONC BRST AUG ALG ALY WHL SL8	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0419T	E	DSTRJ NEUROFIBROMA XTNSV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0419U	E	NRPSYC GEN SEQ VRNT ALY 13	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0420T	E	DSTRJ NEUROFIBROMA XTNSV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0420U	E	ONC URTHL MRNA XPRSN 6 SNP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0421T	E	WATERJET PROSTATE ABLTJ CMLP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0421U	E	ONC CLRCT SCR SGL AMP 8 RNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0422T	E	TACTILE BREAST IMG UNI/BI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0422U	E	ONC PAN SOLID TUM ALYS DNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0423U	E	PSYC GENOMIC ALYS PNL 26 GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0424U	E	ONC PRST8 XOM ALYS 53 SNCRNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0425U	E	GENOM RPD SEQ ALYS EA CMPRTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0426U	E	GENOME ULTRA-RAPID SEQ ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0427U	E	MONOCYTE DSTRBJ WDTN WHL BLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0428U	E	ONC BRST CTDNA ALYS 56/> GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0429U	E	HPV OROP SWAB 14 HI-RISK TYP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0430U	E	GI MALABS AAT CALPRO PNCRTC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0431U	E	GLY RCPTR ALPHA1 IGG SRM/CSF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0432U	E	KLHL11 ANTB SR/CSF ASY QUAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0433U	E	ONC PRST8 5 DNA REG MRK PCR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0434U	E	RX METAB ADVRS VRNT ALYS 25	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0435U	E	ONC CHEMO RX CYTOX CSC 14 RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0436U	E	ONC LNG PLSM ALYS 388 PRTN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0437T	E	IMPLTJ SYNTH RNFCMT ABDL WAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0437U	E	PSYC ANXIETY DO MRNA 15 BMRK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0438U	E	RX METAB ADVRS VRNT ALYS 33	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0439T	E	MYOCRD CONTRAST PRFUJ ECHO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0439U	E	CRD CHD DNA ALYS 5 SNP 3 DNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0440T	E	ABL TJ PERC UXTR/PERPH NRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0440U	E	CRD CHD DNA ALYS 10 SNP 6DNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0441T	E	ABL TJ PERC LXTR/PERPH NRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0441U	N	NFCT DS BCT FNGL/VIRAL SEMIQ	-	-	-	Bundled	000	-	-	-	-	000	999	-
0442T	E	ABL TJ PERC PLEX/TRNCL NRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0442U	N	NFCT DS RESPIR NFCTJ MXA&CRP	-	-	-	Bundled	000	-	-	-	-	000	999	-
0443T	E	R-T SPCTRL ALYS PRST8 TISS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0443U	N	NEURFLMNT LT CHN ULTRSENS IA	-	-	-	Bundled	000	-	-	-	-	000	999	-
0444T	E	1ST PLMT DRUG ELUT OC INS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0444U	E	ONC SLD ORGN NEO TGSAP 361	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0445T	E	SBSQT PLMT DRUG ELUT OC INS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0445U	N	ABETA42 & PTAU181 ECLIA CSF	-	-	-	Bundled	000	-	-	-	-	000	999	-
0446T	E	INSJ IMPLTBL GLUCOSE SENSOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0446U	N	AI DS SLE ALYS 10 CYTOKINE	-	-	-	Bundled	000	-	-	-	-	000	999	-
0447T	E	RMVL IMPLTBL GLUCOSE SENSOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0447U	N	AI DS SLE ALYS 11 CYTOKINE	-	-	-	Bundled	000	-	-	-	-	000	999	-
0448T	E	REMLV INSJ IMPLTBL GLUC SENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0448U	E	ONC LNG&CLN CA DNA QUAL NGS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0449T	E	INSJ AQUEOUS DRAIN DEV 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0449U	E	CAR SCR SEV INH COND 5 GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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0450T	E	INSJ AQUEOUS DRAIN DEV EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0464T	E	VISUAL EP TEST FOR GLAUCOMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0469T	E	RTA POLARIZE SCAN OC SCR BI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0472T	E	PRGRMG IO RTA ELTRD RA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0473T	E	REPRGRMG IO RTA ELTRD RA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0474T	E	INSJ AQUEOUS DRG DEV IO RSVR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0479T	E	FXJL ABL LSR 1ST 100 SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0480T	E	FXJL ABL LSR EA ADDL 100SQCM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0481T	E	NJX AUTOL WBC CONCENTRATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0483T	E	TMVI PERCUTANEOUS APPROACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0484T	E	TMVI TRANSTHORACIC EXPOSURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0485T	E	OCT MID EAR I&R UNILATERAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0486T	E	OCT MID EAR I&R BILATERAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0488T	E	DIABETES PREV ONLINE/ELEC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0489T	E	REGN CELL TX SCLDR HANDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0490T	E	REGN CELL TX SCLDR H MLT INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0494T	E	PREP & CANNULJ CDVR DON LUNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0495T	E	MNTR CDVR DON LNG 1ST 2 HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0496T	E	MNTR CDVR DON LNG EA ADDL HR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0497T	E	XTRNL PT ACT ECG IN-OFF CONN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0498T	E	XTRNL PT ACT ECG R&I PR 30 D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0500F	E	INITIAL PRENATAL CARE VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0500T	E	HPV 5+ HI RISK HPV TYPES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0501F	E	PRENATAL FLOW SHEET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0502F	E	SUBSEQUENT PRENATAL CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0503F	E	POSTPARTUM CARE VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0505F	E	HEMODIALYSIS PLAN DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0505T	E	EV FEMPOP ARTL REVSC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0506T	E	MAC PGMT OPT DNS MEAS HFP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0507F	E	PERITON DIALYSIS PLAN DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0507T	E	NEAR IFR 2IMG MIBMN GLND I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0509F	E	URINE INCON PLAN DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0509T	E	PATTERN ERG W/I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0510T	E	RMVL SINUS TARSI IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0511T	E	RMVL&RINSJ SINUS TARSI IMPLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0512T	E	ESW INTEG WND HLG 1ST WND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0513F	E	ELEV BP PLAN OF CARE DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0513T	E	ESW INTEG WND HLG EA ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0514F	E	CARE PLAN HGB DOCD ESA PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0514T	E	INTRAOP VIS AXIS ID PT FIXJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0515T	E	INSJ WCS LV COMPL SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0516F	E	ANEMIA PLAN OF CARE DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0516T	E	INSJ WCS LV ELTRD ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0517F	E	GLAUCOMA PLAN OF CARE DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0517T	E	INSJ WCS LV BOTH COMPNT PG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0518F	E	FALL PLAN OF CARE DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0518T	E	RMVL PG WCS LV BATTERY ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0519F	E	PLAND CHEMO DOCD B/4 TXMNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0519T	E	RMV&RPLCMT PG WCS LV BOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0520F	E	RAD DOS LIMITS B/4 3D RAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0520T	E	RMV&RPLCMT PG WCS LV BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0521F	E	PLAN OF CARE 4 PAIN DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0521T	E	INTERROG DEV EVAL WCS IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0522T	E	PRGRMG DEV EVAL WCS IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0523T	E	NTRAPX C FFR W/3D FUNCJL MAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0524T	E	EV CATH DIR CHEM ABLTJ W/IMG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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

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0525F	E	INITIAL VISIT FOR EPISODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0525T	E	INSJ/RPLCMT COMPL IIMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0526F	E	SUBS VISIT FOR EPISODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0526T	E	INSJ/RPLCMT IIMS ELTRD ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0527T	E	INSJ/RPLCMT IIMS IMPLT MNTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0528F	E	RCMND FLW-UP 10 YRS DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0528T	E	PRGRMG DEV EVAL IIMS IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0529F	E	INTRVL 3/>YR PTS CLNSCP DOCD	-	-	-	Not Allowed	000	-	-	-	-	003	999	-
0529T	E	INTERROG DEV EVAL IIMS IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0530T	E	REMOVAL COMPLETE IIMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0531T	E	REMOVAL IIMS ELECTRODE ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0532T	E	REMOVAL IIMS IMPLT MNTR ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0535F	E	DYSPNEA MNGMNT PLAN DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0537T	E	BLD DRV T LYMPHCYT CAR-T CLL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0538T	E	BLD DRV T LYMPHCYT PREP TRNS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0539T	E	RECEIPT&PREP CAR-T CLL ADMN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0540F	E	GLUCO MNGMNT PLAN DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0540T	E	CAR-T CLL ADMN AUTOLOGOUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0541T	E	MYOCARDIAL IMAGING MCG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0542T	E	MYOCARDIAL IMAGING MCG I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0543T	E	TA MV RPR W/ARTIF CHORD TEND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0544T	E	TCAT MV ANNULUS RCNSTJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0545F	E	FOLLOW UP CARE PLAN MDD DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0545T	E	TCAT TV ANNULUS RCNSTJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0546T	E	RF SPECTRSC NTRAOP MRGN ASMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0547T	E	B1 MATRL QUAL TST MCRIND TIB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0550F	E	CYTOPATH REPORT NONGYN SPCMN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0551F	E	CYTOPATH REPORT NON ROUTINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0552T	E	LOW-LEVEL LASER THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0553T	E	PERQ TCAT ILIAC ANAST IMPLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0554T	E	B1 STR & FX RSK ANALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0555F	E	SYMPTOM MGMT PLAN CARE DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0555T	E	B1 STR&FX RSK TRANSMIS DATA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0556F	E	PLAN CARE LIPID CONTROL DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0556T	E	B1 STR & FX RSK ASSESSMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0557F	E	PLAN CAREMNG ANGLN SYMPTDOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0557T	E	B1 STR & FX RSK I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0558T	E	CT SCAN F/BIOMCHN CT ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0559T	E	ANTMC MDL 3D PRINT 1ST CMPNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0560T	E	ANTMC MDL 3D PRINT EA ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0561T	E	ANTMC GUIDE 3D PRINT 1ST GD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0562T	E	ANTMC GUIDE 3D PRINT EA ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0563T	E	EVAC MEIBOMIAN GLND HEAT BI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0564T	E	ONC CHEMO RX CYTOTOX CSC 14	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0565T	E	AUTOL CELL IMPLT ADPS HRVG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0566T	E	AUTOL CELL IMPLT ADPS NJX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0567T	E	PERM FLP TUBE OCCLS W/IMPLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0568T	E	INTRO MIX SALINE&AIR F/SSG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0569T	E	TTVR PERQ APPR 1ST PROSTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0570T	E	TTVR PERQ EA ADDL PROSTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0571T	E	INSJ/RPLCMT ICDS SS ELTRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0572T	E	INSERTION SS DFB ELECTRODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0573T	E	REMOVAL SS DFB ELECTRODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0574T	E	REPOS PREV SS IMPL DFB ELTRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0575F	E	HIV RNA PLAN CARE DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0575T	E	PRGRMG DEV EVAL ICDS SS IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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0576T	E	INTERROG DEV EVAL ICDS SS IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0577T	E	EPHYS EVAL ICDS SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0578T	E	REM INTERROG DEV ICDS PHYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0579T	E	REM INTERROG DEV ICDS TECH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0580F	E	MULTIDISCIPLINARY CARE PLAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0580T	E	RMVL SS IMPL DFB PG ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0581F	E	PT TRNSFRD FROM ANESTH TO CC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0581T	E	ABL TJ MAL BRST TUM PERQ CRTX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0582F	E	NO TRNSFR FROM ANESTH TO CC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0582T	E	TRURL ABL TJ MAL PRST8 TISS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0583F	E	TRANSFER CARE CHECKLIST USED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0583T	E	TMPST AUTO TUBE DLVR SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0584F	E	NO TRANSFERCARE CHKLIST USED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0584T	E	PERQ ISLET CELL TRANSPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0585T	E	LAPS ISLET CELL TRANSPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0586T	E	OPEN ISLET CELL TRANSPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0587T	E	PERQ IMPL TJ/RPLCMT ISDNS PTN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0588T	E	REVISION/REMOVAL ISDNS PTN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0589T	E	ELEC ALYS SMPL PRGRMG IINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0590T	E	ELEC ALYS CPLX PRGRMG IINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0591T	E	HLTH&WB COACHING INDIV 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0592T	E	HLTH&WB COACHING INDIV F-UP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0593T	E	HLTH&WB COACHING GROUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0594T	E	OSTEOT HUM XTRNL LNGTH DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0596T	E	TEMP FML IU VLV-PMP 1ST INSJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0597T	E	TEMP FML IU VALVE-PMP RPLCMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0598T	E	NCNTC R-T FLUOR WND IMG 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0599T	E	NCNTC R-T FLUOR WND IMG EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0600T	E	IRE ABL TJ 1+TUM ORGAN PERQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0601T	E	IRE ABL TJ 1+TUMORS OPEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0602T	E	TRANSDERMAL GFR MEASUREMENTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0603T	E	TRANSDERMAL GFR MONITORING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0604T	E	REM OCT RTA DEV SETUP&EDUCAJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0605T	E	REM OCT RTA TECHL SPRT MIN 8	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0606T	E	REM OCT RTA PHYS/QHP EA 30D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0607T	E	REM MNTR PULM FLU MNTR SETUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0608T	E	REM MNTR PULM FLU MNTR ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0609T	E	MRS DISC PAIN ACQUISJ DATA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0610T	E	MRS DISC PAIN TRANSMIS DATA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0611T	E	MRS DISC PAIN ALG ALYS DATA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0612T	E	MRS DISCOGENIC PAIN I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0613T	E	PERQ TCAT INTRATRL SEPTL SHT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0614T	E	RMVL&RPLCMT SS IMPL DFB PG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0615T	E	EYE MVMT ALYS W/O CALBRJ I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0616T	E	INSERTION OF IRIS PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0617T	E	INSJ IRIS PROSTH W/RMVL&INSJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0618T	E	INSJ IRIS PROSTH SEC IO LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0619T	E	CYSTO W/PRST8 COMMISSUROTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0620T	E	EVASC VEN ARTLZ TIBL/PRNL VN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0621T	E	TRABECULOSTOMY INTERNO LASER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0622T	E	TRABECULOSTOMY INT LSR W/SCP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0623T	E	AUTO QUANTIFICATION C PLAQUE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0624T	E	AUTO QUAN C PLAQ DATA PREP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0625T	E	AUTO QUAN C PLAQ CPTR ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0626T	E	AUTO QUAN C PLAQ I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0627T	E	PERQ NJX ALGC FLUOR LMBR 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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0628T	E	PERQ NJX ALGC FLUOR LMBR EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0629T	E	PERQ NJX ALGC CT LMBR 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0630T	E	PERQ NJX ALGC CT LMBR EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0631T	E	TC VIS LIT HYPER SPECTRAL IMG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0632T	E	PERQ TCAT US ABLTJ NRV P-ART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0633T	E	CT BREAST W/3D UNI C-	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0634T	E	CT BREAST W/3D UNI C+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0635T	E	CT BREAST W/3D UNI C-/C+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0636T	E	CT BREAST W/3D BI C-	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0637T	E	CT BREAST W/3D BI C+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0638T	E	CT BREAST W/3D BI C-/C+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0639T	E	WRLS SKN SNR ANISOTROPY MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0640T	E	NCNTC IFR SPCTRSC O/T PAD 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0643T	E	TCAT L VENTR RSTRJ DEV IMPLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0644T	E	TCAT RMVL/DBLK ICAR MAS PERQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0645T	E	TCAT IMPLTJ C SINS RDCTJ DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0646T	E	TTV/RPLCMT W/PRSTC VLV PERQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0647T	E	INSJ GTUBE PERQ MAG GASTRPHY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0648T	E	QUAN MR TIS WO MRI 1ORGN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0649T	E	QUAN MR TISS W/MRI 1ORGN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0650T	E	PRGRMG DEV EVAL SCRMS REMOTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0651T	E	MAG CTRLD CAPSULE ENDOSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0652T	E	EGD FLX TRANSNASAL DX BRWA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0653T	E	EGD FLX TRANSNASAL BX 1/MLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0654T	E	EGD FLX TRANSNASAL TUBE/CATH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0655T	E	TPRNL FOCAL ABLTJ MAL PRST8	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0656T	E	VRT BDY TETHERING ANT <7 SEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0657T	E	VRT BDY TETHERING ANT 8+ SEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0658T	E	ELEC IMPD SPECTRSC 1+SKN LES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0659T	E	TCAT INTRA-C NFS SUPERSAT O2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0660T	E	IMPLT ANT SGM IO NBIO RX SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0661T	E	RMVL&RIMPLTJ ANT SGM IMPLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0662T	E	SCALP COOL 1ST MEAS&CALBRJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0663T	E	SCALP COOL PLMT MNTR RMVL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0664T	E	DON HYSTERECTOMY OPEN CDVR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0665T	E	DON HYSTERECTOMY OPEN LIV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0666T	E	DON HYSTERECTOMY LAPS LIV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0667T	E	DON HYSTERECTOMY RCP UTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0668T	E	BKBENCH PREP DON UTER ALGRFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0669T	E	BKBENCH RCNSTJ DON UTER VEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0670T	E	BKBENCH RCNSTJ DON UTER ARTL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0671T	E	INSJ ANT SGM AQ DRG DEV 1+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0672T	E	NDOVAG CRYG RF REMDL TISS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0673T	E	ABL TJ B9 THYR NDUL PERQ LASR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0674T	E	LAPS INSJ NW/RPCMT PRM ISDSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0675T	E	LAPS INSJ NW/RPCMT ISDSS 1LD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0676T	E	LAPS INSJ NW/RPCMT ISDSS EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0677T	E	LAPS REPOS LEAD ISDSS 1ST LD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0678T	E	LAPS REPOS LEAD ISDSS EA ADD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0679T	E	LAPS RMVL LEAD ISDSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0680T	E	INSJ/RPLCMT PG ONLY ISDSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0681T	E	RLCJ PULSE GEN ONLY ISDSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0682T	E	REMOVAL PULSE GEN ONLY ISDSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0683T	E	PRGRMG DEV EVAL ISDSS IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0684T	E	PERI-PX DEV EVAL ISDSS IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0685T	E	INTERROG DEV EVAL ISDSS IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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0686T	E	HISTOTRIPSY MAL HEPATCEL TIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0687T	E	TX AMBLYOPIA DEV SETUP 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0688T	E	TX AMBLYOPIA ASSMT W/REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0689T	E	QUAN US TIS CHARAC W/O DX US	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0690T	E	QUAN US TIS CHARAC W/DX US	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0691T	E	AUTO ALYS XST CT STD VRT FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0692T	E	THERAPEUTIC ULTRAFILTRATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0693T	E	COMPRES FUL BDY 3D MTN ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0694T	E	3D VOL IMG&RCNSTJ BRST/AX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0695T	E	BDY SRF MPG PM/CVDFB TM IMPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0696T	E	BDY SURF MAPG PM/CVDFB F/UP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0697T	E	QUAN MR TIS WO MRI MLT ORGN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0698T	E	QUAN MR TISS W/MRI MLT ORGN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0699T	E	NJX PST CHMBR EYE MEDICATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0700T	E	MOLEC FLUOR IMG SUS NEV 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0701T	E	MOLEC FLUOR IMG SUS NEV EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0702T	E	REM THER MNTR OL TECH SPRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0703T	E	REM THER MNTR OL COG BHV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0704T	E	REM TX AMBLYOPIA SETUP&EDU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0705T	E	REM TX AMBLYOPIA TECH SPRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0706T	E	REM TX AMBLYOPIA I&R PHY/QHP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0707T	E	NJX B1 SUB MTRL SBCHDRDL DFCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0708T	E	ID CA IMMNTX PREP & 1ST NJX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0709T	E	ID CA IMMNTX EACH ADDL NJX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0710T	E	N-INVAS ARTL PLAQ ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0711T	E	N-NVS ARTL PLAQ ALYS DAT PRP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0712T	E	N-NVS ARTL PLAQ ALYS QUAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0713T	E	N-NVS ARTL PLAQ ALYS RVW I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0714T	E	TPRNL LSR ABLT B9 PRST8 HYPR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0716T	E	CAR ACOUS WAVFRM REC CAD RSK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0717T	E	ADRC THER PRTL RC TEAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0718T	E	ADRC THER PRTL RC TEAR NJX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0719T	E	PST VRT JT RPLCMT LMBR 1 SGM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0720T	E	PRQ ELC NRV STIM CN WO IMPLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0721T	E	QUAN CT TISS CHARAC W/O CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0722T	E	QUAN CT TISS CHARAC W/CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0723T	E	QMRCP W/O DX MRI SM ANAT SES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0724T	E	QMRCP W/DX MRI SAME ANATOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0725T	E	VESTIBULAR DEV IMPLTJ UNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0726T	E	RMVL IMPLT VSTIBULAR DEV UNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0727T	E	RMVL&RPLCMT IMPLT VSTBLR DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0728T	E	DX ALYS VSTBLR IMPLT UNI 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0729T	E	DX ALYS VSTBLR IMPLT UNI SBQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0730T	E	TRABECULOTOMY LSR W/OCT GDN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0731T	E	AUGMNT AI-BASED FCL PHNT A/R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0732T	E	IMMNTX ADMN ELECTROPORATN IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0733T	E	REM R-T MTN NREHAB THER SPLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0734T	E	REM R-T MTN NREHAB TX MGMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0735T	E	PREP TUM CAV IORT PRIM CRNOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0736T	E	COLONIC LAVAGE 35+L WATER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0737T	E	XENOGRAFT IMPLTJ ARTCLR SURF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0738T	E	TX PLN MAG FLD ABLTJ PRST8	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0739T	E	ABL TJ MAL PRST8 MAG FLD NDCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0740T	E	REM AUTON ALG NSLN CAL SETUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0741T	E	REM AUTON ALG NSLN DATA COLL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0742T	E	AQMBF SPECT XERS/STRS & REST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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0743T	E	B1 STR & FX RSK VRT FX ASSMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0744T	E	INSJ BIOPROSTC VLV FEM VN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0745T	E	CAR ABLT RAD ARR N-INVAS LOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0746T	E	CAR ABLT RAD ARR CNV LOC MAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0747T	E	CAR ABLT RAD ARRHYT DLVR RAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0748T	E	NJX STM CL PRDCT ANL SFT TIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0749T	E	B1 STR&FX RSK ASSMT DXR-BMD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0750T	E	B1 STR&FX RSK ASMT DXRBMD1VW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0751T	E	DGTZ GLS MCRSCP SLD LEVEL II	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0752T	E	DGTZ GLS MCRSCP SLD LVL III	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0753T	E	DGTZ GLS MCRSCP SLD LEVEL IV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0754T	E	DGTZ GLS MCRSCP SLD LEVEL V	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0755T	E	DGTZ GLS MCRSCP SLD LEVEL VI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0756T	E	DGTZ GLS MCRSCP SLD SPC GRPI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0757T	E	DGTZ GLS MCRSCP SL SPC GRPII	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0758T	E	DGTZ GLS MCRSCP SL SPC HCHEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0759T	E	DGTZ GLS MCRSCP SL SP GRPIII	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0760T	E	DGTZ GLS MCRSCP SL IMM 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0761T	E	DGTZ GLS MCRSCP SL IMM EA 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0762T	E	DGTZ GLS MCRSCP SL IMM EA M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0763T	E	DGTZ GLS MCRSCP MPHMTRC ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0764T	E	ASSTV ALG ECG RSK ASMT CNCRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0765T	E	ASSTV ALG ECG RSK ASMT PREV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0766T	E	TC MAG STIMJ PN 1ST NERVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0767T	E	TC MAG STIMJ PN EA ADDL NRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0770T	E	VR TECHNOLOGY ASSIST THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0771T	E	VR PX DISSOC SVC SM PHY 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0772T	E	VR PX DISSOC SVC SM PHY EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0773T	E	VR PX DISSOC SVC OTH PHY 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0774T	E	VR PX DISSOC SVC OTH PHY EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0776T	E	THER INDCTJ NTRABRN HYPHTRM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0777T	E	R-T PRS SENSING EDRL GDN SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0778T	E	SMMG CNCRNT APPL IMU SNR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0779T	E	GI MYOELECTRICAL ACTV STUDY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0780T	E	INSTLJ FECAL MICROBIOTA SSP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0781T	E	BRNCHSC RF DSTRJ PULM NRV BI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0782T	E	BRNCHSC RF DSTRJ PULM NRV UNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0783T	E	TC AURICULR NEUROSTIMULATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0784T	E	INS/RPLMT ELTRD RA SPI NSTIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0785T	E	REVJ/RMVL NEA SPI W/NSTIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0786T	E	INSJ/RPLCMT PRQ RA SAC NSTIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0787T	E	REVJ/RMVL NEA SAC W/NSTIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0788T	E	ELEC ALY SMP IINS SP/SAC NRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0789T	E	ELEC ALY CPX IINS SP/SAC NRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0790T	E	REVJ RPLCMT/RMVL VRT TETHRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0791T	E	MOTR COG VR GAIT TRAIN EA 15	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0792T	E	APPL SLVR DIAMN FLUORIDE 38%	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0793T	E	PRQ TCAT THRM ABLT NRV P-ART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0794T	E	PT SPEC ALG RX-ONC TX OPTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0795T	E	TCAT INS 2CHMBR LDLS PM CMLP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0796T	E	TCAT INS 2CHMBR LDLS PM RA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0797T	E	TCAT INS 2CHMBR LDLS PM RV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0798T	E	TCAT RMV 2CHMBR LDLS PM CMLP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0799T	E	TCAT RMVL 2CHMBR LDLS PM RA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0800T	E	TCAT RMVL 2CHMBR LDLS PM RV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0801T	E	TCAT RMV&RPL 2CHMBR LDLS PM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0802T	E	TCAT RMV&RPL2CHMB LDLS PM RA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0803T	E	TCAT RMV&RPL2CHMB LDLS PM RV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0804T	E	PRGRMG EVL LDLS PM 2CHMBR IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0805T	E	TCAT S&IVC PRSTC VL IMPL PRQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0806T	E	TCAT S&IVC PRSTC VL IMPL OPN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0807T	E	PULM TISS VNTJ ALYS PREV CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0808T	E	PULM TISS VNTJ ALYS W/CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0810T	E	SUBRTA NJX RX AGT W/VTRC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0811T	E	REM MLT DAY UROFLOW SETUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0812T	E	REM MLT DAY UROFLOW DEV SPLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0813T	E	EGD VOL ADJMT BARIATRIC BALO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0814T	E	PRQ NJX BIOD OSTEO MATRL FEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0815T	E	US REMS B1 DNS HIPS PLVS/SPI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0816T	E	OPN INSJ/RPLCMT INS PTN SUBQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0817T	E	OPN INSJ/RPLCMT INS PTN SUBF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0818T	E	REVJ/RMVL INS PTN SUBQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0819T	E	REVJ/RMVL INS PTN SUBF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0820T	E	MNTR PSYCHDLC MED 1STPHY/QHP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0821T	E	MNTR PSYCHDLC MED 2NDPHY/QHP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0822T	E	MNTR PSYCHDLC MED CLN STAFF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0823T	E	TCAT INS 1CHMBR LDLS PM RA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0824T	E	TCAT RMV 1CHMBR LDLS PM RA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0825T	E	TCAT RMV&RPL1CHMB LDLS PM RA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0826T	E	PRGRMG EVL LDLS PM 1CHMBR IP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0827T	E	DGTZ GLS MCRSCP CYTP SMEARS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0828T	E	DGTZ GLS MCRSCP CYTP SMPL FL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0829T	E	DGTZ GLS MCRSCP CYTP CONCTRJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0830T	E	DGTZ GLS MCRSCP CYTP SLCTV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0831T	E	DGTZ GLS MCRSCP CYTP C/V	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0832T	E	DGTZ GLS MCRSCP CYTP OTH SCR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0833T	E	DGTZ GLS MCRSCP CYTP OTH PRP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0834T	E	DGTZ GLS MCRSCP CYTP OTH XTN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0835T	E	DGTZ GLS MCRSCP FNA 1ST EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0836T	E	DGTZ GLS MCRSCP FNA EA ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0837T	E	DGTZ GLS MCRSCP FNA I&R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0838T	E	DGTZ GLS MCRSCP CSLT SLD ELS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0839T	E	DGTZ GLS MCRSCP CSLT MAT PRP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0840T	E	DGTZ GLS MCRSCP CSLT COMPRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0841T	E	DGTZ GLS MCRSCP PTH CSLT 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0842T	E	DGTZ GLS MCRSCP PTH CSLT EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0843T	E	DGTZ GLS MCRSCP CSLT CYT 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0844T	E	DGTZ GLS MCRSCP CSLT CYT EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0845T	E	DGTZ GLS MCRSCP IMFLUOR 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0846T	E	DGTZ GLS MCRSCP IMFLUOR EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0847T	E	DGTZ GLS MCRSCP XM ARCH TISS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0848T	E	DGTZ GLS MCRSCP ISH 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0849T	E	DGTZ GLS MCRSCP ISH EA ADL 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0850T	E	DGTZ GLS MCRSCP ISH EA MULT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0851T	E	DGTZ GLS MCRSCP MPHMTTRC 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0852T	E	DGTZ GLS MCRSCP MPHMTTRC EA 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0853T	E	DGTZ GLS MCRSCP MPHMTTRC EA M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0854T	E	DGTZ GLS MCRSCP BLD SMR PRPH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0855T	E	DGTZ GLS MCRSCP B1 MAROW SMR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0856T	E	DGTZ GLS MCRSCP ELECTRON MIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0857T	E	OPTO-ACOUSTIC IMG BREAST UNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0858T	E	EXT TRNSCRANL MAG STIMJ MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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0859T	E	NCNTC IFR SPCTRSC O/T PAD EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0860T	E	NCNTC IFR SPCTRSC SCR PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0861T	E	RMVL PG WCS LV BOTH COMPNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0862T	E	RLCJ PG WCS LV BATTERY ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0863T	E	RLCJ PG WCS LV TRNSMTR ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0864T	E	LOW NTSTY ESWT CORPUS CVRNSM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0865T	E	QUAN MRI ALYS BRN W/O DX MRI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
0866T	E	QUAN MRI ALYS BRN W/DX MRI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
10004	N	FNA BX W/O IMG GDN EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
10005	T	FNA BX W/US GDN 1ST LES	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
10006	N	FNA BX W/US GDN EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
10007	T	FNA BX W/FLUOR GDN 1ST LES	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
10008	N	FNA BX W/FLUOR GDN EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
10009	T	FNA BX W/CT GDN 1ST LES	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
1000F	E	TOBACCO USE ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
10010	N	FNA BX W/CT GDN EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
10011	T	FNA BX W/MR GDN 1ST LES	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
10012	N	FNA BX W/MR GDN EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
10021	T	FNA BX W/O IMG GDN 1ST LES	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
10030	T	IMG GID FLU COLL DRG SFT TIS	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
10035	T	PLMT SFT TISS LOCLZJ DEV 1ST	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
10036	N	PLMT SFT TISS LOCLZJ DEV EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
1003F	E	LEVEL OF ACTIVITY ASSESS	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
10040	N	ACNE SURGERY	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
1004F	E	CLIN SYMP VOL OVRLD ASSESS	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
1005F	E	ASTHMA SYMPTOMS EVALUATE	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
10060	T	I&D ABSCESS SIMPLE/SINGLE	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
10061	T	I&D ABSCESS COMP/MULTIPLE	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
1006F	E	OSTEOARTHRITIS ASSESS	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
1007F	E	ANTI-INFLM/ANLGSC OTC ASSESS	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
10080	T	I&D PILONIDAL CYST SIMPLE	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
10081	T	I&D PILONIDAL CYST COMP	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
1008F	E	GI/RENAL RISK ASSESS	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
1010F	E	SEVERITY ANGINA BY ACTVTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1011F	E	ANGINA PRESENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
10120	T	INC&RMVL FB SUBQ TISS SMPL	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
10121	N	INC&RMVL FB SUBQ TISS COMP	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
1012F	E	ANGINA ABSENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
10140	N	I&D HMTMA SEROMA/FLUID COLLJ	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
1015F	E	COPD SYMPTOMS ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
10160	T	PNXR ASPIR ABSC HMTMA BULLA	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
10180	N	I&D COMPLEX PO WOUND INFCTJ	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
1018F	E	ASSESS DYSPNEA NOT PRESENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1019F	E	ASSESS DYSPNEA PRESENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1022F	E	PNEUMO IMM STATUS ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1026F	E	CO-MORBID CONDITION ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1030F	E	INFLUENZA IMM STATUS ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1031F	E	SMOKING & 2ND HAND ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1032F	E	SMOKER/EXPOSED 2ND HND SMOKE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1033F	E	TOBACCO NONSMOKER NOR 2NDHND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1034F	E	CURRENT TOBACCO SMOKER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1035F	E	SMOKELESS TOBACCO USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1036F	E	TOBACCO NON-USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1038F	E	PERSISTENT ASTHMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1039F	E	INTERMITTENT ASTHMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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1040F	E	DSM-5 INFO MDD DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1050F	E	HISTORY OF MOLE CHANGES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1052F	E	TYPE LOCATION ACTIVITYASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1055F	E	VISUAL FUNCT STATUS ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1060F	E	DOC PERM/CONT/PAROX ATR FIB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1061F	E	DOC LACK PERM&CONT&PAROX FIB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1065F	E	ISCHM STROKE SYMP LT3 HRSB/4	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1066F	E	ISCHM STROKE SX ONSET>=3HR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1070F	E	ALARM SYMP ASSESSED-ABSENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1090F	E	PRES/ABSN URINE INCON ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1091F	E	URINE INCON CHARACTERIZED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11000	T	DBRDMT ECZ/INFECTED SKIN<10%	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
11001	N	DBRDMT ECZ/INFCT SKN EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
11004	C	DBRDMT SKIN XTRNL GENT&PER	-	-	-	IP Only	000	-	-	-	Y	000	999	-
11005	C	DBRDMT SKIN ABDOMINAL WALL	-	-	-	IP Only	000	-	-	-	Y	000	999	-
11006	C	DBRDMT SKIN XTRNL GENT PER	-	-	-	IP Only	000	-	-	-	Y	000	999	-
11008	C	RMV PRSTC MTRL/MESH ABD WALL	-	-	-	IP Only	000	-	-	-	Y	000	999	-
1100F	E	PTFALLS ASSESS-DOCD GE2>/YR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11010	T	DEBRIDE SKIN AT FX SITE	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11011	T	DEBRIDE SKIN MUSC AT FX SITE	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11012	N	DEB SKIN BONE AT FX SITE	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
1101F	E	PT FALLS ASSESS-DOCD LE1/YR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11042	T	DBRDMT SUBQ TIS 1ST 20SQCM<	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
11043	T	DBRDMT MUSC&/FSCA 1ST 20/<	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
11044	N	DBRDMT BONE 1ST 20 SQ CM<	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11045	N	DBRDMT SUBQ TISS EACH ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
11046	N	DBRDMT MUSC&/FSCA EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
11047	N	DBRDMT BONE EACH ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
11055	N	PARING/CUTG B9 HYPRKER LES 1	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
11056	N	PARNG/CUTG B9 HYPRKR LES 2-4	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
11057	T	PARNG/CUTG B9 HYPRKR LES >4	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
11102	T	TANGNTL BX SKIN SINGLE LES	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
11103	N	TANGNTL BX SKIN EA SEP/ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
11104	T	PUNCH BX SKIN SINGLE LESION	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
11105	N	PUNCH BX SKIN EA SEP/ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
11106	T	INCAL BX SKN SINGLE LES	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
11107	N	INCAL BX SKN EA SEP/ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
1110F	E	PT LFT INPT FAC W/IN 60 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1111F	E	DSCHRG MED/CURRENT MED MERGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1116F	E	AURIC/PERI PAIN ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1118F	E	GERD SYMPS ASSESSED 12 MONTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1119F	E	INIT EVAL FOR CONDITION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11200	N	RMVL SKIN TAGS UP TO&INC 15	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
11201	N	RMVL SKIN TAGS EA ADDL 10	-	-	-	Bundled	000	-	-	-	-	000	999	-
1121F	E	SUBS EVAL FOR CONDITION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1123F	E	ACP DISCUSS/DSCN MKR DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1124F	E	ACP DISCUSS-NO DSCNMKR DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1125F	E	AMNT PAIN NOTED PAIN PRSNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1126F	E	AMNT PAIN NOTED NONE PRSNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1127F	E	NEW EPISODE FOR CONDITION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1128F	E	SUBS EPISODE FOR CONDITION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11300	N	SHAVE SKIN LESION 0.5 CM/<	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
11301	N	SHAVE SKIN LESION 0.6-1.0 CM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
11302	N	SHAVE SKIN LESION 1.1-2.0 CM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
11303	N	SHAVE SKIN LESION >2.0 CM	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
11305	N	SHAVE SKIN LESION 0.5 CM<	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
11306	N	SHAVE SKIN LESION 0.6-1.0 CM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
11307	T	SHAVE SKIN LESION 1.1-2.0 CM	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
11308	N	SHAVE SKIN LESION >2.0 CM	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
1130F	E	BK PAIN & FXN ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11310	T	SHAVE SKIN LESION 0.5 CM<	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
11311	T	SHAVE SKIN LESION 0.6-1.0 CM	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
11312	T	SHAVE SKIN LESION 1.1-2.0 CM	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
11313	T	SHAVE SKIN LESION >2.0 CM	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
1134F	E	EPSD BK PAIN FOR 6 WKS<	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1135F	E	EPSD BK PAIN FOR >6 WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1136F	E	EPSD BK PAIN FOR 12 WKS<	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1137F	E	EPSD BK PAIN FOR >12 WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11400	T	EXC TR-EXT B9+MARG 0.5 CM<	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11403	T	EXC TR-EXT B9+MARG 2.1-3CM	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11404	N	EXC TR-EXT B9+MARG 3.1-4 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11406	N	EXC TR-EXT B9+MARG >4.0 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11420	N	EXC H-F-NK-SP B9+MARG 0.5/<	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11422	N	EXC H-F-NK-SP B9+MARG 1.1-2	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11423	N	EXC H-F-NK-SP B9+MARG 2.1-3	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11424	N	EXC H-F-NK-SP B9+MARG 3.1-4	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11426	N	EXC H-F-NK-SP B9+MARG >4 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
11440	T	EXC FACE-MM B9+MARG 0.5 CM<	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11443	N	EXC FACE-MM B9+MARG 2.1-3 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11444	N	EXC FACE-MM B9+MARG 3.1-4 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11446	N	EXC FACE-MM B9+MARG >4 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
11450	N	EXC SKN HDRDNT AX SMPL/NTRM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
11451	N	EXC SKN HDRDNT AX COMPLEX	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
11462	N	EXC SKN HDRDNT ING SMPL/NTRM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
11463	N	EXC SKN HDRDNT ING COMPLEX	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
11470	N	EXC SKN H/P/P/U SMPL/NTRM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
11471	N	EXC SKN H/P/P/U COMPLEX	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
1150F	E	DOC PT RSK DEATH W/IN 1YR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1151F	E	DOC NO PT RSK DEATH W/IN 1YR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1152F	E	DOC ADVNCD DIS COMFORT 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1153F	E	DOC ADVNCD DIS CMFRT NOT 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1157F	E	ADVNC CARE PLAN IN RCRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1158F	E	ADVNC CARE PLAN TLK DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1159F	E	MED LIST DOCD IN RCRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11600	T	EXC TR-EXT MAL+MARG 0.5 CM<	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11601	T	EXC TR-EXT MAL+MARG 0.6-1 CM	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11602	T	EXC TR-EXT MAL+MARG 1.1-2 CM	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
11603	T	EXC TR-EXT MAL+MARG 2.1-3 CM	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11604	T	EXC TR-EXT MAL+MARG 3.1-4 CM	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11606	N	EXC TR-EXT MAL+MARG >4 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
1160F	E	RVW MEDS BY RX/DR IN RCRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11620	N	EXC H-F-NK-SP MAL+MARG 0.5/<	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11621	T	EXC S/N/H/F/G MAL+MRG 0.6-1	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11622	T	EXC S/N/H/F/G MAL+MRG 1.1-2	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11623	N	EXC S/N/H/F/G MAL+MRG 2.1-3	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11624	N	EXC S/N/H/F/G MAL+MRG 3.1-4	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
11626	N	EXC S/N/H/F/G MAL+MRG >4 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
11640	T	EXC F/E/E/N/L MAL+MRG 0.5CM<	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11641	T	EXC F/E/E/N/L MAL+MRG 0.6-1	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11642	T	EXC F/E/E/N/L MAL+MRG 1.1-2	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
11643	N	EXC F/E/E/N/L MAL+MRG 2.1-3	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11644	N	EXC F/E/E/N/L MAL+MRG 3.1-4	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
11646	N	EXC F/E/E/N/L MAL+MRG >4 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
1170F	E	FXNL STATUS ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11719	N	TRIM NAIL(S) ANY NUMBER	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
11720	N	DEBRIDE NAIL 1-5	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
11721	N	DEBRIDE NAIL 6 OR MORE	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
11730	N	REMOVAL OF NAIL PLATE	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
11732	N	REMOVE NAIL PLATE ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
11740	N	DRAIN BLOOD FROM UNDER NAIL	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
11750	T	REMOVAL OF NAIL BED	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
11755	T	BIOPSY NAIL UNIT	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
1175F	E	FUNCTION STAT ASSESSED RVWD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11760	T	REPAIR OF NAIL BED	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
11762	T	RECONSTRUCTION OF NAIL BED	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
11765	N	EXCISION OF NAIL FOLD TOE	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
11770	N	REMOVE PILONIDAL CYST SIMPLE	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
11771	N	REMOVE PILONIDAL CYST EXTEN	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
11772	N	REMOVE PILONIDAL CYST COMPL	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
1180F	E	THROMBOEMB RISK ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1181F	E	NEUROPSYCHIA SYMPTS ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1182F	E	NEUROPSYCHI SYMPT 1+PRESENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1183F	E	NEUROPSYCHIATRIC SYMP ABSENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11900	N	INJECT SKIN LESIONS <W 7	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
11901	N	INJECT SKIN LESIONS >7	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
11920	T	CORRECT SKIN COLOR 6.0 CM/<	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
11921	T	CORRECT SKN COLOR 6.1-20.0CM	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
11922	N	CORRECT SKIN COLOR EA 20.0CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
11950	E	TX CONTOUR DEFECTS 1 CC/<	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11951	E	TX CONTOUR DEFECTS 1.1-5.0CC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11952	E	TX CONTOUR DEFECTS 5.1-10CC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11954	E	TX CONTOUR DEFECTS >10.0 CC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
11960	T	INSERT TISSUE EXPANDER(S)	-	05055	39.1186	APC	2375	-	-	Y	-	000	999	-
11970	N	RPLCMT TISS XPNDR PERM IMPLT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	Y	-	000	999	-
11971	N	RMVL TIS XPNDR WO INSJ IMPLT	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	Y	-	000	999	-
11976	N	REMOVE CONTRACEPTIVE CAPSULE	-	05071	7.6716	Bundled, sometimes payable	466	-	-	-	-	010	060	-
11980	N	IMPLANT HORMONE PELLET(S)	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
11981	N	INSERTION DRUG DLVR IMPLANT	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
11982	N	REMOVE DRUG IMPLANT DEVICE	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
11983	N	REMOVE/INSERT DRUG IMPLANT	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
12001	N	RPR S/N/AX/GEN/TRNK 2.5CM<	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
12002	N	RPR S/N/AX/GEN/TRNK2.6-7.5CM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
12004	N	RPR S/N/AX/GEN/TRK7.6-12.5CM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
12005	N	RPR S/N/A/GEN/TRK12.6-20.0CM	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
12006	N	RPR S/N/A/GEN/TRK20.1-30.0CM	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
12007	T	RPR S/N/AX/GEN/TRNK >30.0 CM	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
1200F	E	SEIZURE TYPE& FREQU DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
12011	N	RPR F/E/E/N/L/M 2.5 CM<	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
12013	N	RPR F/E/E/N/L/M 2.6-5.0 CM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
12014	N	RPR F/E/E/N/L/M 5.1-7.5 CM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
12015	N	RPR F/E/E/N/L/M 7.6-12.5 CM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
12016	N	RPR FE/E/N/L/M 12.6-20.0 CM	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
12017	N	RPR FE/E/EN/L/M 20.1-30.0 CM	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
12018	N	RPR F/E/E/N/L/M >30.0 CM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
12020	T	TX SUPFC WND DEHSN SMPL CLSR	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
12021	T	TX SUPFC WND DEHSN W/PACKING	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
12031	T	INTMD RPR S/A/T/EXT 2.5 CM/<	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
12032	T	INTMD RPR S/A/T/EXT 2.6-7.5	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
12034	T	INTMD RPR S/TR/EXT 7.6-12.5	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
12035	T	INTMD RPR S/A/T/EXT 12.6-20	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
12036	T	INTMD RPR S/A/T/EXT 20.1-30	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
12037	T	INTMD RPR S/TR/EXT >30.0 CM	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
12041	N	INTMD RPR N-HF/GENIT 2.5CM/<	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
12042	T	INTMD RPR N-HF/GENIT2.6-7.5	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
12044	T	INTMD RPR N-HF/GENIT7.6-12.5	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
12045	T	INTMD RPR N-HF/GENIT12.6-20	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
12046	T	INTMD RPR N-HF/GENIT20.1-30	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
12047	T	INTMD RPR N-HF/GENIT >30.0CM	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
12051	T	INTMD RPR FACE/MM 2.5 CM/<	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
12052	T	INTMD RPR FACE/MM 2.6-5.0 CM	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
12053	T	INTMD RPR FACE/MM 5.1-7.5 CM	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
12054	N	INTMD RPR FACE/MM 7.6-12.5CM	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
12055	T	INTMD RPR FACE/MM 12.6-20 CM	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
12056	N	INTMD RPR FACE/MM 20.1-30.0	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
12057	T	INTMD RPR FACE/MM >30.0 CM	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
1205F	E	EPI ETIOL SYND RVWD AND DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1220F	E	PT SCREENED FOR DEPRESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
13100	T	CMLPX RPR TRUNK 1.1-2.5 CM	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
13101	T	CMLPX RPR TRUNK 2.6-7.5 CM	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
13102	N	CMLPX RPR TRUNK ADDL 5CM/<	-	-	-	Bundled	000	-	-	-	-	000	999	-
13120	T	CMLPX RPR S/A/L 1.1-2.5 CM	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
13121	T	CMLPX RPR S/A/L 2.6-7.5 CM	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
13122	N	CMLPX RPR S/A/L ADDL 5 CM/>	-	-	-	Bundled	000	-	-	-	-	000	999	-
13131	T	CMLPX RPR F/C/C/M/N/AX/G/H/F	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
13132	T	CMLPX RPR F/C/C/M/N/AX/G/H/F	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
13133	N	CMLPX RPR F/C/C/M/N/AX/G/H/F	-	-	-	Bundled	000	-	-	-	-	000	999	-
13151	T	CMLPX RPR E/N/E/L 1.1-2.5 CM	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
13152	T	CMLPX RPR E/N/E/L 2.6-7.5 CM	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
13153	N	CMLPX RPR E/N/E/L ADDL 5CM/<	-	-	-	Bundled	000	-	-	-	-	000	999	-
13160	T	SEC CLSR SURG WND/DEHSN XTN	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
14000	T	TIS TRNFR TRUNK 10 SQ CM/<	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
14001	T	TIS TRNFR TRUNK 10.1-30SQCM	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
1400F	E	PRKNS DIAG RVIEWED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
14020	T	TIS TRNFR S/A/L 10 SQ CM/<	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
14021	T	TIS TRNFR S/A/L 10.1-30 SQCM	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
14040	T	TIS TRNFR F/C/C/M/N/A/G/H/F	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
14041	T	TIS TRNFR F/C/C/M/N/A/G/H/F	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
14060	T	TIS TRNFR E/N/E/L 10 SQ CM/<	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
14061	T	TIS TRNFR E/N/E/L10.1-30SQCM	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
14301	T	TIS TRNFR ANY 30.1-60 SQ CM	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
14302	N	TIS TRNFR ADDL 30 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
14350	T	FILLETED FINGER/TOE FLAP	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
1450F	E	SYMPTOMS IMPROVED/CONSIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1451F	E	SYMPT SHOW CLIN IMPORT DROP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1460F	E	QUAL CARD DIAG PRIOR 12 MONS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1461F	E	NO QUAL CARD DIAG PRIOR12MON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1490F	E	DEM SEVERITY CLASSIFIED MILD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1491F	E	DEM SEVERITY CLASSIFIED MOD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
1493F	E	DEM SEVERITY CLASS SEVERE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1494F	E	COGNIT ASSESSED AND REVIEWED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15002	T	WOUND PREP TRK/ARM/LEG	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15003	N	WOUND PREP ADDL 100 CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
15004	T	WOUND PREP F/N/HF/G	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
15005	N	WND PREP F/N/HF/G ADDL CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
1500F	E	SYMPTOM&SIGN SYMM POLYNEURO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1501F	E	NOT INITIAL EVAL FOR COND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1502F	E	PT QUERIED PAIN FXN W/ INSTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
1503F	E	PT QUERIED SYMP RESP INSUFF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15040	T	HARVEST CULTURED SKIN GRAFT	-	05054	19.8843	APC	1207	-	-	-	Y	000	999	-
1504F	E	PT HAS RESP INSUFFICIENCY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15050	T	PINCH GRAFT UP TO 2 CM DIAM	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
1505F	E	PT HAS NO RESP INSUFFICIENCY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15101	N	SKIN SPLT GRFT T/A/L ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG	-	05054	19.8843	APC	1207	-	-	-	Y	000	999	-
15111	N	EPIDRM AUTOGRFT T/A/L ADD-ON	-	-	-	Bundled	000	-	-	-	Y	000	999	-
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15116	N	EPIDRM A-GRFT F/N/HF/G ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15121	N	SKN SPLT A-GRFT F/N/HF/G ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG	-	05054	19.8843	APC	1207	-	-	-	Y	000	999	-
15131	N	DERM AUTOGRAFT T/A/L ADD-ON	-	-	-	Bundled	000	-	-	-	Y	000	999	-
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15136	N	DERM AUTOGRAFT F/N/HF/G ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
15150	T	CULT SKIN GRFT T/ARM/LEG	-	05054	19.8843	APC	1207	-	-	-	Y	000	999	-
15151	N	CULT SKIN GRFT T/A/L ADDL	-	-	-	Bundled	000	-	-	-	Y	000	999	-
15152	N	CULT SKIN GRAFT T/A/L +%	-	-	-	Bundled	000	-	-	-	Y	000	999	-
15155	T	CULT SKIN GRAFT F/N/HF/G	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15156	N	CULT SKIN GRFT F/N/HFG ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
15157	N	CULT EPIDERM GRFT F/N/HFG +%	-	-	-	Bundled	000	-	-	-	-	000	999	-
15200	T	FTH GRF FR TRNK 20 SQ CM/<	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15201	N	FTH GRF FR TRNK EACH ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
15220	T	FTH GRF FR S/A/L 20 SQ CM/<	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15221	N	FTH GRF FR S/A/L EACH ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
15240	T	FTH GR FR F/C/C/M/N/AX/G/H/F	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15241	N	FTH GR F/C/C/M/N/AX/G/H/F EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
15260	T	FTH GRF FR N/E/E/L 20 SQCM/<	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15261	N	FTH GRF FR N/E/E/L EACH ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
15271	T	SKIN SUB GRAFT TRNK/ARM/LEG	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15272	N	SKIN SUB GRAFT T/A/L ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
15273	T	SKIN SUB GRFT T/ARM/LG CHILD	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15274	N	SKN SUB GRFT T/A/L CHILD ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
15275	T	SKIN SUB GRAFT FACE/NK/HF/G	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15276	N	SKIN SUB GRAFT F/N/HF/G ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
15277	T	SKN SUB GRFT F/N/HF/G CHILD	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15278	N	SKN SUB GRFT F/N/HF/G CH ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
15570	T	SKIN PEDICLE FLAP TRUNK	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15572	T	SKIN PEDICLE FLAP ARMS/LEGS	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15574	T	PEDCLE FH/CH/CH/M/N/AX/G/H/F	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15576	T	PEDICLE E/N/E/L/NTRORAL	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15600	T	DELAY FLAP TRUNK	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15610	T	DELAY FLAP ARMS/LEGS	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15620	T	DELAY FLAP F/C/C/N/AX/G/H/F	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15630	T	DELAY FLAP EYE/NOS/EAR/LIP	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
15650	T	TRANSFER SKIN PEDICLE FLAP	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15730	T	MDFC FLAP W/PRSRV VASC PEDCL	-	05055	39.1186	APC	2409	-	-	-	-	000	999	-
15731	T	FOREHEAD FLAP W/VASC PEDICLE	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15733	T	MUSC MYOQ/FSCQ FLP H&N PEDCL	-	05055	39.1186	APC	2409	-	-	-	-	000	999	-
15734	T	MUSCLE-SKIN GRAFT TRUNK	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15736	T	MUSCLE-SKIN GRAFT ARM	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15738	T	MUSCLE-SKIN GRAFT LEG	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15740	T	ISLAND PEDICLE FLAP GRAFT	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15750	T	NEUROVASCULAR PEDICLE FLAP	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15756	C	FREE MYO/SKIN FLAP MICROVASC	-	-	-	IP Only	000	-	-	-	-	000	999	-
15757	C	FREE SKIN FLAP MICROVASC	-	-	-	IP Only	000	-	-	-	-	000	999	-
15758	C	FREE FASCIAL FLAP MICROVASC	-	-	-	IP Only	000	-	-	-	-	000	999	-
15760	T	COMPOSITE SKIN GRAFT	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15769	T	GRFG AUTOL SOFT TISS DIR EXC	-	05055	39.1186	APC	2409	-	-	-	-	000	999	-
15770	T	DERMA-FAT-FASCIA GRAFT	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15771	E	GRFG AUTOL FAT LIPO 50 CC/<	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15772	E	GRFG AUTOL FAT LIPO EA ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15773	E	GRFG AUTOL FAT LIPO 25 CC/<	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15774	E	GFRG AUTOL FAT LIPO EA ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15775	E	HAIR TRNSPL 1-15 PUNCH GRFTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15776	E	HAIR TRNSPL >15 PUNCH GRAFTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15777	N	ACELLULAR DERM MATRIX IMPLT	-	-	-	Bundled	000	-	-	-	-	000	999	-
15778	E	IMPL ABSRB MSH/PRSTH DLY CLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15780	E	DERMABRASION TOTAL FACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15781	E	DERMABRASION SEGMENTAL FACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15782	E	DERMABRASION OTHER THAN FACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15783	E	DERMABRASION SUPRFL ANY SITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15786	E	ABRASION LESION SINGLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15787	E	ABRASION LESIONS ADD-ON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15788	E	CHEMICAL PEEL FACE EPIDERM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15789	E	CHEMICAL PEEL FACE DERMAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15792	E	CHEMICAL PEEL NONFACIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15793	E	CHEMICAL PEEL NONFACIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15819	E	PLASTIC SURGERY NECK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15820	T	REVISION OF LOWER EYELID	-	05054	19.8843	APC	1207	-	-	Y	-	000	999	-
15821	T	REVISION OF LOWER EYELID	-	05054	19.8843	APC	1207	-	-	Y	-	000	999	-
15822	T	REVISION OF UPPER EYELID	-	05054	19.8843	APC	1207	-	-	Y	-	000	999	-
15823	T	REVISION OF UPPER EYELID	-	05054	19.8843	APC	1207	-	-	Y	-	000	999	-
15824	E	REMOVAL OF FOREHEAD WRINKLES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15825	E	REMOVAL OF NECK WRINKLES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15826	E	REMOVAL OF BROW WRINKLES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15828	E	REMOVAL OF FACE WRINKLES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15829	E	REMOVAL OF SKIN WRINKLES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15830	N	EXC SKIN ABD	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	Y	-	000	999	-
15832	E	EXCISE EXCESSIVE SKIN THIGH	-	-	-	Not Allowed	000	-	-	Y	-	000	999	-
15833	E	EXCISE EXCESSIVE SKIN LEG	-	-	-	Not Allowed	000	-	-	Y	-	000	999	-
15834	E	EXCISE EXCESSIVE SKIN HIP	-	-	-	Not Allowed	000	-	-	Y	-	000	999	-
15835	E	EXCISE EXCESSIVE SKIN BUTTCK	-	-	-	Not Allowed	000	-	-	Y	-	000	999	-
15836	E	EXCISE EXCESSIVE SKIN ARM	-	-	-	Not Allowed	000	-	-	Y	-	000	999	-
15837	E	EXCISE EXCESS SKIN ARM/HAND	-	-	-	Not Allowed	000	-	-	Y	-	000	999	-
15838	E	EXCISE EXCESS SKIN FAT PAD	-	-	-	Not Allowed	000	-	-	Y	-	000	999	-
15839	N	EXCISE EXCESS SKIN & TISSUE	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	Y	-	000	999	-
15840	T	NERVE PALSY FASCIAL GRAFT	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15841	T	NERVE PALSY MUSCLE GRAFT	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15842	T	NERVE PALSY MICROSURG GRAFT	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15845	T	SKIN AND MUSCLE REPAIR FACE	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
15847	N	EXC SKIN ABD ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
15851	T	REMOVAL SUTR/STAPLE REQ ANES	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15852	N	DRESSING CHANGE NOT FOR BURN	-	05053	6.8481	Bundled, sometimes payable	416	-	-	-	-	000	999	-
15853	N	REMOVAL SUTR/STAPL XREQ ANES	-	-	-	Bundled	000	-	-	-	-	000	999	-
15854	N	REMOVAL SUTR&STAPL XREQ ANES	-	-	-	Bundled	000	-	-	-	-	000	999	-
15860	N	TEST FOR BLOOD FLOW IN GRAFT	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
15876	E	SUCTION LIPECTOMY HEAD&NECK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15877	E	SUCTION LIPECTOMY TRUNK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15878	E	SUCTION LIPECTOMY UPR EXTREM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15879	E	SUCTION LIPECTOMY LWR EXTREM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
15920	N	REMOVAL OF TAIL BONE ULCER	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
15922	T	REMOVAL OF TAIL BONE ULCER	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15931	N	REMOVE SACRUM PRESSURE SORE	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
15933	N	REMOVE SACRUM PRESSURE SORE	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
15934	T	REMOVE SACRUM PRESSURE SORE	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15935	T	REMOVE SACRUM PRESSURE SORE	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15936	T	REMOVE SACRUM PRESSURE SORE	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15937	T	REMOVE SACRUM PRESSURE SORE	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15940	N	REMOVE HIP PRESSURE SORE	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
15941	N	REMOVE HIP PRESSURE SORE	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
15944	T	REMOVE HIP PRESSURE SORE	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15945	T	REMOVE HIP PRESSURE SORE	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15946	T	REMOVE HIP PRESSURE SORE	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15950	N	REMOVE THIGH PRESSURE SORE	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
15951	N	REMOVE THIGH PRESSURE SORE	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
15952	T	REMOVE THIGH PRESSURE SORE	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15953	T	REMOVE THIGH PRESSURE SORE	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15956	T	REMOVE THIGH PRESSURE SORE	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
15958	T	REMOVE THIGH PRESSURE SORE	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
15999	T	UNLISTED PX EXC PRESSURE ULC	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
16000	N	INITIAL TREATMENT OF BURN(S)	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
16020	N	DRESS/DEBRID P-THICK BURN S	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
16025	T	DRESS/DEBRID P-THICK BURN M	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
16030	T	DRESS/DEBRID P-THICK BURN L	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
16035	T	INCISION OF BURN SCAB INITI	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
16036	C	ESCHAROTOMY ADDL INCISION	-	-	-	IP Only	000	-	-	-	-	000	999	-
17000	N	DESTRUCT PREMALG LESION	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17003	N	DESTRUCT PREMALG LES 2-14	-	-	-	Bundled	000	-	-	-	-	000	999	-
17004	T	DESTROY PREMAL LESIONS 15/>	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
17106	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
17107	T	DESTRUCTION OF SKIN LESIONS	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
17108	T	DESTRUCTION OF SKIN LESIONS	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
17110	N	DESTRUCT B9 LESION 1-14	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17111	N	DESTRUCT LESION 15 OR MORE	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17250	N	CHEM CAUT OF GRANLTJ TISSUE	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17260	N	DSTRJ MAL LES T/A/L 0.5 CM/<	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17261	N	DSTRJ MAL LES T/A/L .6-1.0CM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17262	N	DSTRJ MAL LES T/A/L 1.1-2.0	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17263	N	DSTRJ MAL LES T/A/L 2.1-3.0	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17264	T	DSTRJ MAL LES T/A/L 3.1-4.0	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
17266	T	DSTRJ MAL LES T/A/L >4.0 CM	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
17270	T	DSTR MAL LES S/N/H/F/G .5 /<	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
17271	T	DSTR MAL LES S/N/H/F/G 0.6-1	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
17272	N	DSTR MAL LES S/N/H/F/G 1.1-2	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17273	T	DSTR MAL LES S/N/H/F/G 2.1-3	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
17274	T	DSTR MAL LES S/N/H/F/G 3.1-4	-	05052	4.3478	APC	264	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
17276	T	DSTR MAL LES S/N/H/F/G >4.0	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
17280	N	DSTR MAL LS F/E/E/N/L/M .5<	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17281	T	DSTR MAL LS F/E/E/N/L/M .6-1	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
17282	T	DSTR MAL LS F/E/E/N/L/M1.1-2	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
17283	T	DSTR MAL LS F/E/E/N/L/M2.1-3	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
17284	T	DSTR MAL LS F/E/E/N/L/M3.1-4	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
17286	T	DSTR MAL LS F/E/E/N/L/M>4.0	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
17311	T	MOHS 1 STAGE H/N/HF/G	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
17312	N	MOHS ADDL STAGE	-	-	-	Bundled	000	-	-	-	-	000	999	-
17313	T	MOHS 1 STAGE T/A/L	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
17314	N	MOHS ADDL STAGE T/A/L	-	-	-	Bundled	000	-	-	-	-	000	999	-
17315	N	MOHS SURG ADDL BLOCK	-	-	-	Bundled	000	-	-	-	-	000	999	-
17340	N	CRYOTHERAPY OF SKIN	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
17360	N	SKIN PEEL THERAPY	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
17380	E	HAIR REMOVAL BY ELECTROLYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
17999	N	UNLISTD PX SKN MUC MEMB SUBQ	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
19000	T	PUNCTURE ASPIR CYST BREAST	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
19001	N	PUNCTURE ASPIR CYST BRST EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
19020	N	MASTOTOMY EXPL DRG ABSO DP	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
19030	N	NJX PX ONLY MAM DUCTO/GLCTO	-	-	-	Bundled	000	-	-	-	-	000	999	-
19081	N	BX BREAST 1ST LESION STRTCTC	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
19082	N	BX BREAST ADD LESION STRTCTC	-	-	-	Bundled	000	-	-	-	-	000	999	-
19083	N	BX BREAST 1ST LESION US IMAG	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
19084	N	BX BREAST ADD LESION US IMAG	-	-	-	Bundled	000	-	-	-	-	000	999	-
19085	N	BX BREAST 1ST LESION MR IMAG	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
19086	N	BX BREAST ADD LESION MR IMAG	-	-	-	Bundled	000	-	-	-	-	000	999	-
19100	N	BX BREAST PERCUT W/O IMAGE	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
19101	N	BIOPSY OF BREAST OPEN	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
19105	N	CRYOSURG ABLATE FA EACH	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
19110	N	NIPPLE EXPLORATION	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
19112	N	EXCISE BREAST DUCT FISTULA	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
19120	N	REMOVAL OF BREAST LESION	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
19125	N	EXCISION BREAST LESION	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
19126	N	EXCISION ADDL BREAST LESION	-	-	-	Bundled	000	-	-	-	-	000	999	-
19281	N	PERQ DEVICE BREAST 1ST IMAG	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
19282	N	PERQ DEVICE BREAST EA IMAG	-	-	-	Bundled	000	-	-	-	-	000	999	-
19283	N	PERQ DEV BREAST 1ST STRTCTC	-	05071	7.6716	Bundled, sometimes payable	466	-	-	-	-	000	999	-
19284	N	PERQ DEV BREAST ADD STRTCTC	-	-	-	Bundled	000	-	-	-	-	000	999	-
19285	N	PERQ DEV BREAST 1ST US IMAG	-	05071	7.6716	Bundled, sometimes payable	466	-	-	-	-	000	999	-
19286	N	PERQ DEV BREAST ADD US IMAG	-	-	-	Bundled	000	-	-	-	-	000	999	-
19287	N	PERQ DEV BREAST 1ST MR GUIDE	-	05071	7.6716	Bundled, sometimes payable	466	-	-	-	-	000	999	-
19288	N	PERQ DEV BREAST ADD MR GUIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
19294	N	PREPJ TUM CAV IORT PRTL MAST	-	-	-	Bundled	000	-	-	-	-	000	999	-
19296	N	PLACE PO BREAST CATH FOR RAD	-	05093	102.7857	Bundled, sometimes payable	6241	-	-	-	Y	000	999	-
19297	N	PLACE BREAST CATH FOR RAD	-	-	-	Bundled	000	-	-	-	Y	000	999	-
19298	N	PLACE BREAST RAD TUBE/CATHS	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	-	Y	000	999	-
19300	N	REMOVAL OF BREAST TISSUE	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	Y	-	000	999	-
19301	N	PARTIAL MASTECTOMY	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	Y	-	000	999	-
19302	N	P-MASTECTOMY W/LN REMOVAL	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	Y	-	000	999	-
19303	N	MAST SIMPLE COMPLETE	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	Y	-	000	999	-
19305	C	MAST RADICAL	-	-	-	IP Only	000	-	-	Y	-	000	999	-
19306	C	MAST RAD URBAN TYPE	-	-	-	IP Only	000	-	-	Y	-	000	999	-
19307	N	MAST MOD RAD	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	Y	-	000	999	-
19316	N	SUSPENSION OF BREAST	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	Y	-	016	999	-
19318	N	BREAST REDUCTION	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	Y	-	016	999	-
19325	N	BREAST AUGMENTATION W/IMPLT	-	05093	102.7857	Bundled, sometimes payable	6241	-	-	Y	-	016	999	-

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				APC	Weight									
19328	N	RMVL INTACT BREAST IMPLANT	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	Y	-	016	999	-
19330	N	RMVL RUPTURED BREAST IMPLANT	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	Y	-	016	999	-
19340	N	INSJ BREAST IMPLT SM D MAST	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	Y	-	016	999	-
19342	N	INSJ/RPLCMT BRST IMPLT SEP D	-	05093	102.7857	Bundled, sometimes payable	6241	-	-	Y	-	016	999	-
19350	N	BREAST RECONSTRUCTION	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	Y	-	016	999	-
19355	E	CORRECT INVERTED NIPPLE(S)	-	-	-	Not Allowed	000	-	-	-	-	016	999	-
19357	N	TISS XPNDR PLMT BRST RCNSTJ	-	05094	192.1450	Bundled, sometimes payable	11667	-	-	Y	-	016	999	-
19361	C	BRST RCNSTJ LATSMS DRSI FLAP	-	-	-	IP Only	000	-	-	Y	-	016	999	-
19364	C	BRST RCNSTJ FREE FLAP	-	-	-	IP Only	000	-	-	Y	-	016	999	-
19367	C	BRST RCNSTJ 1 PDCL TRAM FLAP	-	-	-	IP Only	000	-	-	Y	-	016	999	-
19368	C	BRST RCNSTJ 1PDCL TRAM ANAST	-	-	-	IP Only	000	-	-	Y	-	016	999	-
19369	C	BRST RCNSTJ 2 PDCL TRAM FLAP	-	-	-	IP Only	000	-	-	Y	-	016	999	-
19370	N	REVJ PERI-IMPLT CAPSULE BRST	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	Y	-	000	999	-
19371	N	PERI-IMPLT CAPSLC BRST COMPL	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	Y	-	000	999	-
19380	N	REVJ RECONSTRUCTED BREAST	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	Y	-	016	999	-
19396	N	DESIGN CUSTOM BREAST IMPLANT	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	Y	-	000	999	-
19499	N	UNLISTED PROCEDURE BREAST	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	Y	-	000	999	-
2000F	E	BLOOD PRESSURE MEASURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2001F	E	WEIGHT RECORD	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
2002F	E	CLIN SIGN VOL OVRLD ASSESS	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
2004F	E	INITIAL EXAM INVOLVED JOINTS	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
20100	T	EXPLORE WOUND NECK	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
20101	T	EXPLORE WOUND CHEST	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
20102	T	EXPLORE WOUND ABDOMEN	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
20103	N	EXPLORE WOUND EXTREMITY	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
2010F	E	VITAL SIGNS RECORDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2014F	E	MENTAL STATUS ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
20150	N	EXCISE EPIPHYSEAL BAR	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
2015F	E	ASTHMA IMPAIRMENT ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2016F	E	ASTHMA RISK ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2018F	E	HYDRATION STATUS ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2019F	E	DILATED MACUL EXAM DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
20200	N	MUSCLE BIOPSY SUPERFICIAL	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
20205	N	DEEP MUSCLE BIOPSY	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
20206	N	BIOPSY MUSCLE PERQ NEEDLE	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
2020F	E	DILATED FUNDUS EVAL DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2021F	E	DILAT MACULAR EXAM DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
20220	N	BONE BIOPSY TROCARN/NDL SUPFC	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
20225	N	BONE BIOPSY TROCARN/NDL DEEP	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
2022F	E	DILAT RTA XM EVC RTNOPHTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2023F	E	DILAT RTA XM W/O RTNOPHTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
20240	N	BONE BIOPSY OPEN SUPERFICIAL	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
20245	N	BONE BIOPSY OPEN DEEP	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
2024F	E	7 FLD RTA PHOTO EVC RTNOPHTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
20250	N	BIOPSY VRT BDY OPEN THORACIC	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
20251	N	BIOPSY VRT BDY OPEN LMBR/CRV	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
2025F	E	7 FLD RTA PHOTO W/O RTNOPHTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2026F	E	EYE IMG VALID EVC RTNOPHTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2027F	E	OPTIC NERVE HEAD EVAL DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2028F	E	FOOT EXAM PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2029F	E	COMPLETE PHYS SKIN EXAM DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2030F	E	H2O STAT DOCD NORMAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2031F	E	H2O STAT DOCD DEHYDRATED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2033F	E	EYE IMG VALID W/O RTNOPHTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2035F	E	TYMP MEMB MOTION EXAMD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
2040F	E	BK PN XM ON INIT VISIT DATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
2044F	E	DOC MNTL TST B/4 BK TRXMNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
20500	N	INJECTION OF SINUS TRACT	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
20501	N	INJECT SINUS TRACT FOR X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
2050F	E	WOUND CHAR SIZE ETC DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
20520	N	REMOVAL OF FOREIGN BODY	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
20525	N	REMOVAL OF FOREIGN BODY	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
20526	T	THER INJECTION CARP TUNNEL	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20527	T	INJ DUPUYTREN CORD W/ENZYME	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20550	T	INJ TENDON SHEATH/LIGAMENT	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20551	T	INJ TENDON ORIGIN/INSERTION	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20552	T	INJ TRIGGER POINT 1/2 MUSCL	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20553	T	INJECT TRIGGER POINTS 3>	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20555	N	PLACE NDL MUSC/TIS FOR RT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
20560	E	NDL INSJ W/O NJX 1 OR 2 MUSC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
20561	E	NDL INSJ W/O NJX 3+ MUSC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
20600	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20604	T	DRAIN/INJ JOINT/BURSA W/US	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20605	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20606	T	DRAIN/INJ JOINT/BURSA W/US	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
2060F	E	PT INTRVWD ON/BEFORE DX MDD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
20610	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20611	T	DRAIN/INJ JOINT/BURSA W/US	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20612	T	ASPIRATE/INJ GANGLION CYST	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
20615	T	TREATMENT OF BONE CYST	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
20650	N	INSERT AND REMOVE BONE PIN	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
20660	N	APPLY REM FIXATION DEVICE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
20661	C	APPLICATION HALO CRANIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
20662	N	APPLICATION HALO PELVIC	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
20663	N	APPLICATION HALO FEMORAL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
20664	C	APPL HALO CRANIAL 6+PINS	-	-	-	IP Only	000	-	-	-	-	000	999	-
20665	N	RMVL TONGS/HALO ANTHR INDIV	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
20670	N	REMOVAL IMPLANT SUPERFICIAL	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
20680	N	REMOVAL OF IMPLANT DEEP	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
20690	N	APPL UNIPLN UNI EXT FIXJ SYS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
20692	N	APPL MLTPLN UNI EXT FIXJ SYS	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
20693	N	ADJMT/REVJ EXT FIXJ SYS ANES	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
20694	N	RMVL EXT FIXJ SYS UNDER ANES	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
20696	N	APP MLTPLN UNI XTRNL FIX 1ST	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
20697	N	APP MLTPLN UNI XTRNL FIX XCH	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
20700	N	MNL PREP&INSJ DP RX DLVR DEV	-	-	-	Bundled	000	-	-	-	-	000	999	-
20701	N	RMVL DEEP RX DELIVERY DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
20702	N	MNL PREP&INSJ IMED RX DEV	-	-	-	Bundled	000	-	-	-	-	000	999	-
20703	N	RMVL IMED RX DELIVERY DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
20704	N	MNL PREP&INSJ I-ARTIC RX DEV	-	-	-	Bundled	000	-	-	-	-	000	999	-
20705	N	RMVL I-ARTIC RX DELIVERY DEV	-	-	-	Bundled	000	-	-	-	-	000	999	-
20802	C	REPLANTATION ARM COMPLETE	-	-	-	IP Only	000	-	-	-	-	000	999	-
20805	C	REPLANT FOREARM COMPLETE	-	-	-	IP Only	000	-	-	-	-	000	999	-
20808	C	REPLANTATION HAND COMPLETE	-	-	-	IP Only	000	-	-	-	-	000	999	-
20816	C	REPLANTATION DIGIT COMPLETE	-	-	-	IP Only	000	-	-	-	-	000	999	-
20822	N	REPLANTATION DIGIT COMPLETE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
20824	C	REPLANTATION THUMB COMPLETE	-	-	-	IP Only	000	-	-	-	-	000	999	-
20827	C	REPLANTATION THUMB COMPLETE	-	-	-	IP Only	000	-	-	-	-	000	999	-
20838	C	REPLANTATION FOOT COMPLETE	-	-	-	IP Only	000	-	-	-	-	000	999	-
20900	N	REMOVAL OF BONE FOR GRAFT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
20902	N	REMOVAL OF BONE FOR GRAFT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
20910	T	REMOVE CARTILAGE FOR GRAFT	-	05053	6.8481	APC	416	-	-	-	-	000	999	-

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				APC	Weight									
20912	T	REMOVE CARTILAGE FOR GRAFT	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
20920	T	REMOVAL OF FASCIA FOR GRAFT	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
20922	T	REMOVAL OF FASCIA FOR GRAFT	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
20924	N	REMOVAL OF TENDON FOR GRAFT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
20930	N	SP BONE ALGRFT MORSEL ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
20931	N	SP BONE ALGRFT STRUCT ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
20932	N	OSTEOART ALGRFT W/SURF & B1	-	-	-	Bundled	000	-	-	-	-	000	999	-
20933	N	HEMICRT INTRCLRLY ALGRFT PRTL	-	-	-	Bundled	000	-	-	-	-	000	999	-
20934	N	INTERCALARY ALGRFT COMPL	-	-	-	Bundled	000	-	-	-	-	000	999	-
20936	N	SP BONE AGRFT LOCAL ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
20937	N	SP BONE AGRFT MORSEL ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
20938	N	SP BONE AGRFT STRUCT ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
20939	N	BONE MARROW ASPIR BONE GRFG	-	-	-	Bundled	000	-	-	-	-	000	999	-
20950	T	FLUID PRESSURE MUSCLE	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
20955	C	FIBULA BONE GRAFT MICROVASC	-	-	-	IP Only	000	-	-	-	-	000	999	-
20956	C	ILIAC BONE GRAFT MICROVASC	-	-	-	IP Only	000	-	-	-	-	000	999	-
20957	C	MT BONE GRAFT MICROVASC	-	-	-	IP Only	000	-	-	-	-	000	999	-
20962	C	OTHER BONE GRAFT MICROVASC	-	-	-	IP Only	000	-	-	-	-	000	999	-
20969	C	BONE/SKIN GRAFT MICROVASC	-	-	-	IP Only	000	-	-	-	-	000	999	-
20970	C	BONE/SKIN GRAFT ILIAC CREST	-	-	-	IP Only	000	-	-	-	-	000	999	-
20972	N	BONE/SKIN GRAFT METATARSAL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
20973	N	BONE/SKIN GRAFT GREAT TOE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
20974	M	ELECTRICAL BONE STIMULATION	-	-	-	Fee Schedule	067	-	-	-	-	000	999	-
20975	N	ELECTRICAL BONE STIMULATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
20979	N	US BONE STIMULATION	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
20982	N	ABLATE BONE TUMOR(S) PERQ	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	Y	000	999	-
20983	N	ABLATE BONE TUMOR(S) PERQ	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
20985	N	CPTR-ASST DIR MS PX	-	-	-	Bundled	000	-	-	-	-	000	999	-
20999	T	UNLISTED PX MUSCSKEL GENERAL	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
21010	N	INCISION OF JAW JOINT	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21011	N	EXC FACE LES SC <2 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
21012	N	EXC FACE LES SBQ 2 CM/>	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
21013	N	EXC FACE TUM DEEP < 2 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
21014	N	EXC FACE TUM DEEP 2 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21015	N	RESECT FACE/SCALP TUM < 2 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21016	N	RESECT FACE/SCALP TUM 2 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21025	N	EXCISION OF BONE LOWER JAW	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21026	N	EXCISION OF FACIAL BONE(S)	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21029	N	CONTOUR OF FACE BONE LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21030	N	EXCISE MAX/ZYGOMA B9 TUMOR	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21031	N	REMOVE EXOSTOSIS MANDIBLE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21032	N	REMOVE EXOSTOSIS MAXILLA	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21034	N	EXCISE MAX/ZYGOMA MAL TUMOR	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21040	N	EXCISE MANDIBLE LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21044	N	REMOVAL OF JAW BONE LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21045	C	EXTENSIVE JAW SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
21046	N	REMOVE MANDIBLE CYST COMPLEX	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21047	N	EXCISE LWR JAW CYST W/REPAIR	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21048	N	REMOVE MAXILLA CYST COMPLEX	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21049	N	EXCIS UPPR JAW CYST W/REPAIR	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21050	N	REMOVAL OF JAW JOINT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21060	N	REMOVE JAW JOINT CARTILAGE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21070	N	REMOVE CORONOID PROCESS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21073	N	MNPJ OF TMJ W/ANESTH	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
21076	N	PREPARE FACE/ORAL PROSTHESIS	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
21077	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-

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				APC	Weight									
21079	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21080	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21081	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21082	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21083	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21084	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21085	T	PREPARE FACE/ORAL PROSTHESIS	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
21086	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21087	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21088	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21089	T	UNLISTED MAXFLCL PROSTH PX	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
21100	N	MAXILLOFACIAL FIXATION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21110	N	INTERDENTAL FIXATION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
21116	N	INJECTION JAW JOINT X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
21120	N	RECONSTRUCTION OF CHIN	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21121	N	RECONSTRUCTION OF CHIN	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	Y	-	000	999	-
21122	N	RECONSTRUCTION OF CHIN	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21123	N	RECONSTRUCTION OF CHIN	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	Y	-	000	999	-
21125	N	AUGMENTATION LOWER JAW BONE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21127	N	AUGMENTATION LOWER JAW BONE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21137	N	REDUCTION OF FOREHEAD	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	Y	-	000	999	-
21138	N	REDUCTION OF FOREHEAD	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21139	N	REDUCTION OF FOREHEAD	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21141	N	LEFORT I-1 PIECE W/O GRAFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21142	N	LEFORT I-2 PIECE W/O GRAFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21143	N	LEFORT I-3/> PIECE W/O GRAFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21145	C	LEFORT I-1 PIECE W/ GRAFT	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21146	C	LEFORT I-2 PIECE W/ GRAFT	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21147	C	LEFORT I-3/> PIECE W/ GRAFT	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21150	N	LEFORT II ANTERIOR INTRUSION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21151	C	LEFORT II W/BONE GRAFTS	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21154	C	LEFORT III W/O LEFORT I	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21155	C	LEFORT III W/ LEFORT I	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21159	C	LEFORT III W/FHDW/O LEFORT I	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21160	C	LEFORT III W/FHD W/ LEFORT I	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21172	N	RECONSTRUCT ORBIT/FOREHEAD	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21175	N	RECONSTRUCT ORBIT/FOREHEAD	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21179	C	RECONSTRUCT ENTIRE FOREHEAD	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21180	C	RECONSTRUCT ENTIRE FOREHEAD	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21181	N	CONTOUR CRANIAL BONE LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21182	C	RECONSTRUCT CRANIAL BONE	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21183	C	RECONSTRUCT CRANIAL BONE	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21184	C	RECONSTRUCT CRANIAL BONE	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21188	C	RECONSTRUCTION OF MIDFACE	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21193	N	RECONST LWR JAW W/O GRAFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21194	N	RECONST LWR JAW W/GRAFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21195	N	RECONST LWR JAW W/O FIXATION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21196	N	RECONST LWR JAW W/FIXATION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21198	N	RECONSTR LWR JAW SEGMENT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21199	N	RECONSTR LWR JAW W/ADVANCE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21206	N	RECONSTRUCT UPPER JAW BONE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21208	N	AUGMENTATION OF FACIAL BONES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21209	N	REDUCTION OF FACIAL BONES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21210	N	FACE BONE GRAFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21215	N	LOWER JAW BONE GRAFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21230	N	RIB CARTILAGE GRAFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
21235	N		EAR CARTILAGE GRAFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21240	N		RECONSTRUCTION OF JAW JOINT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21242	N		RECONSTRUCTION OF JAW JOINT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21243	N		RECONSTRUCTION OF JAW JOINT	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	Y	-	000	999	-
21244	N		RECONSTRUCTION OF LOWER JAW	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21245	N		RECONSTRUCTION OF JAW	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21246	N		RECONSTRUCTION OF JAW	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21247	C		RECONSTRUCT LOWER JAW BONE	-	-	-	IP Only	000	-	-	Y	-	000	999	-
21248	N		RECONSTRUCTION OF JAW	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21249	N		RECONSTRUCTION OF JAW	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21255	N		RECONSTRUCT LOWER JAW BONE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21256	N		RECONSTRUCTION OF ORBIT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
21260	N		REVISE EYE SOCKETS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21261	N		REVISE EYE SOCKETS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21263	N		REVISE EYE SOCKETS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21267	N		REVISE EYE SOCKETS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21268	C		REVISE EYE SOCKETS	-	-	-	IP Only	000	-	-	-	-	000	999	-
21270	N		AUGMENTATION CHEEK BONE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21275	N		REVISION ORBITOFACIAL BONES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21280	N		REVISION OF EYELID	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21282	N		REVISION OF EYELID	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21295	N		REVISION OF JAW MUSCLE/BONE	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
21296	N		REVISION OF JAW MUSCLE/BONE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21299	T		UNLISTED CRANFCL&MAXL FCL PX	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
21315	N		CLSD TX NSL FX MNPJ WO STBLJ	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
21320	N		CLSD TX NSL FX W/MNPJ&STABLJ	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21325	N		OPEN TX NOSE FX UNCOMPLICATD	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21330	N		OPEN TX NOSE FX W/SKELE FIXJ	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21335	N		OPEN TX NOSE & SEPTAL FX	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21336	N		OPEN TX SEPTAL FX W/WO STABJ	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
21337	N		CLOSED TX SEPTAL&NOSE FX	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21338	N		OPEN NASOETHMOID FX W/O FIXJ	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21339	N		OPEN NASOETHMOID FX W/ FIXJ	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21340	N		PERQ TX NASOETHMOID FX	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21343	C		OPEN TX DPRSD FRONT SINUS FX	-	-	-	IP Only	000	-	-	-	-	000	999	-
21344	C		OPEN TX COMPL FRONT SINUS FX	-	-	-	IP Only	000	-	-	-	-	000	999	-
21345	N		CLOSED TX NOSE/JAW FX	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
21346	N		OPN TX NASOMAX FX W/FIXJ	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21347	N		OPN TX NASOMAX FX MULTPLX	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21348	C		OPN TX NASOMAX FX W/GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
21355	N		PERQ TX MALAR FRACTURE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21356	N		OPN TX DPRSD ZYGOMATIC ARCH	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21360	N		OPN TX DPRSD MALAR FRACTURE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21365	N		OPN TX COMPLX MALAR FX	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21366	N		OPN TX COMPLX MALAR W/GRFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21385	N		OPN TX ORBIT FX TRANSANTRAL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21386	N		OPN TX ORBIT FX PERIORBITAL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21387	N		OPN TX ORBIT FX COMBINED	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21390	N		OPN TX ORBIT PERIORBTL IMPLT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21395	N		OPN TX ORBIT PERIORBT W/GRFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21400	T		CLOSED TX ORBIT W/O MANIPULJ	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
21401	N		CLOSED TX ORBIT W/MANIPULJ	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
21406	N		OPN TX ORBIT FX W/O IMPLANT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21407	N		OPN TX ORBIT FX W/IMPLANT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21408	N		OPN TX ORBIT FX W/BONE GRFT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21421	N		TREAT MOUTH ROOF FRACTURE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
21422	N	TREAT MOUTH ROOF FRACTURE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21423	C	TREAT MOUTH ROOF FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
21431	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
21432	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
21433	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
21435	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
21436	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
21440	N	TREAT DENTAL RIDGE FRACTURE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21445	N	TREAT DENTAL RIDGE FRACTURE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21450	T	TREAT LOWER JAW FRACTURE	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
21451	N	TREAT LOWER JAW FRACTURE	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
21452	N	TREAT LOWER JAW FRACTURE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21453	N	TREAT LOWER JAW FRACTURE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21454	N	TREAT LOWER JAW FRACTURE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21461	N	TREAT LOWER JAW FRACTURE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21462	N	TREAT LOWER JAW FRACTURE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21465	N	TREAT LOWER JAW FRACTURE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21470	N	TREAT LOWER JAW FRACTURE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
21480	T	RESET DISLOCATED JAW	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
21485	N	RESET DISLOCATED JAW	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
21490	N	REPAIR DISLOCATED JAW	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
21497	N	INTERDENTAL WIRING	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
21499	T	UNLISTED MUSCSKEL PX HEAD	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
21501	N	DRAIN NECK/CHEST LESION	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21502	N	DRAIN CHEST LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
21510	C	DRAINAGE OF BONE LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
21550	N	BIOPSY OF NECK/CHEST	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
21552	N	EXC NECK LES SC 3 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21554	N	EXC NECK TUM DEEP 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21555	N	EXC NECK LES SC < 3 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
21556	N	EXC NECK TUM DEEP < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21557	N	RESECT NECK THORAX TUMOR<5CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21558	N	RESECT NECK TUMOR 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21600	N	PARTIAL REMOVAL OF RIB	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
21601	n	EXC CHEST WALL TUMOR W/RIBS	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21602	C	EXC CH WAL TUM W/O LYMPHADEC	-	-	-	IP Only	000	-	-	-	-	000	999	-
21603	C	EXC CH WAL TUM W/LYMPHADEC	-	-	-	IP Only	000	-	-	-	-	000	999	-
21610	N	PARTIAL REMOVAL OF RIB	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
21615	C	REMOVAL OF RIB	-	-	-	IP Only	000	-	-	-	-	000	999	-
21616	C	REMOVAL OF RIB AND NERVES	-	-	-	IP Only	000	-	-	-	-	000	999	-
21620	C	PARTIAL REMOVAL OF STERNUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
21627	C	STERNAL DEBRIDEMENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
21630	C	EXTENSIVE STERNUM SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
21632	C	EXTENSIVE STERNUM SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
21685	N	HYOID MYOTOMY & SUSPENSION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	Y	000	999	-
21700	N	REVISION OF NECK MUSCLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
21705	C	REVISION OF NECK MUSCLE/RIB	-	-	-	IP Only	000	-	-	-	-	000	999	-
21720	N	REVISION OF NECK MUSCLE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
21725	T	REVISION OF NECK MUSCLE	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
21740	C	RECONSTRUCTION OF STERNUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
21742	N	REPAIR STERN/NUSS W/O SCOPE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
21743	N	REPAIR STERNUM/NUSS W/SCOPE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
21750	C	REPAIR OF STERNUM SEPARATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
21811	N	OPTX OF RIB FX W/FIXJ SCOPE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
21812	N	TREATMENT OF RIB FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
21813	N	TREATMENT OF RIB FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
21820	T	TREAT STERNUM FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
21825	C	TREAT STERNUM FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
21899	T	UNLISTED PX NECK/THORAX	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
21920	N	BIOPSY SOFT TISSUE OF BACK	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
21925	N	BIOPSY SOFT TISSUE OF BACK	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
21930	N	EXC BACK LES SC < 3 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
21931	N	EXC BACK LES SC 3 CM/>	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
21932	N	EXC BACK TUM DEEP < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21933	N	EXC BACK TUM DEEP 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21935	N	RESECT BACK TUM < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
21936	N	RESECT BACK TUM 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
22010	C	I&D P-SPINE C/T/CERV-THOR	-	-	-	IP Only	000	-	-	-	Y	000	999	-
22015	C	I&D ABSCESS P-SPINE L/S/LS	-	-	-	IP Only	000	-	-	-	Y	000	999	-
22100	N	REMOVE PART OF NECK VERTEBRA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
22101	N	REMOVE PART THORAX VERTEBRA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
22102	N	REMOVE PART LUMBAR VERTEBRA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
22103	N	REMOVE EXTRA SPINE SEGMENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
22110	C	REMOVE PART OF NECK VERTEBRA	-	-	-	IP Only	000	-	-	-	-	000	999	-
22112	C	REMOVE PART THORAX VERTEBRA	-	-	-	IP Only	000	-	-	-	-	000	999	-
22114	C	REMOVE PART LUMBAR VERTEBRA	-	-	-	IP Only	000	-	-	-	-	000	999	-
22116	C	REMOVE EXTRA SPINE SEGMENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
22206	C	INCIS SPINE 3 COLUMN THORAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
22207	C	INCIS SPINE 3 COLUMN LUMBAR	-	-	-	IP Only	000	-	-	-	-	000	999	-
22208	C	INCIS SPINE 3 COLUMN ADL SEG	-	-	-	IP Only	000	-	-	-	-	000	999	-
22210	C	INCIS 1 VERTEBRAL SEG CERV	-	-	-	IP Only	000	-	-	-	-	000	999	-
22212	C	INCIS 1 VERTEBRAL SEG THORAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
22214	C	INCIS 1 VERTEBRAL SEG LUMBAR	-	-	-	IP Only	000	-	-	-	-	000	999	-
22216	C	INCIS ADDL SPINE SEGMENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
22220	C	OSTEOT DSC ANT 1 VRT SGM CRV	-	-	-	IP Only	000	-	-	-	-	000	999	-
22222	C	OSTEOT DSC ANT 1VRT SGM THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
22224	C	OSTEOT DSC ANT 1VRT SGM LMBR	-	-	-	IP Only	000	-	-	-	-	000	999	-
22226	C	OSTEOT DSC ANT 1VRT SGM EA	-	-	-	IP Only	000	-	-	-	-	000	999	-
22310	T	CLOSED TX VERT FX W/O MANJ	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
22315	N	CLOSED TX VERT FX W/MANJ	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
22318	C	TREAT ODONTOID FX W/O GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
22319	C	TREAT ODONTOID FX W/GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
22325	C	TREAT SPINE FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22326	C	TREAT NECK SPINE FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22327	C	TREAT THORAX SPINE FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22328	C	TREAT EACH ADD SPINE FX	-	-	-	IP Only	000	-	-	-	-	000	999	-
22505	N	MANIPULATION OF SPINE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
22510	N	PERQ CERVICOTHORACIC INJECT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
22511	N	PERQ LUMBOSACRAL INJECTION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
22512	N	VERTEBROPLASTY ADDL INJECT	-	-	-	Bundled	000	-	-	-	-	000	999	-
22513	N	PERQ VERTEBRAL AUGMENTATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
22514	N	PERQ VERTEBRAL AUGMENTATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
22515	N	PERQ VERTEBRAL AUGMENTATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
22526	E	IDET SINGLE LEVEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
22527	E	IDET 1 OR MORE LEVELS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
22532	C	ARTHRD LAT XTRCVTRY TQ THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
22533	C	ARTHRD LAT XTRCVTRY TQ LMBR	-	-	-	IP Only	000	-	-	-	-	000	999	-
22534	C	ARTHRD LAT XTRCVTRY TQ EA AD	-	-	-	IP Only	000	-	-	-	-	000	999	-
22548	C	ARTHRD ANT TORAL/XORAL C1-C2	-	-	-	IP Only	000	-	-	-	-	000	999	-
22551	N	ARTHRD ANT NTRBDY CERVICAL	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
22552	N	ARTHRD ANT NTRBD CERVICAL EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
22554	N	ARTHRD ANT NTRBD MIN DSC CRV	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
22556	C	ARTHRD ANT NTRBD MIN DSC THC	-	-	-	IP Only	000	-	-	-	-	000	999	-
22558	C	ARTHRD ANT NTRBD MIN DSC LUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
22585	N	ARTHRD ANT NTRBD MIN DSC EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
22586	C	ARTHRD PRE-SAC NTRBDY L5-S1	-	-	-	IP Only	000	-	-	-	Y	000	999	-
22590	C	ARTHRD PST TQ CRANIOCERVICAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
22595	C	ARTHRD PST TQ ATLAS-AXIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
22600	C	ARTHRD PST TQ 1NTRSPC CRV	-	-	-	IP Only	000	-	-	-	-	000	999	-
22610	C	ARTHRD PST TQ 1NTRSPC THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
22612	N	ARTHRD PST TQ 1NTRSPC LUMBAR	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
22614	N	ARTHRD PST TQ 1NTRSPC EA ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
22630	N	ARTHRD PST TQ 1NTRSPC LUM	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
22632	N	ARTHRD PST TQ 1NTRSPC LM EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
22633	N	ARTHRD CMBN 1NTRSPC LUMBAR	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
22634	N	ARTHRD CMBN 1NTRSPC EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
22800	C	ARTHRD PST DFRM<6 VRT SGM	-	-	-	IP Only	000	-	-	-	-	000	999	-
22802	C	ARTHRD PST DFRM 7-12 VRT SGM	-	-	-	IP Only	000	-	-	-	-	000	999	-
22804	C	ARTHRD PST DFRM 13+ VRT SGM	-	-	-	IP Only	000	-	-	-	-	000	999	-
22808	C	ARTHRD ANT DFRM 2-3 VRT SGM	-	-	-	IP Only	000	-	-	-	-	000	999	-
22810	C	ARTHRD ANT DFRM 4-7 VRT SGM	-	-	-	IP Only	000	-	-	-	-	000	999	-
22812	C	ARTHRD ANT DFRM 8+ VRT SGM	-	-	-	IP Only	000	-	-	-	-	000	999	-
22818	C	KYPHECTOMY 1-2 SEGMENTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
22819	C	KYPHECTOMY 3 OR MORE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22830	C	EXPLORATION OF SPINAL FUSION	-	-	-	IP Only	000	-	-	-	-	000	999	-
22836	C	ANT THRC VRT BODY TETHRG <7	-	-	-	IP Only	000	-	-	-	-	000	999	-
22837	C	ANT THRC VRT BODY TETHRG 8+	-	-	-	IP Only	000	-	-	-	-	000	999	-
22838	C	REV RPLC/RMV THRC VRT TETHRG	-	-	-	IP Only	000	-	-	-	-	000	999	-
22840	N	INSERT SPINE FIXATION DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
22841	C	INSERT SPINE FIXATION DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22842	N	INSERT SPINE FIXATION DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
22843	C	INSERT SPINE FIXATION DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22844	C	INSERT SPINE FIXATION DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22845	N	INSERT SPINE FIXATION DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
22846	C	INSERT SPINE FIXATION DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22847	C	INSERT SPINE FIXATION DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22848	C	INSERT PELV FIXATION DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22849	C	REINSERT SPINAL FIXATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
22850	C	REMOVE SPINE FIXATION DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22852	C	REMOVE SPINE FIXATION DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
22853	N	INSJ BIOMECHANICAL DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
22854	N	INSJ BIOMECHANICAL DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
22855	C	REMOVAL ANTERIOR INSTRMJ	-	-	-	IP Only	000	-	-	-	-	000	999	-
22856	N	TOT DISC ARTHRP 1NTRSPC CRV	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	Y	-	000	999	-
22857	C	TOT DISC ARTHRP 1NTRSPC LMBR	-	-	-	IP Only	000	-	-	Y	-	000	999	-
22858	N	TOT DISC ARTHRP 2ND LVL CRV	-	-	-	Bundled	000	-	-	-	-	000	999	-
22859	N	INSJ BIOMECHANICAL DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
22860	E	TOT DISC ARTHRP 2NTRSPC LMBR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
22861	C	REV RPLCM ARTHRP 1NTRSPC CRV	-	-	-	IP Only	000	-	-	-	-	000	999	-
22862	C	REV RPLCM RTHRP 1NTRSPC LMBR	-	-	-	IP Only	000	-	-	-	-	000	999	-
22864	C	RMVL TOT ARTHRP 1NTRSPC CRV	-	-	-	IP Only	000	-	-	Y	-	000	999	-
22865	C	RMVL TOT ARTHRP 1NTRSPC LMBR	-	-	-	IP Only	000	-	-	Y	-	000	999	-
22867	N	INSJ STABLJ DEV W/DCMPRN	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
22868	N	INSJ STABLJ DEV W/DCMPRN	-	-	-	Bundled	000	-	-	-	-	000	999	-
22869	N	INSJ STABLJ DEV W/O DCMPRN	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
22870	N	INSJ STABLJ DEV W/O DCMPRN	-	-	-	Bundled	000	-	-	-	-	000	999	-
22899	T	UNLISTED PROCEDURE SPINE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
22900	N	EXC ABDL TUM DEEP < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
22901	N	EXC ABDL TUM DEEP 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
22902	N	EXC ABD LES SC < 3 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
22903	N	EXC ABD LES SC 3 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
22904	N	RADICAL RESECT ABD TUMOR<5CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
22905	N	RAD RESECT ABD TUMOR 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
22999	T	UNLISTED PX ABDOMEN MUSCSKEL	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
23000	N	REMOVAL OF CALCIUM DEPOSITS	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
23020	N	RELEASE SHOULDER JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23030	N	DRAIN SHOULDER LESION	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
23031	N	DRAIN SHOULDER BURSA	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
23035	N	DRAIN SHOULDER BONE LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
23040	N	EXPLORATORY SHOULDER SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23044	N	EXPLORATORY SHOULDER SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23065	N	BIOPSY SHOULDER TISSUES	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
23066	N	BIOPSY SHOULDER TISSUES	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
23071	N	EXC SHOULDER LES SC 3 CM/>	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
23073	N	EXC SHOULDER TUM DEEP 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
23075	N	EXC SHOULDER LES SC < 3 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
23076	N	EXC SHOULDER TUM DEEP < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
23077	N	RESECT SHOULDER TUMOR < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
23078	N	RESECT SHOULDER TUMOR 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
23100	N	BIOPSY OF SHOULDER JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23101	N	SHOULDER JOINT SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23105	N	REMOVE SHOULDER JOINT LINING	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23106	N	INCISION OF COLLARBONE JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23107	N	EXPLORE TREAT SHOULDER JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23120	N	PARTIAL REMOVAL COLLAR BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23125	N	REMOVAL OF COLLAR BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23130	N	REMOVE SHOULDER BONE PART	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23140	N	REMOVAL OF BONE LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23145	N	REMOVAL OF BONE LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23146	N	REMOVAL OF BONE LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23150	N	REMOVAL OF HUMERUS LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23155	N	REMOVAL OF HUMERUS LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23156	N	REMOVAL OF HUMERUS LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23170	N	REMOVE COLLAR BONE LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23172	N	REMOVE SHOULDER BLADE LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23174	N	REMOVE HUMERUS LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23180	N	REMOVE COLLAR BONE LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23182	N	REMOVE SHOULDER BLADE LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23184	N	REMOVE HUMERUS LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23190	N	PARTIAL REMOVAL OF SCAPULA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
23195	N	REMOVAL OF HEAD OF HUMERUS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23200	C	RESECT CLAVICLE TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
23210	C	RESECT SCAPULA TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
23220	C	RESECT PROX HUMERUS TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
23330	N	REMOVE SHOULDER FOREIGN BODY	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
23333	N	REMOVE SHOULDER FB DEEP	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
23334	N	SHOULDER PROSTHESIS REMOVAL	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
23335	C	SHOULDER PROSTHESIS REMOVAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
23350	N	INJECTION FOR SHOULDER X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
23395	N	MUSCLE TRANSFER SHOULDER/ARM	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23397	N	MUSCLE TRANSFERS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23400	N	FIXATION OF SHOULDER BLADE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23405	N	INCISION OF TENDON & MUSCLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23406	N	INCISE TENDON(S) & MUSCLE(S)	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-

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23410	N		REPAIR ROTATOR CUFF ACUTE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23412	N		REPAIR ROTATOR CUFF CHRONIC	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23415	N		RELEASE OF SHOULDER LIGAMENT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23420	N		REPAIR OF SHOULDER	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23430	N		REPAIR BICEPS TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23440	N		REMOVE/TRANSPLANT TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23450	N		REPAIR SHOULDER CAPSULE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23455	N		REPAIR SHOULDER CAPSULE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23460	N		REPAIR SHOULDER CAPSULE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23462	N		REPAIR SHOULDER CAPSULE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23465	N		REPAIR SHOULDER CAPSULE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23466	N		REPAIR SHOULDER CAPSULE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23470	N		RECONSTRUCT SHOULDER JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
23472	N		RECONSTRUCT SHOULDER JOINT	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
23473	N		REVIS RECONST SHOULDER JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	Y	000	999	-
23474	C		REVIS RECONST SHOULDER JOINT	-	-	-	IP Only	000	-	-	-	Y	000	999	-
23480	N		REVISION OF COLLAR BONE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23485	N		REVISION OF COLLAR BONE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
23490	N		REINFORCE CLAVICLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23491	N		REINFORCE SHOULDER BONES	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
23500	T		CLTX CLAVICULAR FX W/O MNPJ	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
23505	N		CLTX CLAVICULAR FX W/MNPJ	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
23515	N		OPTX CLAVICULAR FX W/INT FIX	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23520	N		CLTX STRNCLAV DISLC W/O MNPJ	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
23525	T		CLTX STRNCLAV DISLC W/MNPJ	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
23530	N		OPTX STRNCLAV DISLC AQT/CHRN	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23532	N		OPTX STRCLV DSLC AQ/CHRN GRF	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23540	T		CLTX ACROMCLAV DISLC WO MNPJ	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
23545	T		CLTX ACROMCLAV DISLC W/MNPJ	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
23550	N		OPTX ACROMCLV DISLC AQT/CHRN	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23552	N		OPTX ACRCLV DSLC AQ/CHRN GRF	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23570	T		CLTX SCAPULAR FX W/O MNPJ	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
23575	N		CLTX SCAP FX W/MNPJ +-TRACTJ	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
23585	N		OPTX SCAPULAR FX W/INT FIXJ	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23600	T		CLTX PROX HUMRL FX W/O MNPJ	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
23605	N		CLTX PRX HMRL FX MNPJ+-TRACT	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
23615	N		OPTX PROX HUMRL FX W/INT FIX	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
23616	N		OPTX PRX HMRL FX FIX RPR RPL	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
23620	T		CLTX GR HMRL TBRS FX WO MNPJ	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
23625	N		CLTX GR HMRL TBRS FX W/MNPJ	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
23630	N		OPTX GR HMRL TBRS FX INT FIX	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23650	T		CLTX SHO DSLC W/MNPJ WO ANES	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
23655	N		CLTX SHO DSLC W/MNPJ W/ANES	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
23660	N		OPTX ACUTE SHOULDER DISLC	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23665	N		CLTX SHO DSLC FX GR HMRL TBR	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
23670	N		OPTX SHO DISLC FX	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23675	N		CLTX SHO DISLC NECK FX MNPJ	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
23680	N		OPTX SHO DISLC NECK FX FIXJ	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
23700	N		MNPJ ANES SHO JT FIXJ APRATS	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
23800	N		ARTHRODESIS GLENOHUMERAL JT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
23802	N		ARTHROD GLENOHUMERAL JT W/GRF	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
23900	C		INTERTHORACOSCPLR AMPUTATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
23920	C		DISARTICULATION SHOULDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
23921	T		DISARTICULATION SHO SEC CLSR	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
23929	T		UNLISTED PROCEDURE SHOULDER	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
23930	N		I&D UPR A/E DP ABS/CHMTMA	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
23931	N		I&D UPR A/E BURSA	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
23935	N		INC DP OPN B1 CRTX HUM/ELBW	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24000	N		ARTHRT ELBW EXPL DRG/RMVL FB	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24006	N		ARTHRT ELBW CAPSL EXC RLS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24065	N		BIOPSY ARM/ELBOW SOFT TISSUE	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
24066	N		BIOPSY ARM/ELBOW SOFT TISSUE	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
24071	N		EXC ARM/ELBOW LES SC 3 CM/→	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
24073	N		EX ARM/ELBOW TUM DEEP 5 CM/→	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
24075	N		EXC ARM/ELBOW LES SC < 3 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
24076	N		EX ARM/ELBOW TUM DEEP < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
24077	N		RAD RESCJ TUM TISS A/E <5CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
24079	N		RAD RESCJ TUM TISS A/E 5 CM+	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
24100	N		ARTHRT ELBW SYNOVIAL BX ONLY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24101	N		ARTHRT ELBW JT EXPL BX RMVL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24102	N		ARTHRT ELBOW W/SYNOVECTOMY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24105	N		EXCISION OLECRANON BURSA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24110	N		EXC/CURTG B1 CST/B9 TUM HUM	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24115	N		EXC/CRTG B1 CST/TUM HUM AGRF	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24116	N		EXC/CRTG B1 CST/TUM HUM ALGR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24120	N		EXC/CRTG B1 CST/B9 TUM RDS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24125	N		EXC/CRTG B1 CST/TUM RDS AGRF	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24126	N		EXC/CRTG B1 CST/TUM RDS ALGR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24130	N		EXCISION RADIAL HEAD	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24134	N		SEQUESTRECTOMY SHFT/DSTL HUM	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24136	N		SEQUESTRECTOMY RADIAL H/N	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24138	N		SEQUESTRECTOMY OLECRN PROCES	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24140	N		PARTIAL EXC BONE HUMERUS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24145	N		PRTL EXC BONE RADIAL H/N	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24147	N		PRTL EXC BONE OLECRN PROCESS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24149	N		RADICAL RESECTION OF ELBOW	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24150	N		RAD RESCJ TUM DSTL/SHFT HUM	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24152	N		RAD RESECTION TUM RADIAL H/N	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24155	N		RESECTION OF ELBOW JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24160	N		RMVL PROSTHHUMRL&ULNAR CMPNT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24164	N		REMOVAL PROSTH RADIAL HEAD	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24200	N		RMVL FB UPPER ARM/ELBW SUBQ	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
24201	N		RMVL FB UPPER ARM/ELBW DEEP	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
24220	N		INJECTION PX FOR ELBOW ARTHG	-	-	-	Bundled	000	-	-	-	-	000	999	-
24300	N		MNPJ ELBOW UNDER ANES	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
24301	N		MUSC/TDN TRANSFER UPR A/E 1	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24305	N		TENDON LNGTH UPR A/E EA TDN	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24310	N		TNOT OPN ELBW TO SHO EA TDN	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24320	N		TENOPLASTY ELBOW TO SHO 1	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24330	N		FLEXOR-PLASTY ELBOW	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24331	N		FLEXOR-PLASTY ELBW W/ADMVNT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24332	N		TENOLYSIS TRICEPS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24340	N		TENODESIS BICEPS TDN AT ELBW	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24341	N		RPR TDN/MUSC UPR A/E EACH	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24342	N		REPAIR OF RUPTURED TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24343	N		REPR ELBOW LAT LIGMNT W/TISS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24344	N		RECONSTRUCT ELBOW LAT LIGMNT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24345	N		REPR ELBW MED LIGMNT W/TISSU	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24346	N		RECONSTRUCT ELBOW MED LIGMNT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24357	N		REPAIR ELBOW PERC	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24358	N		REPAIR ELBOW W/DEB OPEN	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24359	N		REPAIR ELBOW DEB/ATTCH OPEN	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
24360	N	RECONSTRUCT ELBOW JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24361	N	RECONSTRUCT ELBOW JOINT	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
24362	N	RECONSTRUCT ELBOW JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24363	N	REPLACE ELBOW JOINT	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
24365	N	RECONSTRUCT HEAD OF RADIUS	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24366	N	RECONSTRUCT HEAD OF RADIUS	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24370	N	REVISE RECONST ELBOW JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	Y	000	999	-
24371	N	REVISE RECONST ELBOW JOINT	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	Y	000	999	-
24400	N	REVISION OF HUMERUS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24410	N	REVISION OF HUMERUS	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24420	N	REVISION OF HUMERUS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24430	N	REPAIR OF HUMERUS	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24435	N	REPAIR HUMERUS WITH GRAFT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24470	N	REVISION OF ELBOW JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24495	N	DECOMPRESSION OF FOREARM	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24498	N	REINFORCE HUMERUS	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24500	T	TREAT HUMERUS FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
24505	N	TREAT HUMERUS FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
24515	N	TREAT HUMERUS FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24516	N	TREAT HUMERUS FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24530	T	TREAT HUMERUS FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
24535	N	TREAT HUMERUS FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
24538	N	TREAT HUMERUS FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24545	N	TREAT HUMERUS FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24546	N	TREAT HUMERUS FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24560	T	TREAT HUMERUS FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
24565	N	TREAT HUMERUS FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
24566	N	TREAT HUMERUS FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
24575	N	TREAT HUMERUS FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24576	T	TREAT HUMERUS FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
24577	N	TREAT HUMERUS FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
24579	N	TREAT HUMERUS FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24582	N	TREAT HUMERUS FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24586	N	TREAT ELBOW FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24587	N	TREAT ELBOW FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24600	T	TREAT ELBOW DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
24605	N	TREAT ELBOW DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
24615	N	TREAT ELBOW DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24620	N	TREAT ELBOW FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
24635	N	TREAT ELBOW FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24640	T	TREAT ELBOW DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	017	-
24650	T	TREAT RADIUS FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
24655	N	TREAT RADIUS FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
24665	N	TREAT RADIUS FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24666	N	TREAT RADIUS FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24670	T	TREAT ULNAR FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
24675	N	TREAT ULNAR FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
24685	N	TREAT ULNAR FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24800	N	FUSION OF ELBOW JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
24802	N	FUSION/GRAFT OF ELBOW JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
24900	C	AMPUTATION OF UPPER ARM	-	-	-	IP Only	000	-	-	-	-	000	999	-
24920	C	AMPUTATION OF UPPER ARM	-	-	-	IP Only	000	-	-	-	-	000	999	-
24925	N	AMPUTATION FOLLOW-UP SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
24930	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
24931	C	AMPUTATE UPPER ARM & IMPLANT	-	-	-	IP Only	000	-	-	-	-	000	999	-
24935	N	REVISION OF AMPUTATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
24940	C	REVISION OF UPPER ARM	-	-	-	IP Only	000	-	-	-	-	000	999	-
24999	T	UNLISTED PX HUMERUS/ELBOW	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25000	N	INCISION OF TENDON SHEATH	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25001	N	INCISE FLEXOR CARPI RADIALIS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25020	N	DECOMPRESS FOREARM 1 SPACE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25023	N	DECOMPRESS FOREARM 1 SPACE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25024	N	DECOMPRESS FOREARM 2 SPACES	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25025	N	DECOMPRESS FOREARM 2 SPACES	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25028	N	DRAINAGE OF FOREARM LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25031	N	DRAINAGE OF FOREARM BURSA	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25035	N	TREAT FOREARM BONE LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25040	N	EXPLORE/TREAT WRIST JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25065	N	BIOPSY FOREARM SOFT TISSUES	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
25066	N	BIOPSY FOREARM SOFT TISSUES	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
25071	N	EXC FOREARM LES SC 3 CM/>	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
25073	N	EXC FOREARM TUM DEEP 3 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
25075	N	EXC FOREARM LES SC < 3 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
25076	N	EXC FOREARM TUM DEEP < 3 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
25077	N	RESECT FOREARM/WRIST TUM<3CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
25078	N	RESECT FORARM/WRIST TUM 3CM>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
25085	N	INCISION OF WRIST CAPSULE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25100	N	BIOPSY OF WRIST JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25101	N	EXPLORE/TREAT WRIST JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25105	N	REMOVE WRIST JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25107	N	REMOVE WRIST JOINT CARTILAGE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25109	N	EXCISE TENDON FOREARM/WRIST	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25110	N	REMOVE WRIST TENDON LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25111	N	REMOVE WRIST TENDON LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25112	N	REREMOVE WRIST TENDON LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25115	N	REMOVE WRIST/FOREARM LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25116	N	REMOVE WRIST/FOREARM LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25118	N	EXCISE WRIST TENDON SHEATH	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25119	N	PARTIAL REMOVAL OF ULNA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25120	N	REMOVAL OF FOREARM LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25125	N	REMOVE/GRAFT FOREARM LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25126	N	REMOVE/GRAFT FOREARM LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25130	N	REMOVAL OF WRIST LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25135	N	REMOVE & GRAFT WRIST LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25136	N	REMOVE & GRAFT WRIST LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25145	N	REMOVE FOREARM BONE LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25150	N	PARTIAL REMOVAL OF ULNA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25151	N	PARTIAL REMOVAL OF RADIUS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25170	N	RESECT RADIUS/ULNAR TUMOR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25210	N	REMOVAL OF WRIST BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25215	N	REMOVAL OF WRIST BONES	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25230	N	PARTIAL REMOVAL OF RADIUS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25240	N	PARTIAL REMOVAL OF ULNA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25246	N	INJECTION FOR WRIST X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
25248	N	REMOVE FOREARM FOREIGN BODY	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25250	N	REMOVAL OF WRIST PROSTHESIS	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25251	N	REMOVAL OF WRIST PROSTHESIS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25259	N	MANIPULATE WRIST W/ANESTHES	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25260	N	REPAIR FOREARM TENDON/MUSCLE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25263	N	REPAIR FOREARM TENDON/MUSCLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25265	N	REPAIR FOREARM TENDON/MUSCLE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25270	N	REPAIR FOREARM TENDON/MUSCLE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
25272	N	REPAIR FOREARM TENDON/MUSCLE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25274	N	REPAIR FOREARM TENDON/MUSCLE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25275	N	REPAIR FOREARM TENDON SHEATH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25280	N	REVISE WRIST/FOREARM TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25290	N	INCISE WRIST/FOREARM TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25295	N	RELEASE WRIST/FOREARM TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25300	N	FUSION OF TENDONS AT WRIST	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25301	N	FUSION OF TENDONS AT WRIST	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25310	N	TRANSPLANT FOREARM TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25312	N	TRANSPLANT FOREARM TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25315	N	REVISE PALSY HAND TENDON(S)	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25316	N	REVISE PALSY HAND TENDON(S)	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25320	N	REPAIR/REVISE WRIST JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25332	N	REVISE WRIST JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25335	N	REALIGNMENT OF HAND	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25337	N	RECONSTRUCT ULNA/RADIOULNAR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25350	N	REVISION OF RADIUS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25355	N	REVISION OF RADIUS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25360	N	REVISION OF ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25365	N	REVISE RADIUS & ULNA	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
25370	N	REVISE RADIUS OR ULNA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25375	N	REVISE RADIUS & ULNA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25390	N	SHORTEN RADIUS OR ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25391	N	LENGTHEN RADIUS OR ULNA	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
25392	N	SHORTEN RADIUS & ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25393	N	LENGTHEN RADIUS & ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25394	N	REPAIR CARPAL BONE SHORTEN	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25400	N	REPAIR RADIUS OR ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25405	N	REPAIR/GRAFT RADIUS OR ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25415	N	REPAIR RADIUS & ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25420	N	REPAIR/GRAFT RADIUS & ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25425	N	REPAIR/GRAFT RADIUS OR ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25426	N	REPAIR/GRAFT RADIUS & ULNA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25430	N	VASC GRAFT INTO CARPAL BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25431	N	REPAIR NONUNION CARPAL BONE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25440	N	REPAIR/GRAFT WRIST BONE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25441	N	RECONSTRUCT WRIST JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
25442	N	RECONSTRUCT WRIST JOINT	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
25443	N	RECONSTRUCT WRIST JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25444	N	RECONSTRUCT WRIST JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
25445	N	RECONSTRUCT WRIST JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25446	N	WRIST REPLACEMENT	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
25447	N	REPAIR WRIST JOINTS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25449	N	REMOVE WRIST JOINT IMPLANT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25450	N	REVISION OF WRIST JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25455	N	REVISION OF WRIST JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25490	N	REINFORCE RADIUS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25491	N	REINFORCE ULNA	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
25492	N	REINFORCE RADIUS AND ULNA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25500	T	TREAT FRACTURE OF RADIUS	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25505	N	TREAT FRACTURE OF RADIUS	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25515	N	TREAT FRACTURE OF RADIUS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25520	N	TREAT FRACTURE OF RADIUS	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25525	N	TREAT FRACTURE OF RADIUS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25526	N	TREAT FRACTURE OF RADIUS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25530	T	TREAT FRACTURE OF ULNA	-	05111	2.5713	APC	156	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
25535	T	TREAT FRACTURE OF ULNA	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25545	N	TREAT FRACTURE OF ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25560	T	TREAT FRACTURE RADIUS & ULNA	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25565	N	TREAT FRACTURE RADIUS & ULNA	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25574	N	TREAT FRACTURE RADIUS & ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25575	N	TREAT FRACTURE RADIUS/ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25600	T	TREAT FRACTURE RADIUS/ULNA	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25605	N	TREAT FRACTURE RADIUS/ULNA	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25606	N	TREAT FX DISTAL RADIAL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25607	N	TREAT FX RAD EXTRA-ARTICUL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25608	N	TREAT FX RAD INTRA-ARTICUL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25609	N	TREAT FX RADIAL 3+ FRAG	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25622	T	TREAT WRIST BONE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25624	N	TREAT WRIST BONE FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25628	N	TREAT WRIST BONE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25630	T	TREAT WRIST BONE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25635	N	TREAT WRIST BONE FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25645	N	TREAT WRIST BONE FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25650	T	TREAT WRIST BONE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25651	N	PIN ULNAR STYLOID FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25652	N	TREAT FRACTURE ULNAR STYLOID	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25660	T	TREAT WRIST DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25670	N	TREAT WRIST DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25671	N	PIN RADIOULNAR DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25675	T	TREAT WRIST DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25676	N	TREAT WRIST DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25680	T	TREAT WRIST FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
25685	N	TREAT WRIST FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25690	N	TREAT WRIST DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25695	N	TREAT WRIST DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25800	N	FUSION OF WRIST JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25805	N	FUSION/GRAFT OF WRIST JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25810	N	FUSION/GRAFT OF WRIST JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
25820	N	FUSION OF HAND BONES	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25825	N	FUSE HAND BONES WITH GRAFT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25830	N	FUSION RADIOULNAR JNT/ULNA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25900	C	AMPUTATION OF FOREARM	-	-	-	IP Only	000	-	-	-	-	000	999	-
25905	C	AMPUTATION OF FOREARM	-	-	-	IP Only	000	-	-	-	-	000	999	-
25907	N	AMPUTATION FOLLOW-UP SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25909	N	AMPUTATION FOLLOW-UP SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
25915	C	AMPUTATION OF FOREARM	-	-	-	IP Only	000	-	-	-	-	000	999	-
25920	C	AMPUTATE HAND AT WRIST	-	-	-	IP Only	000	-	-	-	-	000	999	-
25922	N	AMPUTATE HAND AT WRIST	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
25924	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
25927	C	AMPUTATION OF HAND	-	-	-	IP Only	000	-	-	-	-	000	999	-
25929	T	AMPUTATION FOLLOW-UP SURGERY	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
25931	N	AMPUTATION FOLLOW-UP SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
25999	T	UNLISTED PX FOREARM/WRIST	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26010	T	DRAINAGE OF FINGER ABSCESS	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
26011	N	DRAINAGE OF FINGER ABSCESS	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
26020	N	DRAIN HAND TENDON SHEATH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26025	N	DRAINAGE OF PALM BURSA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26030	N	DRAINAGE OF PALM BURSAS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26034	N	TREAT HAND BONE LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26035	N	DECOMPRESS FINGERS/HAND	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26037	N	DECOMPRESS FINGERS/HAND	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
					APC	Weight									
26040	N		RELEASE PALM CONTRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26045	N		RELEASE PALM CONTRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26055	N		INCISE FINGER TENDON SHEATH	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26060	N		INCISION OF FINGER TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26070	N		EXPLORE/TREAT HAND JOINT	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26075	N		EXPLORE/TREAT FINGER JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26080	N		EXPLORE/TREAT FINGER JOINT	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26100	N		BIOPSY HAND JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26105	N		BIOPSY FINGER JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26110	N		BIOPSY FINGER JOINT LINING	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26111	N		EXC HAND LES SC 1.5 CM/>	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
26113	N		EXC HAND TUM DEEP 1.5 CM/>	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
26115	N		EXC HAND LES SC < 1.5 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
26116	N		EXC HAND TUM DEEP < 1.5 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
26117	N		RAD RESECT HAND TUMOR < 3 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
26118	N		RAD RESECT HAND TUMOR 3 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
26121	N		RELEASE PALM CONTRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26123	N		RELEASE PALM CONTRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26125	N		RELEASE PALM CONTRACTURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
26130	N		REMOVE WRIST JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26135	N		REVISE FINGER JOINT EACH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26140	N		REVISE FINGER JOINT EACH	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26145	N		TENDON EXCISION PALM/FINGER	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26160	N		REMOVE TENDON SHEATH LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26170	N		REMOVAL OF PALM TENDON EACH	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26180	N		REMOVAL OF FINGER TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26185	N		REMOVE FINGER BONE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26200	N		REMOVE HAND BONE LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26205	N		REMOVE/GRAFT BONE LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26210	N		REMOVAL OF FINGER LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26215	N		REMOVE/GRAFT FINGER LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26230	N		PARTIAL REMOVAL OF HAND BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26235	N		PARTIAL REMOVAL FINGER BONE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26236	N		PARTIAL REMOVAL FINGER BONE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26250	N		EXTENSIVE HAND SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26260	N		RESECT PROX FINGER TUMOR	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26262	N		RESECT DISTAL FINGER TUMOR	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26320	N		REMOVAL OF IMPLANT FROM HAND	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
26340	N		MANIPULATE FINGER W/ANESTH	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26341	T		MANIPULAT PALM CORD POST INJ	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26350	N		REPAIR FINGER/HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26352	N		REPAIR/GRAFT HAND TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26356	N		REPAIR FINGER/HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26357	N		REPAIR FINGER/HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26358	N		REPAIR/GRAFT HAND TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26370	N		REPAIR FINGER/HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26372	N		REPAIR/GRAFT HAND TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26373	N		REPAIR FINGER/HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26390	N		REVISE HAND/FINGER TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26392	N		REPAIR/GRAFT HAND TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26410	N		REPAIR HAND TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26412	N		REPAIR/GRAFT HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26415	N		EXCISION HAND/FINGER TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26416	N		GRAFT HAND OR FINGER TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26418	N		REPAIR FINGER TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26420	N		REPAIR/GRAFT FINGER TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
					APC	Weight				Prior Auth. Required	Passport			
26426	N		REPAIR FINGER/HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26428	N		REPAIR/GRAFT FINGER TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26432	N		REPAIR FINGER TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	000	999	-
26433	N		REPAIR FINGER TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26434	N		REPAIR/GRAFT FINGER TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26437	N		REALIGNMENT OF TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26440	N		RELEASE PALM/FINGER TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	000	999	-
26442	N		RELEASE PALM & FINGER TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26445	N		RELEASE HAND/FINGER TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26449	N		RELEASE FOREARM/HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26450	N		INCISION OF PALM TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26455	N		INCISION OF FINGER TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	000	999	-
26460	N		INCISE HAND/FINGER TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	000	999	-
26471	N		FUSION OF FINGER TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26474	N		FUSION OF FINGER TENDONS	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	000	999	-
26476	N		TENDON LENGTHENING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26477	N		TENDON SHORTENING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26478	N		LENGTHENING OF HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26479	N		SHORTENING OF HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26480	N		TRANSPLANT HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26483	N		TRANSPLANT/GRAFT HAND TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26485	N		TRANSPLANT PALM TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26489	N		TRANSPLANT/GRAFT PALM TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26490	N		REVISE THUMB TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26492	N		TENDON TRANSFER WITH GRAFT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26494	N		HAND TENDON/MUSCLE TRANSFER	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26496	N		REVISE THUMB TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26497	N		FINGER TENDON TRANSFER	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26498	N		FINGER TENDON TRANSFER	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26499	N		REVISION OF FINGER	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26500	N		HAND TENDON RECONSTRUCTION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	000	999	-
26502	N		HAND TENDON RECONSTRUCTION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26508	N		RELEASE THUMB CONTRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26510	N		THUMB TENDON TRANSFER	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26516	N		FUSION OF KNUCKLE JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26517	N		FUSION OF KNUCKLE JOINTS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26518	N		FUSION OF KNUCKLE JOINTS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	000	999	-
26520	N		RELEASE KNUCKLE CONTRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26525	N		RELEASE FINGER CONTRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	000	999	-
26530	N		REVISE KNUCKLE JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	000	999	-
26531	N		REVISE KNUCKLE WITH IMPLANT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	000	999	-
26535	N		REVISE FINGER JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26536	N		REVISE/IMPLANT FINGER JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	000	999	-
26540	N		REPAIR HAND JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26541	N		REPAIR HAND JOINT WITH GRAFT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26542	N		REPAIR HAND JOINT WITH GRAFT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26545	N		RECONSTRUCT FINGER JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26546	N		REPAIR NONUNION HAND	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	000	999	-
26548	N		RECONSTRUCT FINGER JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26550	N		CONSTRUCT THUMB REPLACEMENT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
26551	C		GREAT TOE-HAND TRANSFER	-	-	-	IP Only	000	-	-	-	000	999	-
26553	C		SINGLE TRANSFER TOE-HAND	-	-	-	IP Only	000	-	-	-	000	999	-
26554	C		DOUBLE TRANSFER TOE-HAND	-	-	-	IP Only	000	-	-	-	000	999	-
26555	N		POSITIONAL CHANGE OF FINGER	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	000	999	-
26556	C		TOE JOINT TRANSFER	-	-	-	IP Only	000	-	-	-	000	999	-
26560	N		REPAIR OF WEB FINGER	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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				APC	Weight									
26561	N	REPAIR OF WEB FINGER	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26562	N	REPAIR OF WEB FINGER	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26565	N	CORRECT METACARPAL FLAW	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26567	N	CORRECT FINGER DEFORMITY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26568	N	LENGTHEN METACARPAL/FINGER	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26580	N	REPAIR HAND DEFORMITY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26587	N	RECONSTRUCT EXTRA FINGER	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26590	N	REPAIR FINGER DEFORMITY	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26591	N	REPAIR MUSCLES OF HAND	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26593	N	RELEASE MUSCLES OF HAND	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26596	N	EXCISION CONSTRICTING TISSUE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26600	T	TREAT METACARPAL FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26605	T	TREAT METACARPAL FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26607	N	TREAT METACARPAL FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26608	N	TREAT METACARPAL FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26615	N	TREAT METACARPAL FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26641	T	TREAT THUMB DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26645	N	TREAT THUMB FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26650	N	TREAT THUMB FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26665	N	TREAT THUMB FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26670	T	TREAT HAND DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26675	N	TREAT HAND DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26676	N	PIN HAND DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26685	N	TREAT HAND DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26686	N	TREAT HAND DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26700	T	TREAT KNUCKLE DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26705	N	TREAT KNUCKLE DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26706	N	PIN KNUCKLE DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26715	N	TREAT KNUCKLE DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26720	T	TREAT FINGER FRACTURE EACH	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26725	T	TREAT FINGER FRACTURE EACH	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26727	N	TREAT FINGER FRACTURE EACH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26735	N	TREAT FINGER FRACTURE EACH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26740	T	TREAT FINGER FRACTURE EACH	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26742	N	TREAT FINGER FRACTURE EACH	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26746	N	TREAT FINGER FRACTURE EACH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26750	T	TREAT FINGER FRACTURE EACH	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26755	T	TREAT FINGER FRACTURE EACH	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26756	N	PIN FINGER FRACTURE EACH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26765	N	TREAT FINGER FRACTURE EACH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26770	T	TREAT FINGER DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26775	T	TREAT FINGER DISLOCATION	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
26776	N	PIN FINGER DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26785	N	TREAT FINGER DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26820	N	THUMB FUSION WITH GRAFT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26841	N	FUSION OF THUMB	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26842	N	THUMB FUSION WITH GRAFT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26843	N	FUSION OF HAND JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26844	N	FUSION/GRAFT OF HAND JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26850	N	FUSION OF KNUCKLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26852	N	FUSION OF KNUCKLE WITH GRAFT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
26860	N	FUSION OF FINGER JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26861	N	FUSION OF FINGER JNT ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
26862	N	FUSION/GRAFT OF FINGER JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26863	N	FUSE/GRAFT ADDED JOINT	-	-	-	Bundled	000	-	-	-	-	000	999	-
26910	N	AMPUTATE METACARPAL BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
26951	N	AMPUTATION OF FINGER/THUMB	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26952	N	AMPUTATION OF FINGER/THUMB	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26989	T	UNLISTED PX HANDS/FINGERS	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
26990	N	DRAINAGE OF PELVIS LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
26991	N	DRAINAGE OF PELVIS BURSA	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
26992	C	DRAINAGE OF BONE LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
27000	N	INCISION OF HIP TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27001	N	INCISION OF HIP TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27003	N	INCISION OF HIP TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27005	C	INCISION OF HIP TENDON	-	-	-	IP Only	000	-	-	-	-	000	999	-
27006	N	INCISION OF HIP TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27025	C	INCISION OF HIP/THIGH FASCIA	-	-	-	IP Only	000	-	-	-	-	000	999	-
27027	N	BUTTOCK FASCIOTOMY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27030	C	DRAINAGE OF HIP JOINT	-	-	-	IP Only	000	-	-	-	-	000	999	-
27033	N	EXPLORATION OF HIP JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27035	N	DENERVATION OF HIP JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27036	C	EXCISION OF HIP JOINT/MUSCLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27040	N	BIOPSY OF SOFT TISSUES	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
27041	N	BIOPSY OF SOFT TISSUES	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
27043	N	EXC HIP PELVIS LES SC 3 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27045	N	EXC HIP/PELV TUM DEEP 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27047	N	EXC HIP/PELVIS LES SC < 3 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27048	N	EXC HIP/PELV TUM DEEP < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27049	N	RESECT HIP/PELV TUM < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27050	N	BIOPSY OF SACROILIAC JOINT	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27052	N	BIOPSY OF HIP JOINT	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27054	C	REMOVAL OF HIP JOINT LINING	-	-	-	IP Only	000	-	-	-	-	000	999	-
27057	N	BUTTOCK FASCIOTOMY W/DBRDMT	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27059	N	RESECT HIP/PELV TUM 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27060	N	REMOVAL OF ISCHIAL BURSA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27062	N	REMOVE FEMUR LESION/BURSA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27065	N	REMOVE HIP BONE LES SUPER	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27066	N	REMOVE HIP BONE LES DEEP	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27067	N	REMOVE/GRAFT HIP BONE LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27070	C	PART REMOVE HIP BONE SUPER	-	-	-	IP Only	000	-	-	-	-	000	999	-
27071	C	PART REMOVAL HIP BONE DEEP	-	-	-	IP Only	000	-	-	-	-	000	999	-
27075	C	RESECT HIP TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
27076	C	RESECT HIP TUM INCL ACETABUL	-	-	-	IP Only	000	-	-	-	-	000	999	-
27077	C	RESECT HIP TUM W/INNOB BONE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27078	C	RSECT HIP TUM INCL FEMUR	-	-	-	IP Only	000	-	-	-	-	000	999	-
27080	N	REMOVAL OF TAIL BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27086	N	REMOVE HIP FOREIGN BODY	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27087	N	REMOVE HIP FOREIGN BODY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27090	C	REMOVAL OF HIP PROSTHESIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
27091	C	REMOVAL OF HIP PROSTHESIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
27093	N	INJECTION FOR HIP X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
27095	N	INJECTION FOR HIP X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
27096	E	INJECT SACROILIAC JOINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
27097	N	REVISION OF HIP TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27098	N	TRANSFER TENDON TO PELVIS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27100	N	TRANSFER OF ABDOMINAL MUSCLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27105	N	TRANSFER OF SPINAL MUSCLE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27110	N	TRANSFER OF ILIOPSOAS MUSCLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27111	N	TRANSFER OF ILIOPSOAS MUSCLE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27120	C	RECONSTRUCTION OF HIP SOCKET	-	-	-	IP Only	000	-	-	-	-	000	999	-
27122	C	RECONSTRUCTION OF HIP SOCKET	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
27125	C	PARTIAL HIP REPLACEMENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
27130	N	TOTAL HIP ARTHROPLASTY	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
27132	C	TOTAL HIP ARTHROPLASTY	-	-	-	IP Only	000	-	-	-	-	000	999	-
27134	C	REVISE HIP JOINT REPLACEMENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
27137	C	REVISE HIP JOINT REPLACEMENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
27138	C	REVISE HIP JOINT REPLACEMENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
27140	C	TRANSPLANT FEMUR RIDGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27146	C	INCISION OF HIP BONE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27147	C	REVISION OF HIP BONE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27151	C	INCISION OF HIP BONES	-	-	-	IP Only	000	-	-	-	-	000	999	-
27156	C	REVISION OF HIP BONES	-	-	-	IP Only	000	-	-	-	-	000	999	-
27158	C	REVISION OF PELVIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
27161	C	INCISION OF NECK OF FEMUR	-	-	-	IP Only	000	-	-	-	-	000	999	-
27165	C	INCISION/FIXATION OF FEMUR	-	-	-	IP Only	000	-	-	-	-	000	999	-
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK	-	-	-	IP Only	000	-	-	-	-	000	999	-
27175	C	TREAT SLIPPED EPIPHYSIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
27176	C	TREAT SLIPPED EPIPHYSIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
27177	C	TREAT SLIPPED EPIPHYSIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
27178	C	TREAT SLIPPED EPIPHYSIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
27179	N	REVISE HEAD/NECK OF FEMUR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27181	C	TREAT SLIPPED EPIPHYSIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
27185	C	REVISION OF FEMUR EPIPHYSIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
27187	C	REINFORCE HIP BONES	-	-	-	IP Only	000	-	-	-	-	000	999	-
27197	T	CLSD TX PELVIC RING FX	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27198	T	CLSD TX PELVIC RING FX	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27200	T	TREAT TAIL BONE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27202	N	TREAT TAIL BONE FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27215	E	TREAT PELVIC FRACTURE(S)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
27216	E	TREAT PELVIC RING FRACTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
27217	E	TREAT PELVIC RING FRACTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
27218	E	TREAT PELVIC RING FRACTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
27220	T	TREAT HIP SOCKET FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27222	C	TREAT HIP SOCKET FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27226	C	TREAT HIP WALL FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27227	C	TREAT HIP FRACTURE(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
27228	C	TREAT HIP FRACTURE(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
27230	T	TREAT THIGH FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27232	C	TREAT THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27235	N	TREAT THIGH FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27236	C	TREAT THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27238	N	TREAT THIGH FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27240	C	TREAT THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27244	C	TREAT THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27245	C	TREAT THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27246	T	TREAT THIGH FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27248	C	TREAT THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27250	T	TREAT HIP DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27252	N	TREAT HIP DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27253	C	TREAT HIP DISLOCATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
27254	C	TREAT HIP DISLOCATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
27256	T	TREAT HIP DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27257	N	TREAT HIP DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27258	C	TREAT HIP DISLOCATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
27259	C	TREAT HIP DISLOCATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
27265	T	TREAT HIP DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27266	N	TREAT HIP DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-

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				APC	Weight									
27267	N	CLTX THIGH FX	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27268	C	CLTX THIGH FX W/MNPJ	-	-	-	IP Only	000	-	-	-	-	000	999	-
27269	C	OPTX THIGH FX	-	-	-	IP Only	000	-	-	-	-	000	999	-
27275	N	MANIPULATION OF HIP JOINT	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27278	N	ARTHRD SI JT PRQ WO TFXJ DEV	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
27279	N	ARTHRD SI JT PERQ/MIN NVAS	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
27280	C	ARTHRSI JT OPN B1GRF INSTRM	-	-	-	IP Only	000	-	-	-	-	000	999	-
27282	C	ARTHRODESIS SYMPHYSIS PUBIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
27284	C	ARTHRODESIS HIP JOINT	-	-	-	IP Only	000	-	-	-	-	000	999	-
27286	C	ARTHRD HIP JT SBTRCHC OSTEOT	-	-	-	IP Only	000	-	-	-	-	000	999	-
27290	C	AMPUTATION OF LEG AT HIP	-	-	-	IP Only	000	-	-	-	-	000	999	-
27295	C	AMPUTATION OF LEG AT HIP	-	-	-	IP Only	000	-	-	-	-	000	999	-
27299	T	UNLISTED PX PELVIS/HIP JOINT	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27301	N	DRAIN THIGH/KNEE LESION	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27303	C	DRAINAGE OF BONE LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
27305	N	INCISE THIGH TENDON & FASCIA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27306	N	INCISION OF THIGH TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27307	N	INCISION OF THIGH TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27310	N	EXPLORATION OF KNEE JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27323	N	BIOPSY THIGH SOFT TISSUES	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
27324	N	BIOPSY THIGH SOFT TISSUES	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27325	N	NEURECTOMY HAMSTRING	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
27326	N	NEURECTOMY POPLITEAL	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
27327	N	EXC THIGH/KNEE LES SC < 3 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
27328	N	EXC THIGH/KNEE TUM DEEP <5CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27329	N	RESECT THIGH/KNEE TUM < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27330	N	BIOPSY KNEE JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27331	N	EXPLORE/TREAT KNEE JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27332	N	REMOVAL OF KNEE CARTILAGE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27333	N	REMOVAL OF KNEE CARTILAGE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27334	N	REMOVE KNEE JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27335	N	REMOVE KNEE JOINT LINING	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27337	N	EXC THIGH/KNEE LES SC 3 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27339	N	EXC THIGH/KNEE TUM DEP 5CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27340	N	REMOVAL OF KNEECAP BURSA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27345	N	REMOVAL OF KNEE CYST	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27347	N	REMOVE KNEE CYST	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27350	N	REMOVAL OF KNEECAP	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27355	N	REMOVE FEMUR LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27356	N	REMOVE FEMUR LESION/GRAFT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
27357	N	REMOVE FEMUR LESION/GRAFT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27358	N	REMOVE FEMUR LESION/FIXATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
27360	N	PARTIAL REMOVAL LEG BONE(S)	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27364	N	RESECT THIGH/KNEE TUM 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27365	C	RESECT FEMUR/KNEE TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
27369	N	NJX CNTRST KNE ARTHG/CT/MRI	-	-	-	Bundled	000	-	-	-	-	000	999	-
27372	N	REMOVAL OF FOREIGN BODY	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27380	N	REPAIR OF KNEECAP TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27381	N	REPAIR/GRAFT KNEECAP TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27385	N	REPAIR OF THIGH MUSCLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27386	N	REPAIR/GRAFT OF THIGH MUSCLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27390	N	INCISION OF THIGH TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27391	N	INCISION OF THIGH TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27392	N	INCISION OF THIGH TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27393	N	LENGTHENING OF THIGH TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27394	N	LENGTHENING OF THIGH TENDONS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

2024 APC	Proc Status	Proc Cd	Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient		Non-sole Comm.		Prior Auth.	Passport	Min Age	Max Age	Comments
						APC	Weight		Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Hospital Lab Fees						
27395	N			LENGTHENING OF THIGH TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	-	000	999	-
27396	N			TRANSPLANT OF THIGH TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27397	N			TRANSPLANTS OF THIGH TENDONS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27400	N			REVISE THIGH MUSCLES/TENDONS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27403	N			REPAIR OF KNEE CARTILAGE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27405	N			REPAIR OF KNEE LIGAMENT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27407	N			REPAIR OF KNEE LIGAMENT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27409	N			REPAIR OF KNEE LIGAMENTS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27412	N			AUTOCHONDROCYTE IMPLANT KNEE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	Y	-	000	999	-
27415	N			OSTEOCHONDRAL KNEE ALLOGRAFT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	Y	-	000	999	-
27416	N			OSTEOCHONDRAL KNEE AUTOGRAFT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27418	N			REPAIR DEGENERATED KNEECAP	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27420	N			REVISION OF UNSTABLE KNEECAP	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27422	N			REVISION OF UNSTABLE KNEECAP	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27424	N			REVISION/REMOVAL OF KNEECAP	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27425	N			LAT RETINACULAR RELEASE OPEN	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	-	000	999	-
27427	N			RECONSTRUCTION KNEE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27428	N			RECONSTRUCTION KNEE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	-	000	999	-
27429	N			RECONSTRUCTION KNEE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	-	000	999	-
27430	N			REVISION OF THIGH MUSCLES	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27435	N			INCISION OF KNEE JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	-	000	999	-
27437	N			REVISE KNEECAP	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27438	N			REVISE KNEECAP WITH IMPLANT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	-	000	999	-
27440	N			REVISION OF KNEE JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	-	000	999	-
27441	N			REVISION OF KNEE JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	-	000	999	-
27442	N			REVISION OF KNEE JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	-	000	999	-
27443	N			REVISION OF KNEE JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	-	000	999	-
27445	C			REVISION OF KNEE JOINT	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27446	N			REVISION OF KNEE JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	-	000	999	-
27447	N			TOTAL KNEE ARTHROPLASTY	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	-	000	999	-
27448	C			INCISION OF THIGH	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27450	C			INCISION OF THIGH	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27454	C			REALIGNMENT OF THIGH BONE	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27455	C			REALIGNMENT OF KNEE	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27457	C			REALIGNMENT OF KNEE	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27465	C			SHORTENING OF THIGH BONE	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27466	C			LENGTHENING OF THIGH BONE	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27468	C			SHORTEN/LENGTHEN THIGHS	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27470	C			REPAIR OF THIGH	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27472	C			REPAIR/GRAFT OF THIGH	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27475	N			SURGERY TO STOP LEG GROWTH	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27477	N			SURGERY TO STOP LEG GROWTH	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27479	N			SURGERY TO STOP LEG GROWTH	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27485	N			SURGERY TO STOP LEG GROWTH	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27486	C			REVISE/REPLACE KNEE JOINT	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27487	C			REVISE/REPLACE KNEE JOINT	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27488	C			REMOVAL OF KNEE PROSTHESIS	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27495	C			REINFORCE THIGH	-	-	-	IP Only	000	-	-	-	-	-	000	999	-
27496	N			DECOMPRESSION OF THIGH/KNEE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	-	000	999	-
27497	N			DECOMPRESSION OF THIGH/KNEE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	-	000	999	-
27498	N			DECOMPRESSION OF THIGH/KNEE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	-	000	999	-
27499	N			DECOMPRESSION OF THIGH/KNEE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	-	000	999	-
27500	T			TREATMENT OF THIGH FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	-	000	999	-
27501	T			TREATMENT OF THIGH FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	-	000	999	-
27502	N			TREATMENT OF THIGH FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	-	000	999	-
27503	N			TREATMENT OF THIGH FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
27506	C	TREATMENT OF THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27507	C	TREATMENT OF THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27508	T	TREATMENT OF THIGH FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27509	N	TREATMENT OF THIGH FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27510	N	TREATMENT OF THIGH FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27511	C	TREATMENT OF THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27513	C	TREATMENT OF THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27514	C	TREATMENT OF THIGH FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27516	T	TREAT THIGH FX GROWTH PLATE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27517	N	TREAT THIGH FX GROWTH PLATE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27519	C	TREAT THIGH FX GROWTH PLATE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27520	T	TREAT KNEECAP FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27524	N	TREAT KNEECAP FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27530	T	TREAT KNEE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27532	N	TREAT KNEE FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27535	C	TREAT KNEE FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27536	C	TREAT KNEE FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27538	T	TREAT KNEE FRACTURE(S)	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27540	C	TREAT KNEE FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27550	T	TREAT KNEE DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27552	N	TREAT KNEE DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27556	C	TREAT KNEE DISLOCATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
27557	C	TREAT KNEE DISLOCATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
27558	C	TREAT KNEE DISLOCATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
27560	T	TREAT KNEECAP DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27562	T	TREAT KNEECAP DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27566	N	TREAT KNEECAP DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27570	N	FIXATION OF KNEE JOINT	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27580	C	FUSION OF KNEE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27590	C	AMPUTATE LEG AT THIGH	-	-	-	IP Only	000	-	-	-	-	000	999	-
27591	C	AMPUTATE LEG AT THIGH	-	-	-	IP Only	000	-	-	-	-	000	999	-
27592	C	AMPUTATE LEG AT THIGH	-	-	-	IP Only	000	-	-	-	-	000	999	-
27594	N	AMPUTATION FOLLOW-UP SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27596	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
27598	C	AMPUTATE LOWER LEG AT KNEE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27599	T	UNLISTED PX FEMUR/KNEE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27600	N	DECOMPRESSION OF LOWER LEG	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27601	N	DECOMPRESSION OF LOWER LEG	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27602	N	DECOMPRESSION OF LOWER LEG	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27603	N	DRAIN LOWER LEG LESION	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27604	N	DRAIN LOWER LEG BURSA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27605	N	INCISION OF ACHILLES TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27606	N	INCISION OF ACHILLES TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27607	N	TREAT LOWER LEG BONE LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27610	N	EXPLORE/TREAT ANKLE JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27612	N	EXPLORATION OF ANKLE JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27613	N	BIOPSY LOWER LEG SOFT TISSUE	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
27614	N	BIOPSY LOWER LEG SOFT TISSUE	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27615	N	RESECT LEG/ANKLE TUM < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27616	N	RESECT LEG/ANKLE TUM 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27618	N	EXC LEG/ANKLE TUM < 3 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
27619	N	EXC LEG/ANKLE TUM DEEP < 5 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27620	N	EXPLORE/TREAT ANKLE JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27625	N	REMOVE ANKLE JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27626	N	REMOVE ANKLE JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27630	N	REMOVAL OF TENDON LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
					APC	Weight			Hospital Lab Fees	Hospital Lab Fees					
27632	N		EXC LEG/ANKLE LES SC 3 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27634	N		EXC LEG/ANKLE TUM DEP 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
27635	N		REMOVE LOWER LEG BONE LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27637	N		REMOVE/GRAFT LEG BONE LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27638	N		REMOVE/GRAFT LEG BONE LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27640	N		PARTIAL REMOVAL OF TIBIA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27641	N		PARTIAL REMOVAL OF FIBULA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27645	C		RESECT TIBIA TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
27646	C		RESECT FIBULA TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
27647	N		RESECT TALUS/CALCANEUS TUM	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27648	N		INJECTION FOR ANKLE X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
27650	N		REPAIR ACHILLES TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27652	N		REPAIR/GRAFT ACHILLES TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27654	N		REPAIR OF ACHILLES TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27656	N		REPAIR LEG FASCIA DEFECT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27658	N		REPAIR OF LEG TENDON EACH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27659	N		REPAIR OF LEG TENDON EACH	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27664	N		REPAIR OF LEG TENDON EACH	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27665	N		REPAIR OF LEG TENDON EACH	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27675	N		REPAIR LOWER LEG TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27676	N		REPAIR LOWER LEG TENDONS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27680	N		RELEASE OF LOWER LEG TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27681	N		RELEASE OF LOWER LEG TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27685	N		REVISION OF LOWER LEG TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27686	N		REVISE LOWER LEG TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27687	N		REVISION OF CALF TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27690	N		REVISE LOWER LEG TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27691	N		REVISE LOWER LEG TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27692	N		REVISE ADDITIONAL LEG TENDON	-	-	-	Bundled	000	-	-	-	-	000	999	-
27695	N		REPAIR OF ANKLE LIGAMENT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27696	N		REPAIR OF ANKLE LIGAMENTS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27698	N		REPAIR OF ANKLE LIGAMENT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27700	N		REVISION OF ANKLE JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27702	N		RECONSTRUCT ANKLE JOINT	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
27703	C		RECONSTRUCTION ANKLE JOINT	-	-	-	IP Only	000	-	-	-	-	000	999	-
27704	N		REMOVAL OF ANKLE IMPLANT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27705	N		INCISION OF TIBIA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27707	N		INCISION OF FIBULA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27709	N		INCISION OF TIBIA & FIBULA	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
27712	C		REALIGNMENT OF LOWER LEG	-	-	-	IP Only	000	-	-	-	-	000	999	-
27715	C		REVISION OF LOWER LEG	-	-	-	IP Only	000	-	-	-	-	000	999	-
27720	N		REPAIR OF TIBIA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27722	N		REPAIR/GRAFT OF TIBIA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27724	C		REPAIR/GRAFT OF TIBIA	-	-	-	IP Only	000	-	-	-	-	000	999	-
27725	C		REPAIR OF LOWER LEG	-	-	-	IP Only	000	-	-	-	-	000	999	-
27726	N		REPAIR FIBULA NONUNION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27727	C		REPAIR OF LOWER LEG	-	-	-	IP Only	000	-	-	-	-	000	999	-
27730	N		REPAIR OF TIBIA EPIPHYSIS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27732	N		REPAIR OF FIBULA EPIPHYSIS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27734	N		REPAIR LOWER LEG EPIPHYSES	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27740	N		REPAIR OF LEG EPIPHYSES	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27742	N		REPAIR OF LEG EPIPHYSES	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27745	N		REINFORCE TIBIA	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27750	T		TREATMENT OF TIBIA FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27752	N		TREATMENT OF TIBIA FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27756	N		TREATMENT OF TIBIA FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
27758	N	TREATMENT OF TIBIA FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
27759	N	TREATMENT OF TIBIA FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
27760	T	CLTX MEDIAL ANKLE FX	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27762	N	CLTX MED ANKLE FX W/MNPJ	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27766	N	OPTX MEDIAL ANKLE FX	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27767	T	CLTX POST ANKLE FX	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27768	N	CLTX POST ANKLE FX W/MNPJ	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27769	N	OPTX POST ANKLE FX	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27780	T	TREATMENT OF FIBULA FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27781	N	TREATMENT OF FIBULA FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27784	N	TREATMENT OF FIBULA FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27786	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27788	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27792	N	TREATMENT OF ANKLE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27808	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27810	N	TREATMENT OF ANKLE FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27814	N	TREATMENT OF ANKLE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27816	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27818	N	TREATMENT OF ANKLE FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27822	N	TREATMENT OF ANKLE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27823	N	TREATMENT OF ANKLE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27824	T	TREAT LOWER LEG FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27825	N	TREAT LOWER LEG FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27826	N	TREAT LOWER LEG FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27827	N	TREAT LOWER LEG FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
27828	N	TREAT LOWER LEG FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
27829	N	TREAT LOWER LEG JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27830	T	TREAT LOWER LEG DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27831	N	TREAT LOWER LEG DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27832	N	TREAT LOWER LEG DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27840	T	TREAT ANKLE DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
27842	N	TREAT ANKLE DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
27846	N	TREAT ANKLE DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27848	N	TREAT ANKLE DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27860	N	FIXATION OF ANKLE JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27870	N	FUSION OF ANKLE JOINT OPEN	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
27871	N	FUSION OF TIBIOFIBULAR JOINT	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
27880	C	AMPUTATION OF LOWER LEG	-	-	-	IP Only	000	-	-	-	-	000	999	-
27881	C	AMPUTATION OF LOWER LEG	-	-	-	IP Only	000	-	-	-	-	000	999	-
27882	C	AMPUTATION OF LOWER LEG	-	-	-	IP Only	000	-	-	-	-	000	999	-
27884	N	AMPUTATION FOLLOW-UP SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27886	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
27888	C	AMPUTATION OF FOOT AT ANKLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
27889	N	AMPUTATION OF FOOT AT ANKLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27892	N	DECOMPRESSION OF LEG	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27893	N	DECOMPRESSION OF LEG	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
27894	N	DECOMPRESSION OF LEG	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
27899	T	UNLISTED PX LEG/ANKLE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28001	N	DRAINAGE OF BURSA OF FOOT	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
28002	N	TREATMENT OF FOOT INFECTION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28003	N	TREATMENT OF FOOT INFECTION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28005	N	TREAT FOOT BONE LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28008	N	INCISION OF FOOT FASCIA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28010	N	INCISION OF TOE TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28011	N	INCISION OF TOE TENDONS	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28020	N	EXPLORATION OF FOOT JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
28022	N	EXPLORATION OF FOOT JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28024	N	EXPLORATION OF TOE JOINT	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28035	N	DECOMPRESSION OF TIBIA NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
28039	N	EXC FOOT/TOE TUM SC 1.5 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
28041	N	EXC FOOT/TOE TUM DEP 1.5CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
28043	N	EXC FOOT/TOE TUM SC < 1.5 CM	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
28045	N	EXC FOOT/TOE TUM DEEP <1.5CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
28046	N	RESECT FOOT/TOE TUMOR < 3 CM	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
28047	N	RESECT FOOT/TOE TUMOR 3 CM/>	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
28050	N	BIOPSY OF FOOT JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28052	N	BIOPSY OF FOOT JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28054	N	BIOPSY OF TOE JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28055	N	NEURECTOMY FOOT	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
28060	N	PARTIAL REMOVAL FOOT FASCIA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28062	N	REMOVAL OF FOOT FASCIA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28070	N	REMOVAL OF FOOT JOINT LINING	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28072	N	REMOVAL OF FOOT JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28080	N	REMOVAL OF FOOT LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28086	N	EXCISE FOOT TENDON SHEATH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28088	N	EXCISE FOOT TENDON SHEATH	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28090	N	REMOVAL OF FOOT LESION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28092	N	REMOVAL OF TOE LESIONS	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28100	N	REMOVAL OF ANKLE/HEEL LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28102	N	REMOVE/GRAFT FOOT LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28103	N	REMOVE/GRAFT FOOT LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28104	N	REMOVAL OF FOOT LESION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28106	N	REMOVE/GRAFT FOOT LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28107	N	REMOVE/GRAFT FOOT LESION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28108	N	REMOVAL OF TOE LESIONS	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28110	N	PART REMOVAL OF METATARSAL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28111	N	PART REMOVAL OF METATARSAL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28112	N	PART REMOVAL OF METATARSAL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28113	N	PART REMOVAL OF METATARSAL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28114	N	REMOVAL OF METATARSAL HEADS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28116	N	REVISION OF FOOT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28118	N	REMOVAL OF HEEL BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28119	N	REMOVAL OF HEEL SPUR	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28120	N	PART REMOVAL OF ANKLE/HEEL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28122	N	PARTIAL REMOVAL OF FOOT BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28124	N	PARTIAL REMOVAL OF TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28126	N	PARTIAL REMOVAL OF TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28130	N	REMOVAL OF ANKLE BONE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28140	N	REMOVAL OF METATARSAL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28150	N	REMOVAL OF TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28153	N	PARTIAL REMOVAL OF TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28160	N	PARTIAL REMOVAL OF TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28171	N	RESECT TARSAL TUMOR	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28173	N	RESECT METATARSAL TUMOR	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28175	N	RESECT PHALANX OF TOE TUMOR	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28190	T	REMOVAL OF FOOT FOREIGN BODY	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
28192	N	REMOVAL OF FOOT FOREIGN BODY	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
28193	N	REMOVAL OF FOOT FOREIGN BODY	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
28200	N	REPAIR OF FOOT TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28202	N	REPAIR/GRAFT OF FOOT TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28208	N	REPAIR OF FOOT TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28210	N	REPAIR/GRAFT OF FOOT TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
28220	N	RELEASE OF FOOT TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28222	N	RELEASE OF FOOT TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28225	N	RELEASE OF FOOT TENDON	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28226	N	RELEASE OF FOOT TENDONS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28230	N	INCISION OF FOOT TENDON(S)	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28232	N	INCISION OF TOE TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28234	N	INCISION OF FOOT TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28238	N	REVISION OF FOOT TENDON	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28240	N	RELEASE OF BIG TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28250	N	REVISION OF FOOT FASCIA	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28260	N	RELEASE OF MIDFOOT JOINT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28261	N	REVISION OF FOOT TENDON	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28262	N	REVISION OF FOOT AND ANKLE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28264	N	RELEASE OF MIDFOOT JOINT	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28270	N	RELEASE OF FOOT CONTRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28272	N	RELEASE OF TOE JOINT EACH	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28280	N	FUSION OF TOES	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28285	N	REPAIR OF HAMMERTOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28286	N	REPAIR OF HAMMERTOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28288	N	PARTIAL REMOVAL OF FOOT BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28289	N	CORRJ HALUX RIGDUS W/O IMPLT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28291	N	CORRJ HALUX RIGDUS W/IMPLT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28292	N	COR HLX VLGS RSC PRX PHLX BS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28295	N	COR HLX VLGS PRX MTAR OSTEO	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28296	N	COR HLX VLGS DSTL MTAR OSTEO	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28297	N	COR HLX VLGS JT ARTHRD	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28298	N	COR HLX VLGS PRX PHLX OSTEO	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28299	N	COR HLX VLGS DOUBLE OSTEO	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28300	N	INCISION OF HEEL BONE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28302	N	INCISION OF ANKLE BONE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28304	N	INCISION OF MIDFOOT BONES	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28305	N	INCISE/GRAFT MIDFOOT BONES	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28306	N	INCISION OF METATARSAL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28307	N	INCISION OF METATARSAL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28308	N	INCISION OF METATARSAL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28309	N	INCISION OF METATARSALS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28310	N	REVISION OF BIG TOE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28312	N	REVISION OF TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28313	N	REPAIR DEFORMITY OF TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28315	N	REMOVAL OF SESAMOID BONE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28320	N	REPAIR OF FOOT BONES	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
28322	N	REPAIR OF METATARSALS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28340	N	RESECT ENLARGED TOE TISSUE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28341	N	RESECT ENLARGED TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28344	N	REPAIR EXTRA TOE(S)	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28345	N	REPAIR WEBBED TOE(S)	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28360	N	RECONSTRUCT CLEFT FOOT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28400	T	TREATMENT OF HEEL FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28405	T	TREATMENT OF HEEL FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28406	N	TREATMENT OF HEEL FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28415	N	TREAT HEEL FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28420	N	TREAT/GRAFT HEEL FRACTURE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
28430	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28435	N	TREATMENT OF ANKLE FRACTURE	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28436	N	TREATMENT OF ANKLE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28445	N	TREAT ANKLE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

2024 APC	Proc Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
28446	N	OSTEOCHONDRAL TALUS AUTOGRFT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28450	T	TREAT MIDFOOT FRACTURE EACH	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28455	N	TREAT MIDFOOT FRACTURE EACH	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28456	N	TREAT MIDFOOT FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28465	N	TREAT MIDFOOT FRACTURE EACH	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28470	T	TREAT METATARSAL FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28475	T	TREAT METATARSAL FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28476	N	TREAT METATARSAL FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28485	N	TREAT METATARSAL FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28490	T	TREAT BIG TOE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28495	T	TREAT BIG TOE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28496	N	TREAT BIG TOE FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28505	N	TREAT BIG TOE FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28510	T	TREATMENT OF TOE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28515	T	TREATMENT OF TOE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28525	N	TREAT TOE FRACTURE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28530	T	TREAT SESAMOID BONE FRACTURE	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28531	N	TREAT SESAMOID BONE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28540	T	TREAT FOOT DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28545	N	TREAT FOOT DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28546	N	TREAT FOOT DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28555	N	REPAIR FOOT DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28570	T	TREAT FOOT DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28575	N	TREAT FOOT DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28576	N	TREAT FOOT DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28585	N	REPAIR FOOT DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28600	T	TREAT FOOT DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28605	T	TREAT FOOT DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28606	N	TREAT FOOT DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28615	N	REPAIR FOOT DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28630	T	TREAT TOE DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28635	N	TREAT TOE DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
28636	N	TREAT TOE DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28645	N	REPAIR TOE DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28660	T	TREAT TOE DISLOCATION	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
28665	T	TREAT TOE DISLOCATION	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
28666	N	TREAT TOE DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28675	N	REPAIR OF TOE DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28705	N	FUSION OF FOOT BONES	-	05116	203.2030	Bundled, sometimes payable	12338	-	-	-	-	000	999	-
28715	N	FUSION OF FOOT BONES	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
28725	N	FUSION OF FOOT BONES	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
28730	N	FUSION OF FOOT BONES	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
28735	N	FUSION OF FOOT BONES	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
28737	N	REVISION OF FOOT BONES	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
28740	N	FUSION OF FOOT BONES	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28750	N	FUSION OF BIG TOE JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28755	N	FUSION OF BIG TOE JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28760	N	FUSION OF BIG TOE JOINT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
28800	C	AMPUTATION OF MIDFOOT	-	-	-	IP Only	000	-	-	-	-	000	999	-
28805	N	AMPUTATION THRU METATARSAL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28810	N	AMPUTATION TOE & METATARSAL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28820	N	AMPUTATION OF TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28825	N	PARTIAL AMPUTATION OF TOE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
28890	N	HI ENRGY ESWT PLANTAR FASCIA	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	Y	000	999	-
28899	T	UNLISTED PX FOOT/TOES	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
29000	T	APPLICATION OF BODY CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
29010	T	APPLICATION OF BODY CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29015	T	APPLICATION OF BODY CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29035	T	APPLICATION OF BODY CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29040	T	APPLICATION OF BODY CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29044	T	APPLICATION OF BODY CAST	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29046	T	APPLICATION OF BODY CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29049	T	APPLICATION OF FIGURE EIGHT	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29055	T	APPLICATION OF SHOULDER CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29058	T	APPLICATION OF SHOULDER CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29065	T	APPLICATION OF LONG ARM CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29075	T	APPLICATION OF FOREARM CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29085	T	APPLY HAND/WRIST CAST	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29086	T	APPLY FINGER CAST	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29105	T	APPLY LONG ARM SPLINT	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29125	N	APPLY FOREARM SPLINT	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
29126	N	APPLY FOREARM SPLINT	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
29130	N	APPLICATION OF FINGER SPLINT	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
29131	N	APPLICATION OF FINGER SPLINT	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
29200	T	STRAPPING OF CHEST	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29240	N	STRAPPING OF SHOULDER	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
29260	N	STRAPPING OF ELBOW OR WRIST	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
29280	N	STRAPPING OF HAND OR FINGER	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
29305	T	APPLICATION OF HIP CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29325	T	APPLICATION OF HIP CASTS	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29345	T	APPLICATION OF LONG LEG CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29355	T	APPLICATION OF LONG LEG CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29358	T	APPLY LONG LEG CAST BRACE	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29365	T	APPLICATION OF LONG LEG CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29405	T	APPLY SHORT LEG CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29425	T	APPLY SHORT LEG CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29435	T	APPLY SHORT LEG CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29440	T	ADDITION OF WALKER TO CAST	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29445	T	APPLY RIGID LEG CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29450	T	APPLICATION OF LEG CAST	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29505	T	APPLICATION LONG LEG SPLINT	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29515	T	APPLICATION LOWER LEG SPLINT	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29520	N	STRAPPING OF HIP	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
29530	N	STRAPPING OF KNEE	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
29540	T	STRAPPING OF ANKLE AND/OR FT	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29550	N	STRAPPING OF TOES	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
29580	T	APPLICATION OF PASTE BOOT	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29581	T	APPLY MULTLAY COMPRS LWR LEG	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29584	T	APPL MULTLAY COMPRS ARM/HAND	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29700	T	REMOVAL/REVISION OF CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29705	T	REMOVAL/REVISION OF CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29710	T	REMOVAL/REVISION OF CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29720	T	REPAIR OF BODY CAST	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29730	T	WINDOWING OF CAST	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29740	T	WEDGING OF CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29750	T	WEDGING OF CLUBFOOT CAST	-	05102	2.9283	APC	178	-	-	-	-	000	999	-
29799	T	UNLISTED PX CASTING/STRPG	-	05101	1.7181	APC	104	-	-	-	-	000	999	-
29800	N	JAW ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	Y	-	000	999	-
29804	N	JAW ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	Y	-	000	999	-
29805	N	SHO ARTHRS DX +- SYNNOVIAL BX	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29806	N	SHO ARTHRS SRG CAPSULORRAPHY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29807	N	SHO ARTHRS SRG RPR SLAP LES	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
29819	N	SHO ARTHRS SRG RMLV LOOSE/FB	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29820	N	SHO ARTHRS SRG PRTL SYNVCCT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29821	N	SHO ARTHRS SRG COMPL SYNVCCT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29822	N	SHO ARTHRS SRG LMTD DBRDMT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29823	N	SHO ARTHRS SRG XTNSV DBRDMT	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29824	N	SHO ARTHRS SRG DSTL CLAVICLC	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29825	N	SHO ARTHRS SRG LSS&RESCJ ADS	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29826	N	SHO ARTHRS SRG DECOMPRESSION	-	-	-	Bundled	000	-	-	-	-	000	999	-
29827	N	SHO ARTHRS SRG RT8TR CUF RPR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29828	N	SHO ARTHRS SRG BICP TENODSIS	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29830	N	ELBOW ARTHROSCOPY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29834	N	ELBOW ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29835	N	ELBOW ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29836	N	ELBOW ARTHROSCOPY/SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29837	N	ELBOW ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29838	N	ELBOW ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29840	N	WRIST ARTHROSCOPY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29843	N	WRIST ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29844	N	WRIST ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29845	N	WRIST ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29846	N	WRIST ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29847	N	WRIST ARTHROSCOPY/SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29848	N	WRIST ENDOSCOPY/SURGERY	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
29850	N	KNEE ARTHROSCOPY/SURGERY	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
29851	N	KNEE ARTHROSCOPY/SURGERY	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
29855	N	TIBIAL ARTHROSCOPY/SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29856	N	TIBIAL ARTHROSCOPY/SURGERY	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
29860	N	HIP ARTHROSCOPY DX	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29861	N	HIP ARTHRO W/FB REMOVAL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29862	N	HIP ARTHRO W/DEBRIDEMENT	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29863	N	HIP ARTHRO W/SYNOVECTOMY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29866	N	AUTGRFT IMPLNT KNEE W/SCOPE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	Y	000	999	-
29867	N	ALLGRFT IMPLNT KNEE W/SCOPE	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	Y	000	999	-
29868	N	MENISCAL TRNSPL KNEE W/SCOPE	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	Y	000	999	-
29870	N	KNEE ARTHROSCOPY DX	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29871	N	KNEE ARTHROSCOPY/DRAINAGE	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29873	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29874	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29875	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29876	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29877	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29879	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29880	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29881	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29882	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29883	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29884	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29885	N	KNEE ARTHROSCOPY/SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29886	N	KNEE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29887	N	KNEE ARTHROSCOPY/SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29888	N	KNEE ARTHROSCOPY/SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29889	N	KNEE ARTHROSCOPY/SURGERY	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
29891	N	ANKLE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29892	N	ANKLE ARTHROSCOPY/SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29893	N	SCOPE PLANTAR FASCIOTOMY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29894	N	ANKLE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
29895	N	ANKLE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29897	N	ANKLE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29898	N	ANKLE ARTHROSCOPY/SURGERY	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29899	N	ANKLE ARTHROSCOPY/SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29900	N	MCP JOINT ARTHROSCOPY DX	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29901	N	MCP JOINT ARTHROSCOPY SURG	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29902	N	MCP JOINT ARTHROSCOPY SURG	-	05112	17.5245	Bundled, sometimes payable	1064	-	-	-	-	000	999	-
29904	N	SUBTALAR ARTHRO W/FB RMVL	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29905	N	SUBTALAR ARTHRO W/EXC	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29906	N	SUBTALAR ARTHRO W/DEB	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
29907	N	SUBTALAR ARTHRO W/FUSION	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
29914	N	HIP ARTHRO W/FEMOROPLASTY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29915	N	HIP ARTHRO ACETABULOPLASTY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29916	N	HIP ARTHRO W/LABRAL REPAIR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
29999	T	UNLISTED PX ARTHROSCOPY	-	05111	2.5713	APC	156	-	-	-	-	000	999	-
30000	T	DRAINAGE OF NOSE LESION	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
30020	T	DRAINAGE OF NOSE LESION	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
3006F	E	CXR DOC REV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3008F	E	BODY MASS INDEX DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30100	N	INTRANASAL BIOPSY	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
30110	N	REMOVAL OF NOSE POLYP(S)	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
30115	N	REMOVAL OF NOSE POLYP(S)	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
30117	N	REMOVAL OF INTRANASAL LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
30118	N	REMOVAL OF INTRANASAL LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
3011F	E	LIPID PANEL DOC REV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30120	N	REVISION OF NOSE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
30124	N	REMOVAL OF NOSE LESION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
30125	N	REMOVAL OF NOSE LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
30130	N	EXCISE INFERIOR TURBINATE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
30140	N	RESECT INFERIOR TURBINATE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
3014F	E	SCREEN MAMMO DOC REV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30150	N	PARTIAL REMOVAL OF NOSE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
3015F	E	CERV CANCER SCREEN DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30160	N	REMOVAL OF NOSE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
3016F	E	PT SCRND UNHLTHY OH USE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3017F	E	COLORECTAL CA SCREEN DOC REV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3018F	E	PRE-PRXD RSK ET AL DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3019F	E	LVEF ASSESS PLANPOST DSCHRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30200	T	INJECTION TREATMENT OF NOSE	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
3020F	E	LVF ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30210	N	NASAL SINUS THERAPY	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
3021F	E	LVEF MOD/SEVER DEPRS SYST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30220	N	INSERT NASAL SEPTAL BUTTON	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
3022F	E	LVEF >=40% SYSTOLIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3023F	E	SPIROM DOC REV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3025F	E	SPIROM FEV/FVC <70% W/COPD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3027F	E	SPIROM FEV/FVC >=70% W/OCOPD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3028F	E	O2 SATURATION DOC REV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30300	N	REMOVE NASAL FOREIGN BODY	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
30310	N	REMOVE NASAL FOREIGN BODY	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
30320	N	REMOVE NASAL FOREIGN BODY	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
3035F	E	O2 SATURATION<=88%/PAO<=55	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3037F	E	O2 SATURATION >88%/PAO>55 HG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3038F	E	PULM FX W/IN 12 MON B/4 SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30400	N	RECONSTRUCTION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	Y	-	000	999	-
3040F	E	FEV <40% PREDICTED VALUE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Prior Auth. Required	Passport	Min Age	Max Age	Comments
					APC	Weight				Fees	Fees					
30410	N		RECONSTRUCTION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	Y	-	000	999	-
30420	N		RECONSTRUCTION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	Y	-	000	999	-
3042F	E		FEV >=40% PREDICTED VALUE	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30430	N		REVISION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	Y	-	000	999	-
30435	N		REVISION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	Y	-	000	999	-
3044F	E		HG A1C LEVEL LT 7.0%	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30450	N		REVISION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	Y	-	000	999	-
30460	N		REVISION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	Y	-	000	999	-
30462	N		REVISION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	Y	-	000	999	-
30465	N		REPAIR NASAL STENOSIS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	Y	-	000	999	-
30468	N		RPR NSL VLV COLLAPSE W/IMPLT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	-	000	999	-
30469	N		RPR NSL VLV COLLAPSE W/RMDLG	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	-	000	999	-
3046F	E		HEMOGLOBIN A1C LEVEL >9.0%	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3048F	E		LDL-C <100 MG/DL	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3049F	E		LDL-C 100-129 MG/DL	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3050F	E		LDL-C >= 130 MG/DL	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3051F	E		HG A1C>EQUAL 7.0%<8.0%	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30520	N		REPAIR OF NASAL SEPTUM	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	-	000	999	-
3052F	E		HG A1C>EQUAL 8.0%<EQUAL 9.0%	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30540	N		RPR CHOANAL ATRESIA NTRANASL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	-	000	999	-
30545	N		RPR CHOANAL ATRESIA TRSNPLTN	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	-	000	999	-
3055F	E		LVEF LESS THAN/EQUAL TO 35%	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30560	T		LYSIS INTRANASAL SYNECHIA	-	05162	5.9993	APC	364	-	-	-	-	-	000	999	-
3056F	E		LVEF GREATER THAN 35%	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30580	N		REPAIR UPPER JAW FISTULA	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	-	000	999	-
30600	N		REPAIR MOUTH/NOSE FISTULA	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	-	000	999	-
3060F	E		POS MICROALBUMINURIA REV	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3061F	E		NEG MICROALBUMINURIA REV	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30620	N		INTRANASAL RECONSTRUCTION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	-	000	999	-
3062F	E		POS MACROALBUMINURIA REV	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30630	N		REPAIR NASAL SEPTUM DEFECT	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	-	000	999	-
3066F	E		NEPHROPATHY DOC TX	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3072F	E		LOW RISK FOR RETINOPATHY	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3073F	E		PRE-SURG EYE MEASURES DOCD	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3074F	E		SYST BP LT 130 MM HG	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3075F	E		SYST BP GE 130 - 139MM HG	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3077F	E		SYST BP >= 140 MM HG	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3078F	E		DIAST BP <80 MM HG	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3079F	E		DIAST BP 80-89 MM HG	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30801	N		ABLATE INF TURBINATE SUPERF	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	-	000	999	-
30802	N		ABLATE INF TURBINATE SUBMUC	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	-	000	999	-
3080F	E		DIAST BP >= 90 MM HG	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3082F	E		KT/V <1.2	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3083F	E		KT/V => 1.2 & <1.7	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3084F	E		KT/V >= 1.7	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3085F	E		SUICIDE RISK ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3088F	E		MDD MILD	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
3089F	E		MDD MODERATE	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30901	N		CONTROL OF NOSEBLEED	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	-	000	999	-
30903	T		CONTROL OF NOSEBLEED	-	05734	1.3928	APC	085	-	-	-	-	-	000	999	-
30905	T		CONTROL OF NOSEBLEED	-	05734	1.3928	APC	085	-	-	-	-	-	000	999	-
30906	T		REPEAT CONTROL OF NOSEBLEED	-	05161	2.6634	APC	162	-	-	-	-	-	000	999	-
3090F	E		MDD SEVERE W/O PSYCH	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30915	N		LIGATION NASAL SINUS ARTERY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	-	000	999	-
3091F	E		MDD SEVERE W/PSYCH	-	-	-	Not Allowed	000	-	-	-	-	-	000	999	-
30920	N		LIGATION UPPER JAW ARTERY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
3092F	E	MDD IN REMISSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30930	N	THER FX NASAL INF TURBINATE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
3093F	E	DOC NEW DIAG 1ST/ADDL MDD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3095F	E	CENTRAL DEXA RESULTS DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3096F	E	CENTRAL DEXA ORDERED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
30999	T	UNLISTED PROCEDURE NOSE	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
31000	T	IRRIGATION MAXILLARY SINUS	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
31002	N	IRRIGATION SPHENOID SINUS	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
3100F	E	IMAGE TEST REF CAROT DIAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31020	N	EXPLORATION MAXILLARY SINUS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
31030	N	EXPLORATION MAXILLARY SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31032	N	EXPLORE SINUS REMOVE POLYPS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31040	N	EXPLORATION BEHIND UPPER JAW	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31050	N	EXPLORATION SPHENOID SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31051	N	SPHENOID SINUS SURGERY	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31070	N	EXPLORATION OF FRONTAL SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31075	N	EXPLORATION OF FRONTAL SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31080	N	REMOVAL OF FRONTAL SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31081	N	REMOVAL OF FRONTAL SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31084	N	REMOVAL OF FRONTAL SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31085	N	REMOVAL OF FRONTAL SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31086	N	REMOVAL OF FRONTAL SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31087	N	REMOVAL OF FRONTAL SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31090	N	EXPLORATION OF SINUSES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
3110F	E	PRES/ABSN HMRHG/LESION DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3112F	E	CT/MRI BRAIN DONE 24 HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3115F	E	QUANT RESULTS ACTIVITY &SYMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3117F	E	HF ASSESSMENT TOOL COMPLETED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3118F	E	NY HEART ASSOC CLASS DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3119F	E	NO EVAL ACTIVITY CLIN SYMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31200	N	REMOVAL OF ETHMOID SINUS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31201	N	REMOVAL OF ETHMOID SINUS	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
31205	N	REMOVAL OF ETHMOID SINUS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
3120F	E	12-LEAD ECG PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31225	C	REMOVAL OF UPPER JAW	-	-	-	IP Only	000	-	-	-	-	000	999	-
31230	C	REMOVAL OF UPPER JAW	-	-	-	IP Only	000	-	-	-	-	000	999	-
31231	T	NASAL ENDOSCOPY DX	-	05151	2.1598	APC	131	-	-	-	-	000	999	-
31233	T	NSL/SINS NDSC DX MAX SINUSC	-	05152	4.4523	APC	270	-	-	-	-	000	999	-
31235	N	NSL/SINS NDSC DX SPHN SINUSC	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31237	N	NSL/SINS NDSC SURG BX POLYPC	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31238	N	NSL/SINS NDSC SRG NSL HEMRRG	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31239	N	NSL/SINUS ENDOSCOPY SURG DCR	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31240	N	NSL/SNS NDSC CNCH BULL RESCJ	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31241	N	NSL/SNS NDSC LIG SPHNPTN ART	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31242	N	NSL/SINUS NDSC RF ABLTJ PNN	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31243	N	NSL/SINUS NDSC CRYOABLJTJ PNN	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31253	N	NSL/SINS NDSC TOTAL	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31254	N	NSL/SINS NDSC W/PRTL ETHMDC	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31255	N	NSL/SINS NDSC W/TOT ETHMDC	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31256	N	EXPLORATION MAXILLARY SINUS	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31257	N	NSL/SINS NDSC TOT W/SPHENDT	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31259	N	NSL/SINS NDSC SPHN TISS RMVL	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31267	N	ENDOSCOPY MAXILLARY SINUS	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
3126F	E	ESOPH BX RPRT W/DYSPL INFO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31276	N	NSL/SINS NDSC FRNT TISS RMVL	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
					APC	Weight									
31287	N		NASAL/SINUS ENDOSCOPY SURG	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31288	N		NASAL/SINUS ENDOSCOPY SURG	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31290	C		NASAL/SINUS ENDOSCOPY SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
31291	C		NASAL/SINUS ENDOSCOPY SURG	-	-	-	IP Only	000	-	-	-	-	000	999	-
31292	N		NSL/SINS NDSC MED/INF DCMPRN	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31293	N		NSL/SINS NDSC MED&INF DCMPRN	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31294	N		NSL/SINS NDSC SURG ON DCMPRN	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31295	N		NSL/SINS NDSC SURG MAX SINS	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31296	N		NSL/SINS NDSC SURG FRNT SINS	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31297	N		NSL/SINS NDSC SURG SPHN SINS	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31298	N		NSL/SINS NDSC SURG FRNT&SPHN	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31299	T		UNLISTED PX ACCESSORY SINUS	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
31300	N		REMOVAL OF LARYNX LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
3130F	E		UPPER GI ENDOSCOPY PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3132F	E		DOC REF UPPER GI ENDOSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31360	C		REMOVAL OF LARYNX	-	-	-	IP Only	000	-	-	-	-	000	999	-
31365	C		REMOVAL OF LARYNX	-	-	-	IP Only	000	-	-	-	-	000	999	-
31367	C		PARTIAL REMOVAL OF LARYNX	-	-	-	IP Only	000	-	-	-	-	000	999	-
31368	C		PARTIAL REMOVAL OF LARYNX	-	-	-	IP Only	000	-	-	-	-	000	999	-
31370	C		PARTIAL REMOVAL OF LARYNX	-	-	-	IP Only	000	-	-	-	-	000	999	-
31375	C		PARTIAL REMOVAL OF LARYNX	-	-	-	IP Only	000	-	-	-	-	000	999	-
31380	C		PARTIAL REMOVAL OF LARYNX	-	-	-	IP Only	000	-	-	-	-	000	999	-
31382	C		PARTIAL REMOVAL OF LARYNX	-	-	-	IP Only	000	-	-	-	-	000	999	-
31390	C		REMOVAL OF LARYNX & PHARYNX	-	-	-	IP Only	000	-	-	-	-	000	999	-
31395	C		RECONSTRUCT LARYNX & PHARYNX	-	-	-	IP Only	000	-	-	-	-	000	999	-
31400	N		REVISION OF LARYNX	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
3140F	E		UPPER GI ENDO SHOWS BARRTTTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3141F	E		UPPER GI ENDO NOT BARRTTTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31420	N		REMOVAL OF EPIGLOTTIS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
3142F	E		BARIUM SWALLOW TEST ORDERED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31500	T		INSERT EMERGENCY AIRWAY	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
31502	T		CHANGE OF WINDPIPE AIRWAY	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
31505	T		DIAGNOSTIC LARYNGOSCOPY	-	05151	2.1598	APC	131	-	-	-	-	000	999	-
3150F	E		FORCEPS ESOPH BIOPSY DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31510	N		LARYNGOSCOPY WITH BIOPSY	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31511	T		REMOVE FOREIGN BODY LARYNX	-	05151	2.1598	APC	131	-	-	-	-	000	999	-
31512	N		REMOVAL OF LARYNX LESION	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31513	T		INJECTION INTO VOCAL CORD	-	05152	4.4523	APC	270	-	-	-	-	000	999	-
31515	T		LARYNGOSCOPY FOR ASPIRATION	-	05152	4.4523	APC	270	-	-	-	-	000	999	-
31520	T		DX LARYNGOSCOPY NEWBORN	-	05152	4.4523	APC	270	-	-	-	-	000	999	-
31525	N		DX LARYNGOSCOPY EXCL NB	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31526	N		DX LARYNGOSCOPY W/OPER SCOPE	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31527	N		LARYNGOSCOPY FOR TREATMENT	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31528	N		LARYNGOSCOPY AND DILATION	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31529	N		LARYNGOSCOPY AND DILATION	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31530	N		LARYNGOSCOPY W/FB REMOVAL	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31531	N		LARYNGOSCOPY W/FB & OP SCOPE	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31535	N		LARYNGOSCOPY W/BIOPSY	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31536	N		LARYNGOSCOPY W/BX & OP SCOPE	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31540	N		LARYNGOSCOPY W/EXC OF TUMOR	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31541	N		LARYNSCOP W/TUMR EXC + SCOPE	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31545	N		REMOVE VC LESION W/SCOPE	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	Y	000	999	-
31546	N		REMOVE VC LESION SCOPE/GRAFT	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	Y	000	999	-
31551	N		LARYNGOPLASTY LARYNGEAL STEN	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31552	N		LARYNGOPLASTY LARYNGEAL STEN	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31553	N		LARYNGOPLASTY LARYNGEAL STEN	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-

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31554	N		LARYNGOPLASTY LARYNGEAL STEN	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
3155F	E		CYTOGEN TEST MARROW B/4 TX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31560	N		LARYNGOSCOPY W/ARYTENOIDECTOM	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31561	N		LARYNSCOP REMVE CART + SCOP	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31570	N		LARYNGOSCOPE W/VC INJ	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31571	N		LARYNGOSCOPE W/VC INJ + SCOPE	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31572	N		LARGSC W/LASER DSTRJ LES	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31573	N		LARGSC W/THER INJECTION	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31574	N		LARGSC W/NJX AUGMENTATION	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31575	T		DIAGNOSTIC LARYNGOSCOPY	-	05151	2.1598	APC	131	-	-	-	-	000	999	-
31576	N		LARYNGOSCOPY WITH BIOPSY	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31577	T		LARGSC W/RMVL FOREIGN BDY(S)	-	05152	4.4523	APC	270	-	-	-	-	000	999	-
31578	N		LARGSC W/REMOVAL LESION	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31579	T		LARYNGOSCOPY TELESCOPIC	-	05152	4.4523	APC	270	-	-	-	-	000	999	-
31580	N		LARYNGOPLASTY LARYNGEAL WEB	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31584	N		LARYNGOPLASTY FX RDCTJ FIXJ	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31587	N		LARYNGOPLASTY CRICOID SPLIT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31590	N		REINNERVATE LARYNX	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31591	N		LARYNGOPLASTY MEDIALIZATION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31592	N		CRICOTRACHEAL RESECTION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31599	T		UNLISTED PROCEDURE LARYNX	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
31600	N		INCISION OF WINDPIPE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
31601	N		INCISION OF WINDPIPE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	001	-
31603	N		INCISION OF WINDPIPE	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
31605	T		INCISION OF WINDPIPE	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
3160F	E		DOC FE+ STORES B/4 EPO THX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31610	N		INCISION OF WINDPIPE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31611	N		SURGERY/SPEECH PROSTHESIS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
31612	N		PUNCTURE/CLEAR WINDPIPE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
31613	N		REPAIR WINDPIPE OPENING	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
31614	N		REPAIR WINDPIPE OPENING	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31615	T		VISUALIZATION OF WINDPIPE	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
31622	N		DX BRONCHOSCOPE/WASH	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31623	N		DX BRONCHOSCOPE/BRUSH	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31624	N		DX BRONCHOSCOPE/LAVAGE	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31625	N		BRONCHOSCOPY W/BIOPSY(S)	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31626	N		BRONCHOSCOPY W/MARKERS	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31627	N		NAVIGATIONAL BRONCHOSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
31628	N		BRONCHOSCOPY/LUNG BX EACH	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31629	N		BRONCHOSCOPY/NEEDLE BX EACH	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31630	N		BRONCHOSCOPY DILATE/FX REPR	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31631	N		BRONCHOSCOPY DILATE W/STENT	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31632	N		BRONCHOSCOPY/LUNG BX ADDL	-	-	-	Bundled	000	-	-	-	Y	000	999	-
31633	N		BRONCHOSCOPY/NEEDLE BX ADDL	-	-	-	Bundled	000	-	-	-	Y	000	999	-
31634	N		BRONCH W/BALLOON OCCLUSION	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	-	000	999	-
31635	N		BRONCHOSCOPY W/FB REMOVAL	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31636	N		BRONCHOSCOPY BRONCH STENTS	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	Y	000	999	-
31637	N		BRONCHOSCOPY STENT ADD-ON	-	-	-	Bundled	000	-	-	-	Y	000	999	-
31638	N		BRONCHOSCOPY REVISE STENT	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	Y	000	999	-
31640	N		BRONCHOSCOPY W/TUMOR EXCISE	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31641	N		BRONCHOSCOPY TREAT BLOCKAGE	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31643	N		DIAG BRONCHOSCOPE/CATHETER	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31645	N		BRNCHSC W/THER ASPIR 1ST	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31646	T		BRNCHSC W/THER ASPIR SBSQ	-	05152	4.4523	APC	270	-	-	-	-	000	999	-
31647	N		BRONCHIAL VALVE INIT INSERT	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	Y	000	999	-
31648	N		BRONCHIAL VALVE REMOV INIT	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	Y	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
31649	N	BRONCHIAL VALVE REMOV ADDL	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	Y	000	999	-
31651	N	BRONCHIAL VALVE ADDL INSERT	-	-	-	Bundled	000	-	-	-	Y	000	999	-
31652	N	BRONCH EBUS SAMPLNG 1/2 NODE	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31653	N	BRONCH EBUS SAMPLNG 3/> NODE	-	05154	40.8328	Bundled, sometimes payable	2479	-	-	-	-	000	999	-
31654	N	BRONCH EBUS IVNTJ PERPH LES	-	-	-	Bundled	000	-	-	-	-	000	999	-
31660	N	BRONCH THERMOPLSTY 1 LOBE	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	Y	000	999	-
31661	N	BRONCH THERMOPLSTY 2/> LOBES	-	05155	74.6285	Bundled, sometimes payable	4531	-	-	-	Y	000	999	-
3170F	E	BASELIN FLO CYTOMETRY B/4 TX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
31717	T	BRONCHIAL BRUSH BIOPSY	-	05152	4.4523	APC	270	-	-	-	-	000	999	-
31720	N	CLEARANCE OF AIRWAYS	-	05791	2.3257	Bundled, sometimes payable	141	-	-	-	-	000	999	-
31725	C	CLEARANCE OF AIRWAYS	-	-	-	IP Only	000	-	-	-	-	000	999	-
31730	N	INTRO WINDPIPE WIRE/TUBE	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
31750	N	REPAIR OF WINDPIPE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31755	N	REPAIR OF WINDPIPE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31760	C	REPAIR OF WINDPIPE	-	-	-	IP Only	000	-	-	-	-	000	999	-
31766	C	RECONSTRUCTION OF WINDPIPE	-	-	-	IP Only	000	-	-	-	-	000	999	-
31770	C	REPAIR/GRAFT OF BRONCHUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
31775	C	RECONSTRUCT BRONCHUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
31780	C	RECONSTRUCT WINDPIPE	-	-	-	IP Only	000	-	-	-	-	000	999	-
31781	C	RECONSTRUCT WINDPIPE	-	-	-	IP Only	000	-	-	-	-	000	999	-
31785	N	REMOVE WINDPIPE LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
31786	C	REMOVE WINDPIPE LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
31800	C	REPAIR OF WINDPIPE INJURY	-	-	-	IP Only	000	-	-	-	-	000	999	-
31805	C	REPAIR OF WINDPIPE INJURY	-	-	-	IP Only	000	-	-	-	-	000	999	-
31820	N	CLOSURE OF WINDPIPE LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
31825	N	REPAIR OF WINDPIPE DEFECT	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
31830	N	REVISE WINDPIPE SCAR	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
31899	T	UNLISTED PX TRACHEA BRONCHI	-	05151	2.1598	APC	131	-	-	-	-	000	999	-
3200F	E	BARIUM SWALLOW TEST NOT REQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32035	C	THORACOSTOMY W/RIB RESECTION	-	-	-	IP Only	000	-	-	-	-	000	999	-
32036	C	THORACOSTOMY W/FLAP DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
32096	C	OPEN WEDGE/BX LUNG INFILTR	-	-	-	IP Only	000	-	-	-	-	000	999	-
32097	C	OPEN WEDGE/BX LUNG NODULE	-	-	-	IP Only	000	-	-	-	-	000	999	-
32098	C	OPEN BIOPSY OF LUNG PLEURA	-	-	-	IP Only	000	-	-	-	-	000	999	-
32100	C	EXPLORATION OF CHEST	-	-	-	IP Only	000	-	-	-	-	000	999	-
3210F	E	GRP A STREP TEST PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32110	C	EXPLORE/REPAIR CHEST	-	-	-	IP Only	000	-	-	-	-	000	999	-
32120	C	RE-EXPLORATION OF CHEST	-	-	-	IP Only	000	-	-	-	-	000	999	-
32124	C	EXPLORE CHEST FREE ADHESIONS	-	-	-	IP Only	000	-	-	-	-	000	999	-
32140	C	REMOVAL OF LUNG LESION(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
32141	C	REMOVE/TREAT LUNG LESIONS	-	-	-	IP Only	000	-	-	-	-	000	999	-
32150	C	REMOVAL OF LUNG LESION(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
32151	C	REMOVE LUNG FOREIGN BODY	-	-	-	IP Only	000	-	-	-	-	000	999	-
3215F	E	PT IMMUNITY TO HEP A DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32160	C	OPEN CHEST HEART MASSAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
3216F	E	PT IMMUNITY TO HEP B DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3218F	E	RNA TSTNG HEP C DOCD DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32200	C	DRAIN OPEN LUNG LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
3220F	E	HEP C QUANT RNA TSTNG DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32215	C	TREAT CHEST LINING	-	-	-	IP Only	000	-	-	-	-	000	999	-
32220	C	RELEASE OF LUNG	-	-	-	IP Only	000	-	-	-	-	000	999	-
32225	C	PARTIAL RELEASE OF LUNG	-	-	-	IP Only	000	-	-	-	-	000	999	-
3230F	E	NOTE HRING TST W/IN 6 MON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32310	C	REMOVAL OF CHEST LINING	-	-	-	IP Only	000	-	-	-	-	000	999	-
32320	C	FREE/REMOVE CHEST LINING	-	-	-	IP Only	000	-	-	-	-	000	999	-
32400	N	NEEDLE BIOPSY CHEST LINING	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
32408	N	CORE NDL BX LNG/MED PERQ	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
32440	C	REMOVE LUNG PNEUMONECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
32442	C	SLEEVE PNEUMONECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
32445	C	REMOVAL OF LUNG EXTRAPLEURAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
32480	C	PARTIAL REMOVAL OF LUNG	-	-	-	IP Only	000	-	-	-	-	000	999	-
32482	C	BILOBECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
32484	C	SEGMENTECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
32486	C	SLEEVE LOBECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
32488	C	COMPLETION PNEUMONECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
32491	C	LUNG VOLUME REDUCTION	-	-	-	IP Only	000	-	-	-	-	000	999	-
32501	C	REPAIR BRONCHUS ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
32503	C	RESECT APICAL LUNG TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
32504	C	RESECT APICAL LUNG TUM/CHEST	-	-	-	IP Only	000	-	-	-	Y	000	999	-
32505	C	WEDGE RESECT OF LUNG INITIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
32506	C	WEDGE RESECT OF LUNG ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
32507	C	WEDGE RESECT OF LUNG DIAG	-	-	-	IP Only	000	-	-	-	-	000	999	-
3250F	E	NONPRIM LOC ANAT BX SITE TUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32540	C	REMOVAL OF LUNG LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
32550	N	INSERT PLEURAL CATH	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
32551	N	INSERTION OF CHEST TUBE	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-
32552	N	REMOVE LUNG CATHETER	-	05181	6.8498	Bundled, sometimes payable	416	-	-	-	-	000	999	-
32553	S	INS MARK THOR FOR RT PERQ	-	05613	15.1085	APC	917	-	-	-	-	000	999	-
32554	T	ASPIRATE PLEURA W/O IMAGING	-	05181	6.8498	APC	371	-	-	-	Y	000	999	-
32555	T	ASPIRATE PLEURA W/ IMAGING	-	05181	6.8498	APC	371	-	-	-	Y	000	999	-
32556	N	INSERT CATH PLEURA W/O IMAGE	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	Y	000	999	-
32557	N	INSERT CATH PLEURA W/ IMAGE	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	Y	000	999	-
32560	T	TREAT PLEURODESIS W/AGENT	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
32561	T	LYSE CHEST FIBRIN INIT DAY	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
32562	T	LYSE CHEST FIBRIN SUBQ DAY	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
32601	N	THORACOSCOPY DIAGNOSTIC	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
32604	N	THORACOSCOPY WBX SAC	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
32606	N	THORACOSCOPY W/BX MED SPACE	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
32607	N	THORACOSCOPY W/BX INFILTRATE	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
32608	N	THORACOSCOPY W/BX NODULE	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
32609	N	THORACOSCOPY W/BX PLEURA	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
3260F	E	PT CAT/PN CAT/HIST GRD DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32650	C	THORACOSCOPY W/PLEURODESIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
32651	C	THORACOSCOPY REMOVE CORTEX	-	-	-	IP Only	000	-	-	-	-	000	999	-
32652	C	THORACOSCOPY REM TOTL CORTEX	-	-	-	IP Only	000	-	-	-	-	000	999	-
32653	C	THORACOSCOPY REMOV FB/FIBRIN	-	-	-	IP Only	000	-	-	-	-	000	999	-
32654	C	THORACOSCOPY CONTRL BLEEDING	-	-	-	IP Only	000	-	-	-	-	000	999	-
32655	C	THORACOSCOPY RESECT BULLAE	-	-	-	IP Only	000	-	-	-	-	000	999	-
32656	C	THORACOSCOPY W/PLEURECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
32658	C	THORACOSCOPY W/SAC FB REMOVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
32659	C	THORACOSCOPY W/SAC DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
3265F	E	RNA TSTNG HEPC VIR ORD/DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32661	C	THORACOSCOPY W/PERICARD EXC	-	-	-	IP Only	000	-	-	-	-	000	999	-
32662	C	THORACOSCOPY W/MEDIAST EXC	-	-	-	IP Only	000	-	-	-	-	000	999	-
32663	C	THORACOSCOPY W/LOBECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
32664	C	THORACOSCOPY W/ TH NRV EXC	-	-	-	IP Only	000	-	-	-	-	000	999	-
32665	C	THORACOSCOPY W/ESOPH MUSC EXC	-	-	-	IP Only	000	-	-	-	-	000	999	-
32666	C	THORACOSCOPY W/WEDGE RESECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
32667	C	THORACOSCOPY W/W RESECT ADDL	-	-	-	IP Only	000	-	-	-	-	000	999	-
32668	C	THORACOSCOPY W/W RESECT DIAG	-	-	-	IP Only	000	-	-	-	-	000	999	-
32669	C	THORACOSCOPY REMOVE SEGMENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
3266F	E	HEPC GN TSTNG DOCD B/4TXMNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
32670	C	THORACOSCOPY BILOBECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
32671	C	THORACOSCOPY PNEUMONECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
32672	C	THORACOSCOPY FOR LVRS	-	-	-	IP Only	000	-	-	-	-	000	999	-
32673	C	THORACOSCOPY W/THYMUS RESECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
32674	C	THORACOSCOPY LYMPH NODE EXC	-	-	-	IP Only	000	-	-	-	-	000	999	-
3267F	E	PATH RPRT W/ PT PN CAT ET AL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3268F	E	PSA/T/GLSC DOCD B/4 TXMNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3269F	E	BONE SCN B/4 TXMNT/AFTR DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32701	E	THORAX STEREO RAD TARGETW/TX	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
3270F	E	NO BONE SCN B/4 TXMNT/AFTRDX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3271F	E	LOW RISK PROSTATE CANCER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3272F	E	MED RISK PROSTATE CANCER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3273F	E	HIGH RISK PROSTATE CANCER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3274F	E	PROST CNCR RSK NOT LW/MD/HGH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3278F	E	SERUM LVLS CA/PTH/LPD ORD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3279F	E	HGB LVL >= 13 G/DL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32800	C	REPAIR LUNG HERNIA	-	-	-	IP Only	000	-	-	-	-	000	999	-
3280F	E	HGB LVL 11-12.9 G/DL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32810	C	CLOSE CHEST AFTER DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
32815	C	CLOSE BRONCHIAL FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
3281F	E	HGB LVL <11 G/DL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32820	C	RECONSTRUCT INJURED CHEST	-	-	-	IP Only	000	-	-	-	-	000	999	-
3284F	E	IOP RED >=15% PRE-NTRV LVL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32850	C	DONOR PNEUMONECTOMY	-	-	-	IP Only	000	-	-	-	Y	000	999	-
32851	C	LUNG TRANSPLANT SINGLE	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
32852	C	LUNG TRANSPLANT WITH BYPASS	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
32853	C	LUNG TRANSPLANT DOUBLE	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
32854	C	LUNG TRANSPLANT WITH BYPASS	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
32855	C	PREPARE DONOR LUNG SINGLE	-	-	-	IP Only	000	-	-	-	Y	000	999	-
32856	C	PREPARE DONOR LUNG DOUBLE	-	-	-	IP Only	000	-	-	-	Y	000	999	-
3285F	E	IOP DOWN <15% OF PRE-SVC LVL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3288F	E	FALL RISK ASSESSMENT DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32900	C	REMOVAL OF RIB(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
32905	C	REVISE & REPAIR CHEST WALL	-	-	-	IP Only	000	-	-	-	-	000	999	-
32906	C	REVISE & REPAIR CHEST WALL	-	-	-	IP Only	000	-	-	-	-	000	999	-
3290F	E	PT=D(RH)- AND UNSENSITIZED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3291F	E	PT=D(RH)+ OR SENSITIZED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3292F	E	HIV TSTNG ASKED/DOCD/REVWD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3293F	E	ABO RH BLOOD TYPING DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32940	C	REVISION OF LUNG	-	-	-	IP Only	000	-	-	-	-	000	999	-
3294F	E	GRP B STREP SCREENING DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
32960	T	THERAPEUTIC PNEUMOTHORAX	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
32994	N	ABLATE PULM TUMOR PERQ CRYBL	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
32997	C	TOTAL LUNG LAVAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
32998	N	ABLATE PULM TUMOR PERQ RF	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
32999	T	UNLISTED PX LUNGS & PLEURA	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
3300F	E	AJCC STAGE DOCD B/4 THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33016	N	PERICARDIOCENTESIS W/IMAGING	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-
33017	E	PRCRD DRG 6YR+ W/O CGEN CAR	-	-	-	Not Allowed	000	-	-	-	-	006	999	-
33018	E	PRCRD DRG 0-5YR OR W/ANOMLY	-	-	-	Not Allowed	000	-	-	-	-	005	999	-
33019	E	PERQ PRCRD DRG INSJ CATH CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3301F	E	CANCER STAGE DOCD METAST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33020	C	INCISION OF HEART SAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
33025	C	INCISION OF HEART SAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
33030	C	PARTIAL REMOVAL OF HEART SAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
33031	C	PARTIAL REMOVAL OF HEART SAC	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
33050	C	RESECT HEART SAC LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
33120	C	REMOVAL OF HEART LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
33130	C	REMOVAL OF HEART LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
33140	C	HEART REVASCULARIZE (TMR)	-	-	-	IP Only	000	-	-	-	-	000	999	-
33141	C	HEART TMR W/OTHER PROCEDURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
3315F	E	ER+ OR PR+ BREAST CANCER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3316F	E	ER- OR PR- BREAST CANCER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3317F	E	PATH RPT MALIG CANCER DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3318F	E	PATH RPT MALIG CANCER DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3319F	E	X-RAY/CT/ULTRSND ET AL ORD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33202	C	INSERT EPICARD ELTRD OPEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
33203	C	INSERT EPICARD ELTRD ENDO	-	-	-	IP Only	000	-	-	-	-	000	999	-
33206	N	INSERT HEART PM ATRIAL	-	05223	116.4331	Bundled, sometimes payable	7070	-	-	-	-	000	999	-
33207	N	INSERT HEART PM VENTRICULAR	-	05223	116.4331	Bundled, sometimes payable	7070	-	-	-	-	000	999	-
33208	N	INSRT HEART PM ATRIAL & VENT	-	05223	116.4331	Bundled, sometimes payable	7070	-	-	-	-	000	999	-
3320F	E	NO XRAY/CT/ ET AL ORDD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33210	N	INSERT ELECTRD/PM CATH SNGL	-	05222	92.6347	Bundled, sometimes payable	5625	-	-	-	-	000	999	-
33211	N	INSERT CARD ELECTRODES DUAL	-	05222	92.6347	Bundled, sometimes payable	5625	-	-	-	-	000	999	-
33212	N	INSERT PULSE GEN SNGL LEAD	-	05222	92.6347	Bundled, sometimes payable	5625	-	-	-	-	000	999	-
33213	N	INSERT PULSE GEN DUAL LEADS	-	05223	116.4331	Bundled, sometimes payable	7070	-	-	-	-	000	999	-
33214	N	UPGRADE OF PACEMAKER SYSTEM	-	05223	116.4331	Bundled, sometimes payable	7070	-	-	-	-	000	999	-
33215	N	REPOSITION PACING-DEFIB LEAD	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
33216	N	INSERT 1 ELECTRODE PM-DEFIB	-	05222	92.6347	Bundled, sometimes payable	5625	-	-	-	-	000	999	-
33217	N	INSERT 2 ELECTRODE PM-DEFIB	-	05222	92.6347	Bundled, sometimes payable	5625	-	-	-	-	000	999	-
33218	T	REPAIR LEAD PACE-DEFIB ONE	-	05221	42.8191	APC	2600	-	-	-	-	000	999	-
3321F	E	AJCC CNCR 0/IA MELAN DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33220	T	REPAIR LEAD PACE-DEFIB DUAL	-	05221	42.8191	APC	2600	-	-	-	-	000	999	-
33221	N	INSERT PULSE GEN MULT LEADS	-	05224	212.4619	Bundled, sometimes payable	12901	-	-	-	-	000	999	-
33222	T	RELOCATION POCKET PACEMAKER	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
33223	T	RELOCATE POCKET FOR DEFIB	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
33224	N	INSERT PACING LEAD & CONNECT	-	05223	116.4331	Bundled, sometimes payable	7070	-	-	-	-	000	999	-
33225	N	L VENTRIC PACING LEAD ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
33226	N	REPOSITION L VENTRIC LEAD	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
33227	N	REMOVE&REPLACE PM GEN SNGL	-	05222	92.6347	Bundled, sometimes payable	5625	-	-	-	-	000	999	-
33228	N	REMV&REPLC PM GEN DUAL LEAD	-	05223	116.4331	Bundled, sometimes payable	7070	-	-	-	-	000	999	-
33229	N	REMV&REPLC PM GEN MULT LEADS	-	05224	212.4619	Bundled, sometimes payable	12901	-	-	-	-	000	999	-
3322F	E	MELANOMAAJCC STAGE 0 OR IA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33230	N	INSRT PULSE GEN W/DUAL LEADS	-	05231	257.0169	Bundled, sometimes payable	15606	-	-	-	-	000	999	-
33231	N	INSRT PULSE GEN W/MULT LEADS	-	05232	358.7235	Bundled, sometimes payable	21782	-	-	-	-	000	999	-
33233	N	REMOVAL OF PM GENERATOR	-	05222	92.6347	Bundled, sometimes payable	5625	-	-	-	-	000	999	-
33234	N	REMOVAL OF PACEMAKER SYSTEM	-	05221	42.8191	Bundled, sometimes payable	2600	-	-	-	-	000	999	-
33235	N	REMOVAL PACEMAKER ELECTRODE	-	05221	42.8191	Bundled, sometimes payable	2600	-	-	-	-	000	999	-
33236	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33237	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33238	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
3323F	E	CLIN NODE STGNG DOCD/4 SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33240	N	INSRT PULSE GEN W/SINGL LEAD	-	05231	257.0169	Bundled, sometimes payable	15606	-	-	-	-	000	999	-
33241	N	REMOVE PULSE GENERATOR	-	05221	42.8191	Bundled, sometimes payable	2600	-	-	-	-	000	999	-
33243	C	REMOVE ELTRD/THORACOTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33244	N	REMOVE ELCTRD TRANSVENOUSLY	-	05221	42.8191	Bundled, sometimes payable	2600	-	-	-	-	000	999	-
33249	N	INS./RPLCMT DEFIB W/LEAD(S)	-	05232	358.7235	Bundled, sometimes payable	21782	-	-	-	-	000	999	-
3324F	E	MRI CT SCAN ORD RVWD RQSTD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33250	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33251	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33254	C	ABLATE ATRIA LMTD	-	-	-	IP Only	000	-	-	-	-	000	999	-
33255	C	ABLATE ATRIA W/O BYPASS EXT	-	-	-	IP Only	000	-	-	-	-	000	999	-

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33256	C	ABLATE ATRIA W/BYPASS EXTEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
33257	C	ABLATE ATRIA LMTD ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
33258	C	ABLATE ATRIA X10SV ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
33259	C	ABLATE ATRIA W/BYPASS ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
3325F	E	PREOP ASSES 4 CATARACT SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33261	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33262	N	RMVL& REPLC PULSE GEN 1 LEAD	-	05231	257.0169	Bundled, sometimes payable	15606	-	-	-	-	000	999	-
33263	N	RMVL & RPLCMT DFB GEN 2 LEAD	-	05231	257.0169	Bundled, sometimes payable	15606	-	-	-	-	000	999	-
33264	N	RMVL & RPLCMT DFB GEN MLT LD	-	05232	358.7235	Bundled, sometimes payable	21782	-	-	-	-	000	999	-
33265	C	ABLATE ATRIA LMTD ENDO	-	-	-	IP Only	000	-	-	-	-	000	999	-
33266	C	ABLATE ATRIA X10SV ENDO	-	-	-	IP Only	000	-	-	-	-	000	999	-
33267	C	EXCL LAA OPEN ANY METHOD	-	-	-	IP Only	000	-	-	-	-	000	999	-
33268	C	EXCL LAA OPN OTH PX ANY METH	-	-	-	IP Only	000	-	-	-	-	000	999	-
33269	C	EXCL LAA THRSCP ANY METHOD	-	-	-	IP Only	000	-	-	-	-	000	999	-
33270	N	INS/REP SUBQ DEFIBRILLATOR	-	05232	358.7235	Bundled, sometimes payable	21782	-	-	-	-	000	999	-
33271	N	INSJ SUBQ IMPLTBL DFB ELCTRD	-	05222	92.6347	Bundled, sometimes payable	5625	-	-	-	-	000	999	-
33272	N	RMVL OF SUBQ DEFIBRILLATOR	-	05221	42.8191	Bundled, sometimes payable	2600	-	-	-	-	000	999	-
33273	T	REPOS PREV IMPLTBL SUBQ DFB	-	05221	42.8191	APC	2600	-	-	-	-	000	999	-
33274	N	TCAT INSJ/RPL PERM LDLS PM	-	05224	212.4619	Bundled, sometimes payable	12901	-	-	-	-	000	999	-
33275	N	TCAT RMVL PERM LDLS PM W/IMG	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
33276	S	INSJ PHRNC NRV STIM SYS	-	01580	770.6885	APC	46796	-	-	-	-	000	999	-
33277	N	INSJ PHRNC NRV STIM TRANSVNS	-	-	-	Bundled	000	-	-	-	-	000	999	-
33278	N	RMVL PHRNC NRV STIM SYS	-	05461	37.1003	Bundled, sometimes payable	2253	-	-	-	-	000	999	-
33279	N	RMVL PHRNC NRV STIM TRANSVNS	-	05461	37.1003	Bundled, sometimes payable	2253	-	-	-	-	000	999	-
33280	N	RMVL PHRNC NRV STIM PG ONLY	-	05461	37.1003	Bundled, sometimes payable	2253	-	-	-	-	000	999	-
33281	N	REPOSG PHRNC NRV STIM TRNSVN	-	05461	37.1003	Bundled, sometimes payable	2253	-	-	-	-	000	999	-
33285	N	INSJ SUBQ CAR RHYTHM MNTR	-	05222	92.6347	Bundled, sometimes payable	5625	-	-	-	-	000	999	-
33286	N	RMVL SUBQ CAR RHYTHM MNTR	-	05071	7.6716	Bundled, sometimes payable	466	-	-	-	-	000	999	-
33287	N	RMV&RPLCMT PHRNC NRV STIM PG	-	05465	338.5856	Bundled, sometimes payable	20559	-	-	-	-	000	999	-
33288	N	RMV&RPLCMT PHRNC NRV STIM LD	-	05463	148.5312	Bundled, sometimes payable	9019	-	-	-	-	000	999	-
33289	N	TCAT IMPL WRLS P-ART PRS SNR	-	05200	316.9127	Bundled, sometimes payable	19243	-	-	-	-	000	999	-
3328F	E	PRFRMNC DOCD 2 WKS B/4 SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33300	C	REPAIR OF HEART WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
33305	C	REPAIR OF HEART WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
3330F	E	IMAGING STUDY ORDERED (BKP)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33310	C	EXPLORATORY HEART SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33315	C	EXPLORATORY HEART SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
3331F	E	BK IMAGING TST NOT ORDERED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33320	C	REPAIR MAJOR BLOOD VESSEL(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
33321	C	REPAIR MAJOR VESSEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
33322	C	REPAIR MAJOR BLOOD VESSEL(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
33330	C	INSERT MAJOR VESSEL GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33335	C	INSERT MAJOR VESSEL GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33340	C	PERQ CLSR TCAT L ATR APNDGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33361	C	REPLACE AORTIC VALVE PERQ	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33362	C	REPLACE AORTIC VALVE OPEN	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33363	C	REPLACE AORTIC VALVE OPEN	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33364	C	REPLACE AORTIC VALVE OPEN	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33365	C	REPLACE AORTIC VALVE OPEN	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33366	C	TRCATH REPLACE AORTIC VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33367	C	REPLACE AORTIC VALVE W/BYP	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33368	C	REPLACE AORTIC VALVE W/BYP	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33369	C	REPLACE AORTIC VALVE W/BYP	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33370	N	TCAT PLMT&RMVL CEPD PERQ	-	-	-	Bundled	000	-	-	-	-	000	999	-
33390	C	VALVULOPLASTY AORTIC VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33391	C	VALVULOPLASTY AORTIC VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-

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33404	C	PREPARE HEART-AORTA CONDUIT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33405	C	REPLACEMENT AORTIC VALVE OPN	-	-	-	IP Only	000	-	-	-	-	000	999	-
33406	C	REPLACEMENT AORTIC VALVE OPN	-	-	-	IP Only	000	-	-	-	-	000	999	-
3340F	E	MAMMO ASSESS INC XRAY DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33410	C	REPLACEMENT AORTIC VALVE OPN	-	-	-	IP Only	000	-	-	-	-	000	999	-
33411	C	REPLACEMENT OF AORTIC VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33412	C	REPLACEMENT OF AORTIC VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33413	C	REPLACEMENT OF AORTIC VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33414	C	REPAIR OF AORTIC VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33415	C	REVISION SUBVALVULAR TISSUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33416	C	REVISE VENTRICLE MUSCLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33417	C	REPAIR OF AORTIC VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33418	C	REPAIR TCAT MITRAL VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33419	N	REPAIR TCAT MITRAL VALVE	-	-	-	Bundled	000	-	-	-	-	000	999	-
3341F	E	MAMMO ASSESS NEGATIVE DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33420	C	REVISION OF MITRAL VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33422	C	REVISION OF MITRAL VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33425	C	REPAIR OF MITRAL VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33426	C	REPAIR OF MITRAL VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33427	C	REPAIR OF MITRAL VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
3342F	E	MAMMO ASSESS BENGND DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33430	C	REPLACEMENT OF MITRAL VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
3343F	E	MAMMO PROBABLY BENGND DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33440	C	RPLCMT A-VALVE TLCJ AUTOL PV	-	-	-	IP Only	000	-	-	-	-	000	999	-
3344F	E	MAMMO ASSESS SUSP DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3345F	E	MAMMO ASSESS HGHLYMALIG DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33460	C	REVISION OF TRICUSPID VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33463	C	VALVULOPLASTY TRICUSPID	-	-	-	IP Only	000	-	-	-	-	000	999	-
33464	C	VALVULOPLASTY TRICUSPID	-	-	-	IP Only	000	-	-	-	-	000	999	-
33465	C	REPLACE TRICUSPID VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33468	C	REVISION OF TRICUSPID VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33471	C	VLVT PV CLSD HRT VIA P-ART	-	-	-	IP Only	000	-	-	-	-	000	999	-
33474	C	REVISION OF PULMONARY VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33475	C	REPLACEMENT PULMONARY VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33476	C	REVISION OF HEART CHAMBER	-	-	-	IP Only	000	-	-	-	-	000	999	-
33477	C	IMPLANT TCAT PULM VLV PERQ	-	-	-	IP Only	000	-	-	-	-	000	999	-
33478	C	REVISION OF HEART CHAMBER	-	-	-	IP Only	000	-	-	-	-	000	999	-
33496	C	REPAIR PROSTH VALVE CLOT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33500	C	REPAIR HEART VESSEL FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33501	C	REPAIR HEART VESSEL FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33502	C	CORONARY ARTERY CORRECTION	-	-	-	IP Only	000	-	-	-	-	000	999	-
33503	C	CORONARY ARTERY GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33504	C	CORONARY ARTERY GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33505	C	REPAIR ARTERY W/TUNNEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
33506	C	REPAIR ARTERY TRANSLOCATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
33507	C	REPAIR ART INTRAMURAL	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33508	N	ENDOSCOPIC VEIN HARVEST	-	-	-	Bundled	000	-	-	-	-	000	999	-
33509	C	NDSC HRV UXTR ART 1 SGM CAB	-	-	-	IP Only	000	-	-	-	-	000	999	-
3350F	E	MAMMO BX PROVEN MALIG DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33510	C	CABG VEIN SINGLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33511	C	CABG VEIN TWO	-	-	-	IP Only	000	-	-	-	-	000	999	-
33512	C	CABG VEIN THREE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33513	C	CABG VEIN FOUR	-	-	-	IP Only	000	-	-	-	-	000	999	-
33514	C	CABG VEIN FIVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33516	C	CABG VEIN SIX OR MORE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33517	C	CABG ARTERY-VEIN SINGLE	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
33518	C	CABG ARTERY-VEIN TWO	-	-	-	IP Only	000	-	-	-	-	000	999	-
33519	C	CABG ARTERY-VEIN THREE	-	-	-	IP Only	000	-	-	-	-	000	999	-
3351F	E	NEG SCRNM DEP SYMP BY DEPTOOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33521	C	CABG ARTERY-VEIN FOUR	-	-	-	IP Only	000	-	-	-	-	000	999	-
33522	C	CABG ARTERY-VEIN FIVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33523	C	CABG ART-VEIN SIX OR MORE	-	-	-	IP Only	000	-	-	-	-	000	999	-
3352F	E	NO SIG DEP SYMP BY DEP TOOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33530	C	CORONARY ARTERY BYPASS/REOP	-	-	-	IP Only	000	-	-	-	-	000	999	-
33533	C	CABG ARTERIAL SINGLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33534	C	CABG ARTERIAL TWO	-	-	-	IP Only	000	-	-	-	-	000	999	-
33535	C	CABG ARTERIAL THREE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33536	C	CABG ARTERIAL FOUR OR MORE	-	-	-	IP Only	000	-	-	-	-	000	999	-
3353F	E	MILD-MOD DEP SYMP BY DEPTOOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33542	C	REMOVAL OF HEART LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
33545	C	REPAIR OF HEART DAMAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33548	C	RESTORE/REMODEL VENTRICLE	-	-	-	IP Only	000	-	-	-	Y	000	999	-
3354F	E	CLIN SIG DEP SYM BY DEP TOOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33572	C	OPEN CORONARY ENDARTERECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33600	C	CLOSURE OF VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33602	C	CLOSURE OF VALVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33606	C	ANASTOMOSIS/ARTERY-AORTA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33608	C	REPAIR ANOMALY W/CONDUIT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33610	C	REPAIR BY ENLARGEMENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33611	C	REPAIR DOUBLE VENTRICLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33612	C	REPAIR DOUBLE VENTRICLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33615	C	REPAIR MODIFIED FONTAN	-	-	-	IP Only	000	-	-	-	-	000	999	-
33617	C	REPAIR SINGLE VENTRICLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33619	C	REPAIR SINGLE VENTRICLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33620	C	APPLY R&L PULM ART BANDS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33621	C	TRANSTHOR CATH FOR STENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33622	C	REDO COMPL CARDIAC ANOMALY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33641	C	REPAIR HEART SEPTUM DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33645	C	REVISION OF HEART VEINS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33647	C	REPAIR HEART SEPTUM DEFECTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33660	C	REPAIR OF HEART DEFECTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33665	C	REPAIR OF HEART DEFECTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33670	C	REPAIR OF HEART CHAMBERS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33675	C	CLOSE MULT VSD	-	-	-	IP Only	000	-	-	-	-	000	999	-
33676	C	CLOSE MULT VSD W/RESECTION	-	-	-	IP Only	000	-	-	-	-	000	999	-
33677	C	CL MULT VSD W/REM PUL BAND	-	-	-	IP Only	000	-	-	-	-	000	999	-
33681	C	REPAIR HEART SEPTUM DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33684	C	REPAIR HEART SEPTUM DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33688	C	REPAIR HEART SEPTUM DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33690	C	REINFORCE PULMONARY ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33692	C	REPAIR OF HEART DEFECTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33694	C	REPAIR OF HEART DEFECTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33697	C	REPAIR OF HEART DEFECTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33702	C	REPAIR OF HEART DEFECTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
3370F	E	AJCC BRST CNCR STAGE 0 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33710	C	REPAIR OF HEART DEFECTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33720	C	REPAIR OF HEART DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33724	C	REPAIR VENOUS ANOMALY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33726	C	REPAIR PUL VENOUS STENOSIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
3372F	E	AJCC BRST CNCR STAGE 1 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33730	C	REPAIR HEART-VEIN DEFECT(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
33732	C	REPAIR HEART-VEIN DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-

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33735	C	REVISION OF HEART CHAMBER	-	-	-	IP Only	000	-	-	-	-	000	999	-
33736	C	REVISION OF HEART CHAMBER	-	-	-	IP Only	000	-	-	-	-	000	999	-
33737	C	REVISION OF HEART CHAMBER	-	-	-	IP Only	000	-	-	-	-	000	999	-
33741	E	TAS CONGENITAL CAR ANOMAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33745	E	TIS CGEN CAR ANOMAL 1ST SHNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33746	E	TIS CGEN CAR ANOMAL EA ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3374F	E	AJCC BRST CNCR STAGE 1 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33750	C	MAJOR VESSEL SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33755	C	MAJOR VESSEL SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33762	C	MAJOR VESSEL SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33764	C	MAJOR VESSEL SHUNT & GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33766	C	MAJOR VESSEL SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33767	C	MAJOR VESSEL SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33768	C	CAVOPULMONARY SHUNTING	-	-	-	IP Only	000	-	-	-	Y	000	999	-
3376F	E	AJCC BRSTCNCR STAGE 2 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33770	C	REPAIR GREAT VESSELS DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33771	C	REPAIR GREAT VESSELS DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33774	C	REPAIR GREAT VESSELS DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33775	C	REPAIR GREAT VESSELS DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33776	C	REPAIR GREAT VESSELS DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33777	C	REPAIR GREAT VESSELS DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33778	C	REPAIR GREAT VESSELS DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33779	C	REPAIR GREAT VESSELS DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33780	C	REPAIR GREAT VESSELS DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33781	C	REPAIR GREAT VESSELS DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33782	C	NIKAIDOH PROC	-	-	-	IP Only	000	-	-	-	-	000	999	-
33783	C	NIKAIDOH PROC W/OSTIA IMPLT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33786	C	REPAIR ARTERIAL TRUNK	-	-	-	IP Only	000	-	-	-	-	000	999	-
33788	C	REVISION OF PULMONARY ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
3378F	E	AJCC BRSTCNCR STAGE 3 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33800	C	AORTIC SUSPENSION	-	-	-	IP Only	000	-	-	-	-	000	999	-
33802	C	REPAIR VESSEL DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33803	C	REPAIR VESSEL DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
3380F	E	AJCC BRSTCNCR STAGE 4 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33813	C	REPAIR SEPTAL DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33814	C	REPAIR SEPTAL DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33820	C	REVISE MAJOR VESSEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
33822	C	REVISE MAJOR VESSEL	-	-	-	IP Only	000	-	-	-	-	000	019	-
33824	C	REVISE MAJOR VESSEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
3382F	E	AJCC CLN CNCR STAGE 0 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33840	C	REMOVE AORTA CONSTRICTION	-	-	-	IP Only	000	-	-	-	-	000	999	-
33845	C	REMOVE AORTA CONSTRICTION	-	-	-	IP Only	000	-	-	-	-	000	999	-
3384F	E	AJCC CLN CNCR STAGE 1 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33851	C	REMOVE AORTA CONSTRICTION	-	-	-	IP Only	000	-	-	-	-	000	999	-
33852	C	REPAIR SEPTAL DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33853	C	REPAIR SEPTAL DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33858	E	AS-AORT GRF F/AORTIC DSJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33859	E	AS-AORT GRF F/DS OTH/THN DSJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33863	C	ASCENDING AORTIC GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33864	C	ASCENDING AORTIC GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33866	N	AORTIC HEMIARCH GRAFT	-	-	-	Bundled	000	-	-	-	-	000	999	-
3386F	E	AJCC CLN CNCR STAGE 2 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33871	E	TRANSVRS A-ARCH GRF HYPHTRM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33875	C	THORACIC AORTIC GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33877	C	THORACOABDOMINAL GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33880	C	ENDOASC TAA REPR INCL SUBCL	-	-	-	IP Only	000	-	-	-	Y	000	999	-

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33881	C	ENDOASC TAA REPR W/O SUBCL	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33883	C	INSERT ENDOASC PROSTH TAA	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33884	C	ENDOASC PROSTH TAA ADD-ON	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33886	C	ENDOASC PROSTH DELAYED	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33889	C	ARTERY TRANSPOSE/ENDOASC TAA	-	-	-	IP Only	000	-	-	-	Y	000	999	-
3388F	E	AJCC CLN CNCR STAGE 3 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33891	C	CAR-CAR BP GRFT/ENDOASC TAA	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33894	C	EVASC ST RPR THRC/AA ACRS BR	-	-	-	IP Only	000	-	-	-	-	000	999	-
33895	C	EVASC ST RPR THRC/AA X CRSG	-	-	-	IP Only	000	-	-	-	-	000	999	-
33897	C	PERQ TRLUML ANGP NT/RECR COA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33900	N	PERQ P-ART REVSC 1 NM NT UNI	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
33901	N	PERQ P-ART REVSC 1 NM NT BI	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
33902	N	PERQ P-ART REVSC 1 ABNOR UNI	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
33903	N	PERQ P-ART REVSC 1 ABNOR BI	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
33904	N	PERQ P-ART REVSC EACH ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
3390F	E	AJCC CLN CNCR STAGE 4 DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33910	C	REMOVE LUNG ARTERY EMBOLI	-	-	-	IP Only	000	-	-	-	-	000	999	-
33915	C	REMOVE LUNG ARTERY EMBOLI	-	-	-	IP Only	000	-	-	-	-	000	999	-
33916	C	SURGERY OF GREAT VESSEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
33917	C	REPAIR PULMONARY ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33920	C	REPAIR PULMONARY ATRESIA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33922	C	TRANSECT PULMONARY ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33924	C	REMOVE PULMONARY SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33925	C	RPR PUL ART UNIFOCAL W/O CPB	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33926	C	REPR PUL ART UNIFOCAL W/CPB	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33927	C	IMPLTJ TOT RPLCMT HRT SYS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33928	C	RMVL & RPLCMT TOT HRT SYS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33929	C	RMVL RPLCMT HRT SYS F/TRNSPL	-	-	-	IP Only	000	-	-	-	-	000	999	-
33930	C	REMOVAL OF DONOR HEART/LUNG	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33933	C	PREPARE DONOR HEART/LUNG	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33935	C	TRANSPLANTATION HEART/LUNG	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33940	C	REMOVAL OF DONOR HEART	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33944	C	PREPARE DONOR HEART	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33945	C	TRANSPLANTATION OF HEART	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
33946	C	ECMO/ECLS INITIATION VENOUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33947	C	ECMO/ECLS INITIATION ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33948	C	ECMO/ECLS DAILY MGMT-VENOUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
33949	C	ECMO/ECLS DAILY MGMT ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
3394F	E	QUANT HER2 IHC EVAL BRST CX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33951	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33952	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33953	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33954	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33955	C	ECMO/ECLS INSJ CTR CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33956	C	ECMO/ECLS INSJ CTR CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33957	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33958	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33959	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
3395F	E	QUANT NONHER2 IHC BRST CX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33962	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33963	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33964	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33965	C	ECMO/ECLS RMVL PERPH CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33966	C	ECMO/ECLS RMVL PRPH CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33967	C	INSERT I-AORT PERCUT DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33968	C	REMOVE AORTIC ASSIST DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

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33969	C	ECMO/ECLS RMVL PERPH CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33970	C	AORTIC CIRCULATION ASSIST	-	-	-	IP Only	000	-	-	-	-	000	999	-
33971	C	AORTIC CIRCULATION ASSIST	-	-	-	IP Only	000	-	-	-	-	000	999	-
33973	C	INSERT BALLOON DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33974	C	REMOVE INTRA-AORTIC BALLOON	-	-	-	IP Only	000	-	-	-	-	000	999	-
33975	C	IMPLANT VENTRICULAR DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33976	C	IMPLANT VENTRICULAR DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33977	C	REMOVE VENTRICULAR DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33978	C	REMOVE VENTRICULAR DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33979	C	INSERT INTRACORPOREAL DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33980	C	REMOVE INTRACORPOREAL DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
33981	C	REPLACE VAD PUMP EXT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33982	C	REPLACE VAD INTRA W/O BP	-	-	-	IP Only	000	-	-	-	-	000	999	-
33983	C	REPLACE VAD INTRA W/BP	-	-	-	IP Only	000	-	-	-	-	000	999	-
33984	C	ECMO/ECLS RMVL PRPH CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33985	C	ECMO/ECLS RMVL CTR CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33986	C	ECMO/ECLS RMVL CTR CANNULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
33987	C	ARTERY EXPOS/GRAFT ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
33988	C	INSERTION OF LEFT HEART VENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33989	C	REMOVAL OF LEFT HEART VENT	-	-	-	IP Only	000	-	-	-	-	000	999	-
33990	C	INSJ PERQ VAD L HRT ARTERIAL	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33991	C	INSJ PERQ VAD L HRT ARTL&VEN	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33992	C	RMVL PERQ LEFT HEART VAD	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33993	C	REPOSG PERQ R/L HRT VAD	-	-	-	IP Only	000	-	-	-	Y	000	999	-
33995	E	INSJ PERQ VAD R HRT VENOUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33997	E	RMVL PERQ RIGHT HEART VAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
33999	T	UNLISTED PX CARDIAC SURGERY	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
34001	C	REMOVAL OF ARTERY CLOT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34051	C	REMOVAL OF ARTERY CLOT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34101	N	REMOVAL OF ARTERY CLOT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
34111	N	REMOVAL OF ARM ARTERY CLOT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
34151	C	REMOVAL OF ARTERY CLOT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34201	N	REMOVAL OF ARTERY CLOT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
34203	N	REMOVAL OF LEG ARTERY CLOT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
34401	C	REMOVAL OF VEIN CLOT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34421	N	REMOVAL OF VEIN CLOT	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
34451	C	REMOVAL OF VEIN CLOT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34471	T	REMOVAL OF VEIN CLOT	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
34490	N	REMOVAL OF VEIN CLOT	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
34501	N	REPAIR VALVE FEMORAL VEIN	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
34502	C	RECONSTRUCT VENA CAVA	-	-	-	IP Only	000	-	-	-	-	000	999	-
3450F	E	DYSPNEA SCRND NO-MILD DYSP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
34510	N	TRANSPOSITION OF VEIN VALVE	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
3451F	E	DYSPNEA SCRND MOD-HIGH DYSP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
34520	N	CROSS-OVER VEIN GRAFT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
3452F	E	DYSPNEA NOT SCREENED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
34530	N	LEG VEIN FUSION	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
3455F	E	TB SCR PFRMD&INTERPD 6 MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
34701	C	EVASC RPR A-AO NDGFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34702	C	EVASC RPR A-AO NDGFT RPT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34703	C	EVASC RPR A-UNILAC NDGFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34704	C	EVASC RPR A-UNILAC NDGFT RPT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34705	C	EVASC RPR A-BIILAC NDGFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34706	C	EVASC RPR A-BIILAC RPT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34707	C	EVASC RPR ILIO-ILIAC NDGFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34708	C	EVASC RPR ILIO-ILIAC RPT	-	-	-	IP Only	000	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
34709	C	PLMT XTN PROSTH EVASC RPR	-	-	-	IP Only	000	-	-	-	-	000	999	-
3470F	E	RA DISEASE ACTIVITY LOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
34710	C	DLYD PLMT XTN PROSTH 1ST VSL	-	-	-	IP Only	000	-	-	-	-	000	999	-
34711	C	DLYD PLMT XTN PROSTH EA ADDL	-	-	-	IP Only	000	-	-	-	-	000	999	-
34712	C	TCAT DLVR ENHNCD FIXJ DEV	-	-	-	IP Only	000	-	-	-	-	000	999	-
34713	N	PERQ ACCESS & CLSR FEM ART	-	-	-	Bundled	000	-	-	-	-	000	999	-
34714	N	OPN FEM ART EXPOS CNDT CRTJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
34715	N	OPN AX/SUBCLA ART EXPOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
34716	N	OPN AX/SUBCLA ART EXPOS CNDT	-	-	-	Bundled	000	-	-	-	-	000	999	-
34717	E	EVASC RPR A-ILIAC NDGFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
34718	E	EVASC RPR N/A A-ILIAC NDGFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3471F	E	RA DISEASE ACTIVITY MOD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3472F	E	RA DISEASE ACTIVITY HIGH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3475F	E	DISEASE PROGN RA POOR DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3476F	E	DISEASE PROGN RA GOOD DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
34808	C	ENDOVAS ILIAC A DEVICE ADDON	-	-	-	IP Only	000	-	-	-	-	000	999	-
34812	C	OPN FEM ART EXPOS	-	-	-	IP Only	000	-	-	-	-	000	999	-
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
34820	C	OPN ILIAC ART EXPOS	-	-	-	IP Only	000	-	-	-	-	000	999	-
34830	C	OPEN AORTIC TUBE PROSTH REPR	-	-	-	IP Only	000	-	-	-	-	000	999	-
34831	C	OPEN AORTOILIAC PROSTH REPR	-	-	-	IP Only	000	-	-	-	-	000	999	-
34832	C	OPEN AORTOFEMOR PROSTH REPR	-	-	-	IP Only	000	-	-	-	-	000	999	-
34833	C	OPN ILAC ART EXPOS CNDT CRTJ	-	-	-	IP Only	000	-	-	-	-	000	999	-
34834	C	OPN BRACH ART EXPOS	-	-	-	IP Only	000	-	-	-	-	000	999	-
34839	E	PLNNING PT SPEC FENEST GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
34841	C	ENDOVASC VISC AORTA 1 GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34842	C	ENDOVASC VISC AORTA 2 GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34843	C	ENDOVASC VISC AORTA 3 GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34844	C	ENDOVASC VISC AORTA 4 GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
34845	C	VISC & INFRAREN ABD 1 PROSTH	-	-	-	IP Only	000	-	-	-	-	000	999	-
34846	C	VISC & INFRAREN ABD 2 PROSTH	-	-	-	IP Only	000	-	-	-	-	000	999	-
34847	C	VISC & INFRAREN ABD 3 PROSTH	-	-	-	IP Only	000	-	-	-	-	000	999	-
34848	C	VISC & INFRAREN ABD 4+ PROST	-	-	-	IP Only	000	-	-	-	-	000	999	-
3490F	E	HISTORY AIDS-DEFINING COND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3491F	E	HIV UNSURE BABY OF HIV+MOMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3492F	E	HISTORY CD4+ CELL COUNT <350	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3493F	E	NO HIST CD4+ CELL COUNT <350	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3494F	E	CD4+CELL COUNT <200CELLS/MM3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3495F	E	CD4+CELL CNT 200-499 CELLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3496F	E	CD4+ CELL COUNT >= 500 CELLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3497F	E	CD4+ CELL PERCENTAGE <15%	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3498F	E	CD4+ CELL >=15% (HIV)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35001	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35002	C	REPAIR ARTERY RUPTURE NECK	-	-	-	IP Only	000	-	-	-	-	000	999	-
35005	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
3500F	E	CD4+CELL CNT% DOCD AS DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35011	N	REPAIR DEFECT OF ARTERY	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35013	C	REPAIR ARTERY RUPTURE ARM	-	-	-	IP Only	000	-	-	-	-	000	999	-
35021	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35022	C	REPAIR ARTERY RUPTURE CHEST	-	-	-	IP Only	000	-	-	-	-	000	999	-
3502F	E	HIV RNA VRL LD <LMTS QUANTIF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3503F	E	HIV RNA VRL LDNOT<LMTS QUNTF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35045	N	REPAIR DEFECT OF ARM ARTERY	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35081	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35082	C	REPAIR ARTERY RUPTURE AORTA	-	-	-	IP Only	000	-	-	-	-	000	999	-
35091	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-

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35092	C	REPAIR ARTERY RUPTURE AORTA	-	-	-	IP Only	000	-	-	-	-	000	999	-
35102	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35103	C	REPAIR ARTERY RUPTURE AORTA	-	-	-	IP Only	000	-	-	-	-	000	999	-
3510F	E	DOC TB SCRNG-RSLTS INTERPD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35111	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35112	C	REPAIR ARTERY RUPTURE SPLEEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
3511F	E	CHLMYD/GONRH TSTS DOCD DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35121	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35122	C	REPAIR ARTERY RUPTURE BELLY	-	-	-	IP Only	000	-	-	-	-	000	999	-
3512F	E	SYPH SCRNG DOCD AS DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35131	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35132	C	REPAIR ARTERY RUPTURE GROIN	-	-	-	IP Only	000	-	-	-	-	000	999	-
3513F	E	HEP B SCRNG DOCD AS DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35141	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35142	C	REPAIR ARTERY RUPTURE THIGH	-	-	-	IP Only	000	-	-	-	-	000	999	-
3514F	E	HEP C SCRNG DOCD AS DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35151	C	REPAIR DEFECT OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35152	C	REPAIR RUPTD POPLITEAL ART	-	-	-	IP Only	000	-	-	-	-	000	999	-
3515F	E	PT HAS DOCD IMMUN TO HEP C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3517F	E	HBV ASSESS&RESULTS INTRP 1YR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35180	N	REPAIR BLOOD VESSEL LESION	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-
35182	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35184	N	REPAIR BLOOD VESSEL LESION	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
35188	N	REPAIR BLOOD VESSEL LESION	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35189	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35190	N	REPAIR BLOOD VESSEL LESION	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35201	N	REPAIR BLOOD VESSEL LESION	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35206	N	REPAIR BLOOD VESSEL LESION	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
35207	N	REPAIR BLOOD VESSEL LESION	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
3520F	E	CDIFFICILE TESTING PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35211	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35216	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35221	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35226	T	REPAIR BLOOD VESSEL LESION	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
35231	N	REPAIR BLOOD VESSEL LESION	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
35236	N	REPAIR BLOOD VESSEL LESION	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35241	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35246	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35251	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35256	N	REPAIR BLOOD VESSEL LESION	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35261	N	REPAIR BLOOD VESSEL LESION	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
35266	N	REPAIR BLOOD VESSEL LESION	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35271	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35276	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35281	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
35286	N	REPAIR BLOOD VESSEL LESION	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35301	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35302	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35303	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35304	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35305	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35306	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35311	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35321	N	RECHANNELING OF ARTERY	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35331	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35341	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
35351	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35355	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35361	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35363	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35371	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35372	C	RECHANNELING OF ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35390	C	REOPERATION CAROTID ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
35400	C	ANGIOSCOPY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35500	N	HARVEST VEIN FOR BYPASS	-	-	-	Bundled	000	-	-	-	-	000	999	-
35501	C	ART BYP GRFT IPSILAT CAROTID	-	-	-	IP Only	000	-	-	-	-	000	999	-
35506	C	ART BYP GRFT SUBCLAV-CAROTID	-	-	-	IP Only	000	-	-	-	-	000	999	-
35508	C	ART BYP GRFT CAROTID-VERTBRL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35509	C	ART BYP GRFT CONTRAL CAROTID	-	-	-	IP Only	000	-	-	-	-	000	999	-
3550F	E	LOW RSK THROMBOEMBOLISM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35510	C	ART BYP GRFT CAROTID-BRCHIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35511	C	ART BYP GRFT SUBCLAV-SUBCLAV	-	-	-	IP Only	000	-	-	-	-	000	999	-
35512	C	ART BYP GRFT SUBCLAV-BRCHIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35515	C	ART BYP GRFT SUBCLAV-VERTBRL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35516	C	ART BYP GRFT SUBCLAV-AXILARY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35518	C	ART BYP GRFT AXILLARY-AXILRY	-	-	-	IP Only	000	-	-	-	-	000	999	-
3551F	E	INTRMED RSK THROMBOEMBOLISM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35521	C	ART BYP GRFT AXILL-FEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35522	C	ART BYP GRFT AXILL-BRACHIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35523	C	ART BYP GRFT BRCHL-ULNR-RDL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35525	C	ART BYP GRFT BRACHIAL-BRCHL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35526	C	ART BYP GRFT AOR/CAROT/INNOM	-	-	-	IP Only	000	-	-	-	-	000	999	-
3552F	E	HGH RISK FOR THROMBOEMBOLISM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35531	C	ART BYP GRFT AORCELA/AORMESEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
35533	C	ART BYP GRFT AXILL/FEM/FEM	-	-	-	IP Only	000	-	-	-	-	000	999	-
35535	C	ART BYP GRFT HEPATORENAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35536	C	ART BYP GRFT SPLENORENAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35537	C	ART BYP GRFT AORTOILIAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
35538	C	ART BYP GRFT AORTOBI-LIAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
35539	C	ART BYP GRFT AORTOFEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35540	C	ART BYP GRFT AORTBIFEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35556	C	ART BYP GRFT FEM-POPLITEAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35558	C	ART BYP GRFT FEM-FEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
3555F	E	PT INR MEASUREMENT PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35560	C	ART BYP GRFT AORTORENAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35563	C	ART BYP GRFT ILIOILIAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
35565	C	ART BYP GRFT ILIOFEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35566	C	ART BYP FEM-ANT-POST TIB/PRL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35570	C	ART BYP TIBIAL-TIB/PERONEAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35571	C	ART BYP POP-TIBL-PRL-OTHER	-	-	-	IP Only	000	-	-	-	-	000	999	-
35572	N	HARVEST FEMOROPOPLITEAL VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
35583	C	VEIN BYP GRFT FEM-POPLITEAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35585	C	VEIN BYP FEM-TIBIAL PERONEAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35587	C	VEIN BYP POP-TIBL PERONEAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35600	C	OPEN HRV UXTR ART 1 SGM CAB	-	-	-	IP Only	000	-	-	-	-	000	999	-
35601	C	ART BYP COMMON IPSI CAROTID	-	-	-	IP Only	000	-	-	-	-	000	999	-
35606	C	ART BYP CAROTID-SUBCLAVIAN	-	-	-	IP Only	000	-	-	-	-	000	999	-
35612	C	ART BYP SUBCLAV-SUBCLAVIAN	-	-	-	IP Only	000	-	-	-	-	000	999	-
35616	C	ART BYP SUBCLAV-AXILLARY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35621	C	ART BYP AXILLARY-FEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35623	C	ART BYP AXILLARY-POP-TIBIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35626	C	ART BYP AORSUBCL/CAROT/INNOM	-	-	-	IP Only	000	-	-	-	-	000	999	-

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35631	C	ART BYP AOR-CELIAC-MSN-RENAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35632	C	ART BYP ILIO-CELIAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
35633	C	ART BYP ILIO-MESENTERIC	-	-	-	IP Only	000	-	-	-	-	000	999	-
35634	C	ART BYP ILIORENAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35636	C	ART BYP SPENORENAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35637	C	ART BYP AORTOILIAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
35638	C	ART BYP AORTOBI-ILIAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
35642	C	ART BYP CAROTID-VERTEBRAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35645	C	ART BYP SUBCLAV-VERTEBRAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35646	C	ART BYP AORTOBIFEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35647	C	ART BYP AORTOFEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35650	C	ART BYP AXILLARY-AXILLARY	-	-	-	IP Only	000	-	-	-	-	000	999	-
35654	C	ART BYP AXILL-FEM-FEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35656	C	ART BYP FEMORAL-POPLITEAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35661	C	ART BYP FEMORAL-FEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35663	C	ART BYP ILIOILIAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
35665	C	ART BYP ILIOFEMORAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35666	C	ART BYP FEM-ANT-POST TIB/PRL	-	-	-	IP Only	000	-	-	-	-	000	999	-
35671	C	ART BYP POP-TIBL-PRL-OTHER	-	-	-	IP Only	000	-	-	-	-	000	999	-
35681	C	COMPOSITE BYP GRFT PROS&VEIN	-	-	-	IP Only	000	-	-	-	-	000	999	-
35682	C	COMPOSITE BYP GRFT 2 VEINS	-	-	-	IP Only	000	-	-	-	-	000	999	-
35683	C	COMPOSITE BYP GRFT 3/> SEGMT	-	-	-	IP Only	000	-	-	-	-	000	999	-
35685	N	BYPASS GRAFT PATENCY/PATCH	-	-	-	Bundled	000	-	-	-	-	000	999	-
35686	N	BYPASS GRAFT/AV FIST PATENCY	-	-	-	Bundled	000	-	-	-	-	000	999	-
35691	C	ART TRNSPOSJ VERTBR CAROTID	-	-	-	IP Only	000	-	-	-	-	000	999	-
35693	C	ART TRNSPOSJ SUBCLAVIAN	-	-	-	IP Only	000	-	-	-	-	000	999	-
35694	C	ART TRNSPOSJ SUBCLAV CAROTID	-	-	-	IP Only	000	-	-	-	-	000	999	-
35695	C	ART TRNSPOSJ CAROTID SUBCLAV	-	-	-	IP Only	000	-	-	-	-	000	999	-
35697	C	REIMPLANT ARTERY EACH	-	-	-	IP Only	000	-	-	-	-	000	999	-
35700	C	REOPERATION BYPASS GRAFT	-	-	-	IP Only	000	-	-	-	-	000	999	-
35701	C	EXPL N/FLWD SURG NECK ART	-	-	-	IP Only	000	-	-	-	-	000	999	-
35702	E	EXPL N/FLWD SURG UXTR ART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35703	E	EXPL N/FLWD SURG LXTR ART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3570F	E	RPRT BONE SCINT XREF W XRAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3572F	E	PT CONSID POSS RISK FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3573F	E	PT NOT CONSID POSS RISK FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
35800	C	EXPLORE NECK VESSELS	-	-	-	IP Only	000	-	-	-	-	000	999	-
35820	C	EXPLORE CHEST VESSELS	-	-	-	IP Only	000	-	-	-	-	000	999	-
35840	C	EXPLORE ABDOMINAL VESSELS	-	-	-	IP Only	000	-	-	-	-	000	999	-
35860	N	EXPLORE LIMB VESSELS	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
35870	C	REPAIR VESSEL GRAFT DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
35875	N	REMOVAL OF CLOT IN GRAFT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35876	N	REMOVAL OF CLOT IN GRAFT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35879	N	REVISE GRAFT W/VEIN	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35881	N	REVISE GRAFT W/VEIN	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35883	N	REVJ FEM ANAST NONAUTOG GRF	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35884	N	REVJ FEM ANAST AUTOG VN GRF	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
35901	C	EXCISION GRAFT NECK	-	-	-	IP Only	000	-	-	-	-	000	999	-
35903	N	EXCISION GRAFT EXTREMITY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
35905	C	EXCISION GRAFT THORAX	-	-	-	IP Only	000	-	-	-	-	000	999	-
35907	C	EXCISION GRAFT ABDOMEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
36000	N	PLACE NEEDLE IN VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
36002	T	PSEUDOANEURYSM INJECTION TRT	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
36005	N	INJECTION EXT VENOGRAPHY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36010	N	PLACE CATHETER IN VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
36011	N	PLACE CATHETER IN VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-

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36012	N	PLACE CATHETER IN VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
36013	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36014	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36015	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36100	N	ESTABLISH ACCESS TO ARTERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36140	N	INTRO NDLCATH UPR/LXTR ART	-	-	-	Bundled	000	-	-	-	-	000	999	-
36160	N	ESTABLISH ACCESS TO AORTA	-	-	-	Bundled	000	-	-	-	-	000	999	-
36200	N	PLACE CATHETER IN AORTA	-	-	-	Bundled	000	-	-	-	-	000	999	-
36215	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36216	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36217	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36218	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36221	N	PLACE CATH THORACIC AORTA	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36222	N	PLACE CATH CAROTID/INOM ART	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36223	N	PLACE CATH CAROTID/INOM ART	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	Y	000	999	-
36224	N	PLACE CATH CAROTID ART	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	Y	000	999	-
36225	N	PLACE CATH SUBCLAVIAN ART	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36226	N	PLACE CATH VERTEBRAL ART	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	Y	000	999	-
36227	N	PLACE CATH XTRNL CAROTID	-	-	-	Bundled	000	-	-	-	Y	000	999	-
36228	N	PLACE CATH INTRACRANIAL ART	-	-	-	Bundled	000	-	-	-	Y	000	999	-
36245	N	INS CATH ABD/L-EXT ART 1ST	-	-	-	Bundled	000	-	-	-	-	000	999	-
36246	N	INS CATH ABD/L-EXT ART 2ND	-	-	-	Bundled	000	-	-	-	-	000	999	-
36247	N	INS CATH ABD/L-EXT ART 3RD	-	-	-	Bundled	000	-	-	-	-	000	999	-
36248	N	INS CATH ABD/L-EXT ART ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
36251	N	INS CATH REN ART 1ST UNILAT	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
36252	N	INS CATH REN ART 1ST BILAT	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
36253	N	INS CATH REN ART 2ND+ UNILAT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
36254	N	INS CATH REN ART 2ND+ BILAT	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
36260	N	INSERTION OF INFUSION PUMP	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
36261	T	REVISION OF INFUSION PUMP	-	05221	42.8191	APC	2600	-	-	-	-	000	999	-
36262	N	REMOVAL OF INFUSION PUMP	-	05221	42.8191	Bundled, sometimes payable	2600	-	-	-	-	000	999	-
36299	N	UNLISTED PX VASCULAR NJX	-	-	-	Bundled	000	-	-	-	-	000	999	-
36400	N	BL DRAW <3 YRS FEM/JUGULAR	-	-	-	Bundled	000	-	-	-	-	000	002	-
36405	N	BL DRAW <3 YRS SCALP VEIN	-	-	-	Bundled	000	-	-	-	-	000	002	-
36406	N	BL DRAW <3 YRS OTHER VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
36410	N	NON-ROUTINE BL DRAW 3/> YRS	-	-	-	Bundled	000	-	-	-	-	003	999	-
36415	M	ROUTINE VENIPUNCTURE	-	-	-	Medicare	009	-	-	-	-	000	999	-
36416	N	COLLJ CAPILLARY BLOOD SPEC	-	-	-	Bundled	000	-	-	-	-	000	999	-
36420	N	VENIPUNCTURE CUTDOWN < 1 YR	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	001	-
36425	N	VENIPUNCTURE CUTDOWN 1 YR/>	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	001	099	-
36430	S	TRANSFUSION BLD/BLD COMPNT	-	05241	4.7334	APC	287	-	-	-	-	000	999	-
36440	S	BLD PUSH TFUJ 2 YR/<	-	05241	4.7334	APC	287	-	-	-	-	000	002	-
36450	S	BLD EXCHANGE TRUJ NEWBORN	-	05241	4.7334	APC	287	-	-	-	-	000	001	-
36455	S	BLD EXCHANGE TRUJ OTH THN NB	-	05241	4.7334	APC	287	-	-	-	-	000	999	-
36456	S	PRTL EXCHANGE TRANSFUSE NB	-	05241	4.7334	APC	287	-	-	-	-	000	999	-
36460	S	INTRAUTERINE TRANSFUSION FTL	-	05241	4.7334	APC	287	-	-	-	-	000	999	-
36465	T	NJX NONCMPND SCLRSNT 1 VEIN	-	05054	19.8843	APC	1173	-	-	-	-	000	999	-
36466	T	NJX NONCMPND SCLRSNT MLT VN	-	05054	19.8843	APC	1173	-	-	-	-	000	999	-
36468	E	NJX SCLRSNT SPIDER VEINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
36469	E	INJECTION(S) SPIDER VEINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
36470	T	NJX SCLRSNT 1 INCMPTNT VEIN	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
36471	T	NJX SCLRSNT MLT INCMPTNT VN	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
36473	N	ENDOVENOUS MCHNCHEM 1ST VEIN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
36474	N	ENDOVENOUS MCHNCHEM ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
36475	N	ENDOVENOUS RF 1ST VEIN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36476	N	ENDOVENOUS RF VEIN ADD-ON	-	-	-	Bundled	000	-	-	-	Y	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
36478	N	ENDOVENOUS LASER 1ST VEIN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36479	N	ENDOVENOUS LASER VEIN ADDON	-	-	-	Bundled	000	-	-	-	Y	000	999	-
36481	N	INSERTION OF CATHETER VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
36482	N	ENDOVEN THER CHEM ADHES 1ST	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
36483	N	ENDOVEN THER CHEM ADHES SBSQ	-	-	-	Bundled	000	-	-	-	-	000	999	-
36500	N	INSERTION OF CATHETER VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
3650F	E	EEG ORDERED RVWD REQSTD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
36510	N	INSERTION OF CATHETER VEIN	-	-	-	Bundled	000	-	-	-	-	000	001	-
36511	S	APHERESIS WBC	-	05242	16.7299	APC	1016	-	-	-	-	000	999	-
36512	S	APHERESIS RBC	-	05242	16.7299	APC	1016	-	-	-	-	000	999	-
36513	S	APHERESIS PLATELETS	-	05241	4.7334	APC	287	-	-	-	-	000	999	-
36514	S	APHERESIS PLASMA	-	05242	16.7299	APC	1016	-	-	-	-	000	999	-
36516	S	APHERESIS IMMUNOADS SLCTV	-	05243	50.4605	APC	3064	-	-	-	-	000	999	-
36522	S	PHOTOPHERESIS	-	05243	50.4605	APC	3064	-	-	-	-	000	999	-
36555	N	INSERT NON-TUNNEL CV CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	004	-
36556	N	INSERT NON-TUNNEL CV CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	005	999	-
36557	N	INSERT TUNNELED CV CATH	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	Y	000	004	-
36558	N	INSERT TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	005	999	-
36560	N	INSERT TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	004	-
36561	N	INSERT TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	005	999	-
36563	N	INSERT TUNNELED CV CATH	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	Y	000	999	-
36565	N	INSERT TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36566	N	INSERT TUNNELED CV CATH	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	Y	000	999	-
36568	N	INSJ PICC <5 YR W/O IMAGING	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	Y	000	004	-
36569	N	INSJ PICC 5 YR+ W/O IMAGING	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	Y	005	999	-
36570	N	INSERT PICVAD CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	004	-
36571	N	INSERT PICVAD CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	005	999	-
36572	T	INSJ PICC RS&I <5 YR	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
36573	N	INSJ PICC RS&I 5 YR+	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-
36575	T	REPAIR TUNNELED CV CATH	-	05181	6.8498	APC	416	-	-	-	Y	000	999	-
36576	N	REPAIR TUNNELED CV CATH	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	Y	000	999	-
36578	N	REPLACE TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36580	N	REPLACE CVAD CATH	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	Y	000	999	-
36581	N	REPLACE TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36582	N	REPLACE TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36583	N	REPLACE TUNNELED CV CATH	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	Y	000	999	-
36584	N	COMPL RPLCMT PICC RS&I	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	Y	000	999	-
36585	N	REPLACE PICVAD CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36589	N	REMOVAL TUNNELED CV CATH	-	05181	6.8498	Bundled, sometimes payable	416	-	-	-	Y	000	999	-
36590	N	REMOVAL TUNNELED CV CATH	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	Y	000	999	-
36591	N	DRAW BLOOD OFF VENOUS DEVICE	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
36592	N	COLLECT BLOOD FROM PICC	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
36593	T	DECLOT VASCULAR DEVICE	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
36595	N	MECH REMOV TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
36596	N	MECH REMOV TUNNELED CV CATH	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	Y	000	999	-
36597	N	REPOSITION VENOUS CATHETER	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	Y	000	999	-
36598	T	INJ W/FLUOR EVAL CV DEVICE	-	05693	2.3371	APC	142	-	-	-	-	000	999	-
36600	N	WITHDRAWAL OF ARTERIAL BLOOD	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	Y	000	999	-
36620	N	INSERTION CATHETER ARTERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36625	N	INSERTION CATHETER ARTERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
36640	N	INSERTION CATHETER ARTERY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
36660	C	INSERTION CATHETER ARTERY	-	-	-	IP Only	000	-	-	-	-	000	002	-
36680	N	INSERT NEEDLE BONE CAVITY	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	Y	000	999	-
36800	N	INSERTION OF CANNULA	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
36810	N	INSERTION OF CANNULA	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
36815	N	INSERTION OF CANNULA	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Prior Auth. Required	Passport	Min Age	Max Age	Comments
					APC	Weight				Fees	Fees					
36818	N		AV FUSE UPPR ARM CEPHALIC	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	Y	000	999	-	
36819	N		AV FUSE UPPR ARM BASILIC	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-	
36820	N		AV FUSION/FOREARM VEIN	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-	
36821	N		AV FUSION DIRECT ANY SITE	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-	
36823	C		INSERTION OF CANNULA(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-	
36825	N		ARTERY-VEIN AUTOGRAFT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-	
36830	N		ARTERY-VEIN NONAUTOGRAFT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-	
36831	N		OPEN THROMBECT AV FISTULA	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-	
36832	N		AV FISTULA REVISION OPEN	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-	
36833	N		AV FISTULA REVISION	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-	
36835	N		ARTERY TO VEIN SHUNT	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-	
36836	N		PRQ AV FSTL CRTJ UXTR 1 ACS	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-	
36837	N		PRQ AV FSTL CRT UXTR SEP ACS	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-	
36838	N		DIST REVAS LIGATION HEMO	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	Y	000	999	-	
36860	N		EXTERNAL CANNULA DECLOTTING	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-	
36861	N		CANNULA DECLOTTING	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-	
36901	N		INTRO CATH DIALYSIS CIRCUIT	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-	
36902	N		INTRO CATH DIALYSIS CIRCUIT	-	05192	62.3222	Bundled, sometimes payable	3784	-	-	-	-	000	999	-	
36903	N		INTRO CATH DIALYSIS CIRCUIT	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-	
36904	N		THRMBC/NFS DIALYSIS CIRCUIT	-	05192	62.3222	Bundled, sometimes payable	3784	-	-	-	-	000	999	-	
36905	N		THRMBC/NFS DIALYSIS CIRCUIT	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-	
36906	N		THRMBC/NFS DIALYSIS CIRCUIT	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-	
36907	N		BALO ANGIOP CTR DIALYSIS SEG	-	-	-	Bundled	000	-	-	-	-	000	999	-	
36908	N		STENT PLMT CTR DIALYSIS SEG	-	-	-	Bundled	000	-	-	-	-	000	999	-	
36909	N		DIALYSIS CIRCUIT EMBOLJ	-	-	-	Bundled	000	-	-	-	-	000	999	-	
3700F	E		PSYCH DISORDERS ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-	
37140	C		REVISION OF CIRCULATION	-	-	-	IP Only	000	-	-	-	-	000	999	-	
37145	C		REVISION OF CIRCULATION	-	-	-	IP Only	000	-	-	-	-	000	999	-	
37160	C		REVISION OF CIRCULATION	-	-	-	IP Only	000	-	-	-	-	000	999	-	
37180	C		REVISION OF CIRCULATION	-	-	-	IP Only	000	-	-	-	-	000	999	-	
37181	C		SPLICE SPLEEN/KIDNEY VEINS	-	-	-	IP Only	000	-	-	-	-	000	999	-	
37182	C		INSERT HEPATIC SHUNT (TIPS)	-	-	-	IP Only	000	-	-	-	-	000	999	-	
37183	N		REVISION TIPS	-	05192	62.3222	Bundled, sometimes payable	3784	-	-	-	-	000	999	-	
37184	N		PRIM ART M-THRMBC 1ST VSL	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-	
37185	N		PRIM ART M-THRMBC SBSQ VSL	-	-	-	Bundled	000	-	-	-	-	000	999	-	
37186	N		SEC ART THROMBECTOMY ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-	
37187	N		VENOUS MECH THROMBECTOMY	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-	
37188	N		VEN MECHNL THRMBC REPEAT TX	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-	
37191	N		INS ENDOVAS VENA CAVA FILTR	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-	
37192	N		REDO ENDOVAS VENA CAVA FILTR	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-	
37193	N		REM ENDOVAS VENA CAVA FILTER	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-	
37195	T		THROMBOLYTIC THERAPY STROKE	-	05694	3.6927	APC	224	-	-	-	-	000	999	-	
37197	N		REMOVE INTRVAS FOREIGN BODY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-	
37200	N		TRANSCATHETER BIOPSY	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-	
3720F	E		COGNIT IMPAIRMENT ASSESSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-	
37211	N		THROMBOLYTIC ART THERAPY	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	Y	000	999	-	
37212	N		THROMBOLYTIC VENOUS THERAPY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-	
37213	N		THROMBLYTIC ART/VEN THERAPY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-	
37214	N		CESSJ THERAPY CATH REMOVAL	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-	
37215	C		TRANSCATH STENT CCA W/EPS	-	-	-	IP Only	000	-	-	-	Y	000	999	-	
37216	E		TRANSCATH STENT CCA W/O EPS	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-	
37217	C		STENT PLACEMT RETRO CAROTID	-	-	-	IP Only	000	-	-	-	-	000	999	-	
37218	C		STENT PLACEMT ANTE CAROTID	-	-	-	IP Only	000	-	-	-	-	000	999	-	
37220	N		ILIAC REVASC	-	05192	62.3222	Bundled, sometimes payable	3784	-	-	-	-	000	999	-	
37221	N		ILIAC REVASC W/STENT	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-	
37222	N		ILIAC REVASC ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-	

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37223	N	ILIAC REVASC W/STENT ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
37224	N	FEM/POPL REVAS W/TLA	-	05192	62.3222	Bundled, sometimes payable	3784	-	-	-	-	000	999	-
37225	N	FEM/POPL REVAS W/ATHER	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
37226	N	FEM/POPL REVASC W/STENT	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
37227	N	FEM/POPL REVASC STNT & ATHER	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
37228	N	TIB/PER REVASC W/TLA	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
37229	N	TIB/PER REVASC W/ATHER	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
37230	N	TIB/PER REVASC W/STENT	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
37231	N	TIB/PER REVASC STENT & ATHER	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
37232	N	TIB/PER REVASC ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
37233	N	TIBPER REVASC W/ATHER ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
37234	N	REVSC OPN/PRQ TIB/PERO STENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
37235	N	TIB/PER REVASC STNT & ATHER	-	-	-	Bundled	000	-	-	-	-	000	999	-
37236	N	OPEN/PERQ PLACE STENT 1ST	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
37237	N	OPEN/PERQ PLACE STENT EA ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
37238	N	OPEN/PERQ PLACE STENT SAME	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
37239	N	OPEN/PERQ PLACE STENT EA ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
37241	N	VASC EMBOLIZE/OCCCLUDE VENOUS	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
37242	N	VASC EMBOLIZE/OCCCLUDE ARTERY	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
37243	N	VASC EMBOLIZE/OCCCLUDE ORGAN	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
37244	N	VASC EMBOLIZE/OCCCLUDE BLEED	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
37246	N	TRLUML BALO ANGIOP 1ST ART	-	05192	62.3222	Bundled, sometimes payable	3784	-	-	-	-	000	999	-
37247	N	TRLUML BALO ANGIOP ADDL ART	-	-	-	Bundled	000	-	-	-	-	000	999	-
37248	N	TRLUML BALO ANGIOP 1ST VEIN	-	05192	62.3222	Bundled, sometimes payable	3784	-	-	-	-	000	999	-
37249	N	TRLUML BALO ANGIOP ADDL VEIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
37252	N	INTRVASC US NONCORONARY 1ST	-	-	-	Bundled	000	-	-	-	-	000	999	-
37253	N	INTRVASC US NONCORONARY ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
3725F	E	SCREEN DEPRESSION PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
37500	N	ENDOSCOPY LIGATE PERF VEINS	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
37501	T	UNLISTED VASC ENDOSCOPY PX	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
3750F	E	PTNOTRCVNGSTEROID>=10MG/DAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3751F	E	ELECTRODIAG POLYNEURO 6 MN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3752F	E	NO ELECTRODIAG POLYNEURO 6MN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3753F	E	PT HAS SYMP&SIGNS NEUROPATHY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3754F	E	SCREENING TESTS DM DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3755F	E	COG&BEHAV IMPRMNT SCRNG DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
37565	N	LIGATION OF NECK VEIN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
3756F	E	PT W/PSEUDOBULB AFFECT/ALS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3757F	E	PT W/O PSEUDOBULBAFFECT/ALS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3758F	E	PT REF PULM FX TEST/PEAKFLOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3759F	E	PT SCR N DYSPHAG/WT LOSS/NUTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
37600	N	LIGATION OF NECK ARTERY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
37605	N	LIGATION OF NECK ARTERY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
37606	N	LIGATION OF NECK ARTERY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
37607	N	LIGATION OF A-V FISTULA	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
37609	N	TEMPORAL ARTERY PROCEDURE	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
3760F	E	PT W/DYSPHAG/WT LOSS/NUTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
37615	N	LIGATION OF NECK ARTERY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
37616	C	LIGATION OF CHEST ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
37617	C	LIGATION OF ABDOMEN ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
37618	C	LIGATION OF EXTREMITY ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
37619	N	LIGATION OF INF VENA CAVA	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
3761F	E	PT W/O DYSPHAG/WT LOSS/NUTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3762F	E	PATIENT IS DYSARTHIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
3763F	E	PATIENT IS NOT DYSARTHIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
37650	N	REVISION OF MAJOR VEIN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
37660	C	REVISION OF MAJOR VEIN	-	-	-	IP Only	000	-	-	-	-	000	999	-
37700	N	REVISE LEG VEIN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
37718	N	LIGATE/STRIP SHORT LEG VEIN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
37722	N	LIGATE/STRIP LONG LEG VEIN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
37735	N	REMOVAL OF LEG VEINS/LESION	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
3775F	E	ADENOMA DETECTED SCREENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
37760	N	LIGATE LEG VEINS RADICAL	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
37761	N	LIGATE LEG VEINS OPEN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
37765	N	STAB PHLEB VEINS XTR 10-20	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
37766	N	PHLEB VEINS - EXTREM 20+	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	Y	000	999	-
3776F	E	ADENOMA NOT DETECT SCREENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
37780	N	REVISION OF LEG VEIN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
37785	N	LIGATE/DIVIDE/EXCISE VEIN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
37788	C	REVASCULARIZATION PENIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
37790	N	PENILE VENOUS OCCLUSION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
37799	T	UNLISTED PX VASCULAR SURGERY	-	05181	6.8498	APC	416	-	-	-	-	000	999	-
38100	C	REMOVAL OF SPLEEN TOTAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
38101	C	REMOVAL OF SPLEEN PARTIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
38102	C	REMOVAL OF SPLEEN TOTAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
38115	C	REPAIR OF RUPTURED SPLEEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
38120	N	LAPAROSCOPY SPLENECTOMY	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
38129	N	UNLISTED LAPS PX SPLEEN	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
38200	N	INJECTION FOR SPLEEN X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
38204	N	BL DONOR SEARCH MANAGEMENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
38205	E	HARVEST ALLOGENEIC STEM CELL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
38206	S	HARVEST AUTO STEM CELLS	-	05242	16.7299	APC	1016	-	-	Y	-	000	999	-
38207	S	CRYOPRESERVE STEM CELLS	-	05241	4.7334	APC	272	-	-	Y	-	000	999	-
38208	S	THAW PRESERVED STEM CELLS	-	05241	4.7334	APC	272	-	-	Y	-	000	999	-
38209	S	WASH HARVEST STEM CELLS	-	05241	4.7334	APC	272	-	-	Y	-	000	999	-
38210	S	T-CELL DEPLETION OF HARVEST	-	05241	4.7334	APC	272	-	-	Y	-	000	999	-
38211	S	TUMOR CELL DEplete OF HARVST	-	05241	4.7334	APC	272	-	-	Y	-	000	999	-
38212	S	RBC DEPLETION OF HARVEST	-	05241	4.7334	APC	272	-	-	Y	-	000	999	-
38213	S	PLATELET DEplete OF HARVEST	-	05241	4.7334	APC	272	-	-	Y	-	000	999	-
38214	S	VOLUME DEplete OF HARVEST	-	05241	4.7334	APC	272	-	-	Y	-	000	999	-
38215	S	HARVEST STEM CELL CONCENTRTE	-	05241	4.7334	APC	272	-	-	Y	-	000	999	-
38220	N	DX BONE MARROW ASPIRATIONS	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	Y	000	999	-
38221	N	DX BONE MARROW BIOPSIES	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
38222	N	DX BONE MARROW BX & ASPIR	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
38230	S	BONE MARROW HARVEST ALLOGEN	-	05242	16.7299	APC	1016	-	-	Y	Y	000	999	-
38232	S	BONE MARROW HARVEST AUTOLOG	-	05243	50.4605	APC	3064	-	-	-	-	000	999	-
38240	S	TRANSPLT ALLO HCT/DONOR	-	05244	595.8455	APC	36180	-	-	Y	Y	000	999	-
38241	S	TRANSPLT AUTOL HCT/DONOR	-	05242	16.7299	APC	1016	-	-	Y	Y	000	999	-
38242	S	TRANSPLT ALLO LYMPHOCYTES	-	05242	16.7299	APC	1016	-	-	Y	Y	000	999	-
38243	S	TRANSPLJ HEMATOPOIETIC BOOST	-	05242	16.7299	APC	1016	-	-	-	Y	000	999	-
38300	N	DRAINAGE LYMPH NODE LESION	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
38305	N	DRAINAGE LYMPH NODE LESION	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
38308	N	INCISION OF LYMPH CHANNELS	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
38380	C	THORACIC DUCT PROCEDURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
38381	C	THORACIC DUCT PROCEDURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
38382	C	THORACIC DUCT PROCEDURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
38500	N	BIOPSY/REMOVAL LYMPH NODES	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
38505	N	NEEDLE BIOPSY LYMPH NODES	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
38510	N	BIOPSY/REMOVAL LYMPH NODES	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
38520	N	BIOPSY/REMOVAL LYMPH NODES	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
38525	N	BIOPSY/REMOVAL LYMPH NODES	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
38530	N	BIOPSY/REMOVAL LYMPH NODES	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
38531	N		OPEN BX/EXC INGUINFEM NODES	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
38542	N		EXPLORE DEEP NODE(S) NECK	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
38550	N		REMOVAL NECK/ARMPIT LESION	-	05091	41.5622	Bundled, sometimes payable	2524	-	-	-	-	000	999	-
38555	N		REMOVAL NECK/ARMPIT LESION	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	-	-	000	999	-
38562	C		REMOVAL PELVIC LYMPH NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
38564	C		REMOVAL ABDOMEN LYMPH NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
38570	N		LAPAROSCOPY LYMPH NODE BIOP	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
38571	N		LAPAROSCOPY LYMPHADENECTOMY	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
38572	N		LAPAROSCOPY LYMPHADENECTOMY	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
38573	N		LAPS PELVIC LYMPHADEC	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
38589	N		UNLISTED LAPS PX LYMPHTC SYS	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
38700	N		REMOVAL OF LYMPH NODES NECK	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	-	-	000	999	-
38720	N		REMOVAL OF LYMPH NODES NECK	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	-	-	000	999	-
38724	C		REMOVAL OF LYMPH NODES NECK	-	-	-	IP Only	000	-	-	-	-	000	999	-
38740	N		REMOVE ARMPIT LYMPH NODES	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
38745	N		REMOVE ARMPIT LYMPH NODES	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
38746	C		REMOVE THORACIC LYMPH NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
38747	C		REMOVE ABDOMINAL LYMPH NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
38760	N		REMOVE GROIN LYMPH NODES	-	05092	71.1043	Bundled, sometimes payable	4317	-	-	-	-	000	999	-
38765	C		REMOVE GROIN LYMPH NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
38770	C		REMOVE PELVIS LYMPH NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
38780	C		REMOVE ABDOMEN LYMPH NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
38790	N		INJECT FOR LYMPHATIC X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
38792	N		RA TRACER ID OF SENTINL NODE	-	05591	4.4972	Bundled, sometimes payable	273	-	-	-	-	000	999	-
38794	N		ACCESS THORACIC LYMPH DUCT	-	-	-	Bundled	000	-	-	-	-	000	999	-
38900	N		IO MAP OF SENT LYMPH NODE	-	-	-	Bundled	000	-	-	-	-	000	999	-
38999	S		UNLISTD PX HEMIC/LYMPHTC SYS	-	05241	4.7334	APC	287	-	-	-	-	000	999	-
39000	C		EXPLORATION OF CHEST	-	-	-	IP Only	000	-	-	-	-	000	999	-
39010	C		EXPLORATION OF CHEST	-	-	-	IP Only	000	-	-	-	-	000	999	-
39200	C		RESECT MEDIASTINAL CYST	-	-	-	IP Only	000	-	-	-	-	000	999	-
39220	C		RESECT MEDIASTINAL TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
39401	N		MEDIASTINOSCPY W/MEDSTNL BX	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
39402	N		MEDIASTINOSCPY W/LMPH NOD BX	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
39499	C		UNLISTED PX MEDIASTINUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
39501	C		REPAIR DIAPHRAGM LACERATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
39503	C		REPAIR OF DIAPHRAGM HERNIA	-	-	-	IP Only	000	-	-	-	-	000	999	-
39540	C		REPAIR OF DIAPHRAGM HERNIA	-	-	-	IP Only	000	-	-	-	-	000	999	-
39541	C		REPAIR OF DIAPHRAGM HERNIA	-	-	-	IP Only	000	-	-	-	-	000	999	-
39545	C		REVISION OF DIAPHRAGM	-	-	-	IP Only	000	-	-	-	-	000	999	-
39560	C		RESECT DIAPHRAGM SIMPLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
39561	C		RESECT DIAPHRAGM COMPLEX	-	-	-	IP Only	000	-	-	-	-	000	999	-
39599	C		UNLISTED PX DIAPHRAGM	-	-	-	IP Only	000	-	-	-	-	000	999	-
4000F	E		TOBACCO USE TXMNT COUNSELING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4001F	E		TOBACCO USE TXMNT PHARMACOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4003F	E		PT ED WRITE/ORAL PTS W/ HF	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
4004F	E		PT TOBACCO SCREEN RCVD TLK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4005F	E		PHARM THX FOR OP RXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4008F	E		BETA-BLOCKER THERAPY RXD/TKN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4010F	E		ACE/ARB THERAPY RXD/TAKEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4011F	E		ORAL ANTIPLATELET THERAPY RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4012F	E		WARFARIN THERAPY RX	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
4013F	E		STATIN THERAPY/CURRENTLY TKN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4014F	E		WRITTEN DISCHARGE INSTR PRVD	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
4015F	E		PERSIST ASTHMA MEDICINE CTRL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4016F	E		ANTI-INFLM/ANLGSC AGENT RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4017F	E		GI PROPHYLAXIS FOR NSAID RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
4018F	E	THERAPY EXERCISE JOINT RX	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
4019F	E	DOC RECPT COUNSL VIT D/CALC+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4025F	E	INHALED BRONCHODILATOR RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4030F	E	OXYGEN THERAPY RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4033F	E	PULMONARY REHAB REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4035F	E	INFLUENZA IMM REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4037F	E	INFLUENZA IMM ORDER/ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4040F	E	PNEUMOC VAC/ADMIN/RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4041F	E	DOC ORDER CEFAZOLIN/CEFUROX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4042F	E	DOC ANTIBIO NOT GIVEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4043F	E	DOC ORDER GIVEN STOP ANTIBIO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4044F	E	DOC ORDER GIVEN VTE PROPHYLX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4045F	E	EMPIRIC ANTIBIOTIC RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4046F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4047F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4048F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40490	T	BIOPSY OF LIP	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
4049F	E	DOC ORDER GIVEN STOP ANTIBIO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40500	N	PARTIAL EXCISION OF LIP	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4050F	E	HT CARE PLAN DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40510	N	PARTIAL EXCISION OF LIP	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4051F	E	REFERRED FOR AN AV FISTULA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40520	N	PARTIAL EXCISION OF LIP	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
40525	N	RECONSTRUCT LIP WITH FLAP	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
40527	N	RECONSTRUCT LIP WITH FLAP	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
4052F	E	HEMODIALYSIS VIA AV FISTULA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40530	N	PARTIAL REMOVAL OF LIP	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4053F	E	HEMODIALYSIS VIA AV GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4054F	E	HEMODIALYSIS VIA CATHETER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4055F	E	PT RCVNG PERITON DIALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4056F	E	APPROP ORAL REHYD RECOMM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4058F	E	PED GASTRO ED GIVEN CAREGVR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4060F	E	PSYCH SVCS PROVIDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4062F	E	PT REFERRAL PSYCH DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4063F	E	ANTIDEPRES RXTHXPY NOT RXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4064F	E	ANTIDEPRESSANT RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40650	T	RPR LIP FTH VERMILION ONLY	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
40652	T	RPR LIP FTH<HALF VER HEIGHT	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
40654	N	RPR LIP FTH>1HALF VER HT/CPX	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
4065F	E	ANTIPSYCHOTIC RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4066F	E	ECT PROVIDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4067F	E	PT REFERRAL FOR ECT DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4069F	E	VTE PROPHYLAXIS RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40700	N	REPAIR CLEFT LIP/NASAL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
40701	N	REPAIR CLEFT LIP/NASAL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
40702	N	REPAIR CLEFT LIP/NASAL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
4070F	E	DVT PROPHYLX RECVD DAY 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40720	N	REPAIR CLEFT LIP/NASAL	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4073F	E	ORAL ANTIPLAT THX RX DISCHRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4075F	E	ANTICOAG THX RX AT DISCHRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40761	N	REPAIR CLEFT LIP/NASAL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
4077F	E	DOC T-PA ADMIN CONSIDERED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40799	T	UNLISTED PROCEDURE LIPS	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
4079F	E	DOC REHAB SVCS CONSIDERED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40800	T	DRAINAGE OF MOUTH LESION	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
40801	T	DRAINAGE OF MOUTH LESION	-	05162	5.9993	APC	364	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
40804	N	REMOVAL FOREIGN BODY MOUTH	-	05301	9.8841	Bundled, sometimes payable	600	-	-	-	-	000	999	-
40805	T	REMOVAL FOREIGN BODY MOUTH	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
40806	T	INCISION OF LIP FOLD	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
40808	T	BIOPSY OF MOUTH LESION	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
40810	N	EXCISION OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
40812	N	EXCISE/REPAIR MOUTH LESION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
40814	N	EXCISE/REPAIR MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
40816	N	EXCISION OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
40818	T	EXCISE ORAL MUCOSA FOR GRAFT	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
40819	N	EXCISE LIP OR CHEEK FOLD	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
40820	N	TREATMENT OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
40830	T	REPAIR MOUTH LACERATION	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
40831	T	REPAIR MOUTH LACERATION	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
40840	N	RECONSTRUCTION OF MOUTH	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
40842	N	RECONSTRUCTION OF MOUTH	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
40843	N	RECONSTRUCTION OF MOUTH	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
40844	N	RECONSTRUCTION OF MOUTH	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
40845	N	RECONSTRUCTION OF MOUTH	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
4084F	E	ASPIRIN RECVD W/IN 24 HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4086F	E	ASPIRIN/CLOPIDOGREL RXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
40899	T	UNLISTED PX VESTIBULE MOUTH	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
4090F	E	PT RCVNG EPO THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4095F	E	PT NOT RCVNG EPO THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41000	T	DRAINAGE OF MOUTH LESION	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
41005	T	DRAINAGE OF MOUTH LESION	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
41006	N	DRAINAGE OF MOUTH LESION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
41007	N	DRAINAGE OF MOUTH LESION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
41008	N	DRAINAGE OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41009	T	DRAINAGE OF MOUTH LESION	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
4100F	E	BIPHOS THXPY VEIN ORD/RECVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41010	N	INCISION OF TONGUE FOLD	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
41015	T	DRAINAGE OF MOUTH LESION	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
41016	N	DRAINAGE OF MOUTH LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
41017	N	DRAINAGE OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41018	N	DRAINAGE OF MOUTH LESION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
41019	N	PLACE NEEDLES H&N FOR RT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
41100	T	BIOPSY OF TONGUE	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
41105	N	BIOPSY OF TONGUE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41108	N	BIOPSY OF FLOOR OF MOUTH	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
4110F	E	INT MAM ART USED FOR CABG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41110	N	EXCISION OF TONGUE LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41112	N	EXCISION OF TONGUE LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41113	N	EXCISION OF TONGUE LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41114	N	EXCISION OF TONGUE LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41115	N	EXCISION OF TONGUE FOLD	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
41116	N	EXCISION OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41120	N	PARTIAL REMOVAL OF TONGUE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
41130	C	PARTIAL REMOVAL OF TONGUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
41135	C	TONGUE AND NECK SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
41140	C	REMOVAL OF TONGUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
41145	C	TONGUE REMOVAL NECK SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
41150	C	TONGUE MOUTH JAW SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
41153	C	TONGUE MOUTH NECK SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
41155	C	TONGUE JAW & NECK SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
4115F	E	BETA BLCKR ADMIN W/IN 24 HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4120F	E	ANTIBIOT RXD/GIVEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
4124F	E	ANTIBIOT NOT RXD/GIVEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41250	N	REPAIR TONGUE LACERATION	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
41251	T	REPAIR TONGUE LACERATION	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
41252	T	REPAIR TONGUE LACERATION	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
4130F	E	TOPICAL PREP RX AOE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4131F	E	SYST ANTIMICROBIAL THX RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4132F	E	NO SYST ANTIMICROBIAL THX RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4133F	E	ANTIHIST/DECONG RX/RECOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4134F	E	NO ANTIHIST/DECONG RX/RECOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4135F	E	SYSTEMIC CORTICOSTEROIDS RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4136F	E	SYST CORTICOSTEROIDS NOT RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4140F	E	INHALED CORTICOSTEROIDS RXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4142F	E	CORTICOSTER SPARNG THRPY RXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4144F	E	ALT LONG-TERM CNTRL MED RXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4145F	E	2+ ANTI-HYPRTNSV AGENTS TKN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4148F	E	HEP A VAC INJXN ADMIN/RECVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4149F	E	HEP B VAC INJXN ADMIN/RECVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4150F	E	PT RECVRG ANTIVIR TXMNT HEP C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41510	N	TONGUE TO LIP SURGERY	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41512	N	TONGUE SUSPENSION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
4151F	E	PT NOT RECVRG ANTIV HEP C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41520	N	RECONSTRUCTION TONGUE FOLD	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41530	N	TONGUE BASE VOL REDUCTION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4153F	E	COMBO PEGINTF/RIB RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4155F	E	HEP A VAC SERIES PREV RECVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4157F	E	HEP B VAC SERIES PREV RECVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4158F	E	PT EDU RE ALCOH DRNKNG DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41599	T	UNLISTED PX TONGUE FLR MOUTH	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
4159F	E	CONTRCP TALK B/4 ANTIV TXMNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4163F	E	PT COUNS 4 TXMNT OPT PROST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4164F	E	ADJV HRMNL THXPY RXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4165F	E	3D-CRT/IMRT RECEIVED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4167F	E	HD BED TILTED 1ST DAY VENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4168F	E	PT CARE ICU&VENT W/IN 24HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4169F	E	NO PT CARE ICU/VENT IN 24HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4171F	E	PT RCVNG ESA THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4172F	E	PT NOT RCVNG ESA THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4174F	E	COUNS POTENT GLAUC IMPCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4175F	E	VIS 20/40/> W/IN 90 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4176F	E	TALK RE UV LIGHT PT/CRGVR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4177F	E	TALK PT/CRGVR RE AREDS PREV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4178F	E	ANTID GLBLN RCVD W/IN 26WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4179F	E	TAMOXIFEN/IAI PRESCRIBED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41800	N	DRAINAGE OF GUM LESION	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
41805	N	REMOVAL FOREIGN BODY GUM	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
41806	N	REMOVAL FOREIGN BODY JAWBONE	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
4180F	E	ADJV THXPYRXD/RCVD COLON CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4181F	E	CONFORMAL RADN THXPY RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41820	N	EXCISION GUM EACH QUADRANT	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41821	N	EXCISION OF GUM FLAP	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
41822	N	EXCISION OF GUM LESION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
41823	N	EXCISION OF GUM LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
41825	N	EXCISION OF GUM LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41826	N	EXCISION OF GUM LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41827	N	EXCISION OF GUM LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
41828	N	EXCISION OF GUM LESION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
4182F	E	NO CONFORMAL RADN THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41830	N	REMOVAL OF GUM TISSUE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41850	N	TREATMENT OF GUM LESION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
4185F	E	CONTINUOUS PPI OR H2RA RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4186F	E	NO CONT PPI OR H2RA RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41870	N	GUM GRAFT	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
41872	N	REPAIR GUM	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
41874	N	REPAIR TOOTH SOCKET	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4187F	E	ANTI RHEUM DRUGTHXPYRXD/GVN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4188F	E	APPROP ACE/ARB TSTNG DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
41899	T	UNLISTED PX DENTALVLR STRUX	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
4189F	E	APPROP DIGOXIN TSTNG DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4190F	E	APPROP DIURETIC TSTNG DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4191F	E	APPROP ANTICONVULS TSTNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4192F	E	PT NOT RCVNG GLUCOCO THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4193F	E	PT RCV <10MG DAILY PREDNISO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4194F	E	PT RCV >=10MG DAILY PREDNISO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4195F	E	PT RCVNG ANTI-RHEUM THXPY RA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4196F	E	PTNOT RCVNG ANTI-RHM THXPYRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42000	T	DRAINAGE MOUTH ROOF LESION	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
4200F	E	EXTERNAL BEAM TO PROST ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4201F	E	EXTRNL BEAM OTHER THAN PROST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42100	N	BIOPSY ROOF OF MOUTH	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
42104	N	EXCISION LESION MOUTH ROOF	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42106	N	EXCISION LESION MOUTH ROOF	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42107	N	EXCISION LESION MOUTH ROOF	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
4210F	E	ACE/ARB THXPY FOR MOS/>	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42120	N	REMOVE PALATE/LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42140	N	EXCISION OF UVULA	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42145	N	REPAIR PALATE PHARYNX/UVULA	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42160	N	TREATMENT MOUTH ROOF LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42180	T	REPAIR LAC PALATE<2 CM	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
42182	N	REPAIR PALATE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42200	N	RECONSTRUCT CLEFT PALATE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42205	N	RECONSTRUCT CLEFT PALATE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4220F	E	DIGOXIN THXPY FOR 6 MOS/>	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42210	N	RECONSTRUCT CLEFT PALATE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42215	N	RECONSTRUCT CLEFT PALATE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
4221F	E	DIURETIC THXPY FOR 6 MOS/>	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42220	N	RECONSTRUCT CLEFT PALATE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42225	N	RECONSTRUCT CLEFT PALATE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42226	N	LENGTHENING OF PALATE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42227	N	LENGTHENING OF PALATE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42235	N	REPAIR PALATE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42260	N	REPAIR NOSE TO LIP FISTULA	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42280	T	PREPARATION PALATE MOLD	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
42281	N	INSERTION PALATE PROSTHESIS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42299	T	UNLISTED PX PALATE UVULA	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
42300	N	DRAINAGE OF SALIVARY GLAND	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
42305	N	DRAINAGE OF SALIVARY GLAND	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4230F	E	ANTICNV THXPY FOR 6 MOS/>	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42310	T	DRAINAGE OF SALIVARY GLAND	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
42320	T	DRAINAGE OF SALIVARY GLAND	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
42330	N	REMOVAL OF SALIVARY STONE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42335	N	REMOVAL OF SALIVARY STONE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42340	N	REMOVAL OF SALIVARY STONE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
42400	T	BIOPSY OF SALIVARY GLAND	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
42405	N	BIOPSY OF SALIVARY GLAND	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
42408	N	EXCISION OF SALIVARY CYST	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42409	N	DRAINAGE OF SALIVARY CYST	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4240F	E	INSTR XRCZ BACK PAIN 12 WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42410	N	EXCISE PAROTID GLAND/LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42415	N	EXCISE PAROTID GLAND/LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42420	N	EXCISE PAROTID GLAND/LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42425	N	EXCISE PAROTID GLAND/LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42426	C	EXCISE PAROTID GLAND/LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
4242F	E	SPRVSD XRCZ BACK PN >12 WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42440	N	EXCISE SUBMAXILLARY GLAND	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42450	N	EXCISE SUBLINGUAL GLAND	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
4245F	E	PT INSTR NRML ACTIVITIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4248F	E	PT INSTR NO BD REST 4 DAYS/>	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42500	N	REPAIR SALIVARY DUCT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42505	N	REPAIR SALIVARY DUCT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42507	N	PAROTID DUCT DIVERSION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42509	N	PAROTID DUCT DIVERSION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
4250F	E	WRMNG 4 SURG NORMOTHERMIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42510	N	PAROTID DUCT DIVERSION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42550	N	INJECTION FOR SALIVARY X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
4255F	E	ANESTH 60 MIN/> AS DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4256F	E	ANESTHE <60 MIN AS DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42600	N	CLOSURE OF SALIVARY FISTULA	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4260F	E	WOUND SRFC CULTURETECH USED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4261F	E	TECH OTHER THAN SURFC CULTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42650	N	DILATION OF SALIVARY DUCT	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
4265F	E	WET-DRY DRESSINGS RX RECMD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42660	T	DILATION OF SALIVARY DUCT	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
42665	N	LIGATION OF SALIVARY DUCT	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
4266F	E	NO WET-DRY DRSSINGS RX RECMD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4267F	E	COMPRSSION THXPY PRESCRIBED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4268F	E	PT ED RE COMP THXPY RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42699	T	UNLISTED PX SALIVRY GLND/DUX	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
4269F	E	APPROPOS MTHD OFFLOADING RXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42700	T	DRAINAGE OF TONSIL ABSCESS	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
4270F	E	PT RCVNG ANTI R-VIRAL THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4271F	E	PT RCVNG ANTI R-VIRAL THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42720	N	DRAINAGE OF THROAT ABSCESS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42725	N	DRAINAGE OF THROAT ABSCESS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
4274F	E	FLU IMMUNO ADMIND RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4276F	E	POTENT ANTIVIR THXPY RXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4279F	E	PCP PROPHYLAXIS RXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42800	N	BIOPSY OF THROAT	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
42804	N	BIOPSY OF UPPER NOSE/THROAT	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42806	N	BIOPSY OF UPPER NOSE/THROAT	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42808	N	EXCISE PHARYNX LESION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42809	N	REMOVE PHARYNX FOREIGN BODY	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
4280F	E	PCP PROPHYLAX RXD 3MON LOW %	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42810	N	EXCISION OF NECK CYST	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42815	N	EXCISION OF NECK CYST	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42820	N	REMOVE TONSILS AND ADENOIDS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	011	-
42821	N	REMOVE TONSILS AND ADENOIDS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	012	099	-
42825	N	REMOVAL OF TONSILS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	011	-
42826	N	REMOVAL OF TONSILS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	012	099	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
42830	N	REMOVAL OF ADENOIDS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	011	-
42831	N	REMOVAL OF ADENOIDS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	012	099	-
42835	N	REMOVAL OF ADENOIDS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	011	-
42836	N	REMOVAL OF ADENOIDS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	012	099	-
42842	N	EXTENSIVE SURGERY OF THROAT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42844	N	EXTENSIVE SURGERY OF THROAT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42845	C	EXTENSIVE SURGERY OF THROAT	-	-	-	IP Only	000	-	-	-	-	000	999	-
42860	N	EXCISION OF TONSIL TAGS	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42870	N	EXCISION OF LINGUAL TONSIL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42890	N	PARTIAL REMOVAL OF PHARYNX	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42892	N	REVISION OF PHARYNGEAL WALLS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42894	C	REVISION OF PHARYNGEAL WALLS	-	-	-	IP Only	000	-	-	-	-	000	999	-
42900	N	REPAIR THROAT WOUND	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
4290F	E	PT SCRND FOR INJ DRUG USE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4293F	E	PT SCRND HGH-RISK SEX BEHAV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
42950	N	RECONSTRUCTION OF THROAT	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
42953	C	REPAIR THROAT ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
42955	N	SURGICAL OPENING OF THROAT	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
42960	T	CONTROL THROAT BLEEDING	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
42961	C	CONTROL THROAT BLEEDING	-	-	-	IP Only	000	-	-	-	-	000	999	-
42962	N	CONTROL THROAT BLEEDING	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42970	T	CONTROL NOSE/THROAT BLEEDING	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
42971	C	CONTROL NOSE/THROAT BLEEDING	-	-	-	IP Only	000	-	-	-	-	000	999	-
42972	N	CONTROL NOSE/THROAT BLEEDING	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
42975	N	DISE EVAL SLP DO BRTH FLX DX	-	05153	18.5066	Bundled, sometimes payable	1124	-	-	-	-	000	999	-
42999	T	UNLISTED PX PHRNX ADND/TNSL	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
4300F	E	PT RCVNG WARF THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4301F	E	PT NOT RCVNG WARF THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43020	N	INCISION OF ESOPHAGUS	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
43030	N	THROAT MUSCLE SURGERY	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
43045	C	INCISION OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
4305F	E	PT ED RE FT CARE INSPCT RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4306F	E	PT TLK PSYCH & RX OPD ADDIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43100	C	EXCISION OF ESOPHAGUS LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
43101	C	EXCISION OF ESOPHAGUS LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
43107	C	REMOVAL OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43108	C	REMOVAL OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43112	C	ESPHG TOT W/THRCM	-	-	-	IP Only	000	-	-	-	-	000	999	-
43113	C	REMOVAL OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43116	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43117	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43118	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43121	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43122	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43123	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43124	C	REMOVAL OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43130	N	REMOVAL OF ESOPHAGUS POUCH	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
43135	C	REMOVAL OF ESOPHAGUS POUCH	-	-	-	IP Only	000	-	-	-	-	000	999	-
43180	N	ESOPHAGOSCOPY RIGID TRNSO	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
43191	N	ESOPHAGOSCOPY RIGID TRNSO DX	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43192	N	ESOPHAGOSCP RIG TRNSO INJECT	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43193	N	ESOPHAGOSCP RIG TRNSO BIOPSY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43194	N	ESOPHAGOSCP RIG TRNSO REM FB	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43195	N	ESOPHAGOSCOPY RIGID BALLOON	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-
43196	N	ESOPHAGOSCP GUIDE WIRE DILAT	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43197	T	ESOPHAGOSCOPY FLEX DX BRUSH	-	05301	9.8841	APC	600	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.			Min Age	Max Age	Comments	
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees	Prior Auth. Required				
43198	T	ESOPHAGOSC FLEX TRNSN BIOPSY	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43200	T	ESOPHAGOSCOPY FLEXIBLE BRUSH	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43201	N	ESOPH SCOPE W/SUBMUCOUS INJ	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43202	N	ESOPHAGOSCOPY FLEX BIOPSY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43204	N	ESOPH SCOPE W/SCLEROSIS INJ	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43205	N	ESOPHAGUS ENDOSCOPY/LIGATION	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43206	N	ESOPH OPTICAL ENDOMICROSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	Y	000	999	-
4320F	E	PT TALK PSYCHSOC&RX OH DPND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43210	N	EGD ESOPHAGOGASTR C FNDOPPLSTY	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
43211	N	ESOPHAGOSCOPY MUCOSAL RESECT	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43212	N	ESOPHAGOSCOPY STENT PLACEMENT	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
43213	N	ESOPHAGOSCOPY RETRO BALLOON	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43214	N	ESOPHAGOSC DILATE BALLOON 30	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43215	N	ESOPHAGOSCOPY FLEX REMOVE FB	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43216	N	ESOPHAGOSCOPY LESION REMOVAL	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43217	N	ESOPHAGOSCOPY SNARE LES REMV	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43220	N	ESOPHAGOSCOPY BALLOON <30MM	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43226	N	ESOPH ENDOSCOPY DILATION	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43227	N	ESOPHAGOSCOPY CONTROL BLEED	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43229	N	ESOPHAGOSCOPY LESION ABLATE	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-
4322F	E	CRGVR PROV W/ ED ADDL RSRCS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43231	N	ESOPHAGOSCOPY ULTRASOUND EXAM	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43232	N	ESOPHAGOSCOPY W/US NEEDLE BX	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43233	N	EGD BALLOON DIL ESOPH30 MM/>	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43235	T	EGD DIAGNOSTIC BRUSH WASH	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43236	T	UPPR GI SCOPE W/SUBMUC INJ	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43237	N	ENDOSCOPIC US EXAM ESOPH	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	Y	000	999	-
43238	N	EGD US FINE NEEDLE BX/ASPIR	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	Y	000	999	-
43239	T	EGD BIOPSY SINGLE/MULTIPLE	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43240	N	EGD W/TRANSMURAL DRAIN CYST	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
43241	N	EGD TUBE/CATH INSERTION	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43242	N	EGD US FINE NEEDLE BX/ASPIR	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43243	N	EGD INJECTION VARICES	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43244	N	EGD VARICES LIGATION	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43245	N	EGD DILATE STRICTURE	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43246	N	EGD PLACE GASTROSTOMY TUBE	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43247	T	EGD REMOVE FOREIGN BODY	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43248	T	EGD GUIDE WIRE INSERTION	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43249	N	ESOPH EGD DILATION <30 MM	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
4324F	E	PT QUERIED PRKNS COMPLIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43250	N	EGD CAUTERY TUMOR POLYP	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43251	N	EGD REMOVE LESION SNARE	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43252	N	EGD OPTICAL ENDOMICROSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	Y	000	999	-
43253	N	EGD US TRANSMURAL INJXN/MARK	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43254	N	EGD ENDO MUCOSAL RESECTION	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43255	N	EGD CONTROL BLEEDING ANY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43257	N	EGD W/THRML TXMNT GERD	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	Y	000	999	-
43259	N	EGD US EXAM DUODENUM/JEJUNUM	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
4325F	E	MED TXMNT OPTIONS RVWD W/PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43260	N	ERCP W/SPECIMEN COLLECTION	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-
43261	N	ENDO CHOLANGIOPANCREATOGRAPH	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-
43262	N	ENDO CHOLANGIOPANCREATOGRAPH	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-
43263	N	ERCP SPHINCTER PRESSURE MEAS	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43264	N	ERCP REMOVE DUCT CALCULI	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-
43265	N	ERCP LITHOTRIPSY CALCULI	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
43266	N	EGD ENDOSCOPIC STENT PLACE	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
4326F	E	PT ASKED RE SYMP AUTO DYSFXN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43270	N	EGD LESION ABLATION	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43273	N	ENDOSCOPIC PANCREATOSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
43274	N	ERCP DUCT STENT PLACEMENT	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
43275	N	ERCP REMOVE FORGN BODY DUCT	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43276	N	ERCP STENT EXCHANGE W/DILATE	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
43277	N	ERCP EA DUCT/AMPULLA DILATE	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-
43278	N	ERCP LESION ABLATE W/DILATE	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-
43279	C	LAP MYOTOMY HELLER	-	-	-	IP Only	000	-	-	-	-	000	999	-
43280	N	LAPAROSCOPY FUNDOPLASTY	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
43281	N	LAP PARAESOPHAG HERN REPAIR	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
43282	N	LAP PARAESOPH HER RPR W/MESH	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
43283	C	LAP ESOPH LENGTHENING	-	-	-	IP Only	000	-	-	-	-	000	999	-
43284	N	LAPS ESOPHGL SPHNCTR AGMNTJ	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
43285	N	RMVL ESOPHGL SPHNCTR DEV	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
43286	C	ESPHG TOT W/LAPS MOBLJ	-	-	-	IP Only	000	-	-	-	-	000	999	-
43287	C	ESPHG DSTL 2/3 W/LAPS MOBLJ	-	-	-	IP Only	000	-	-	-	-	000	999	-
43288	C	ESPHG THRSC MOBLJ	-	-	-	IP Only	000	-	-	-	-	000	999	-
43289	N	UNLISTED LAPS PX ESOPH	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
4328F	E	PT ASKED RE SLEEP DISTURB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43290	N	EGD FLX TRNSORL DPLMNT BALO	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43291	T	EGD FLX TRNSORL RMVL BALO	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43300	C	REPAIR OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43305	C	REPAIR ESOPHAGUS AND FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
4330F	E	CNSLNG EPI SPEC SFTY ISSUES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43310	C	REPAIR OF ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43312	C	REPAIR ESOPHAGUS AND FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
43313	C	ESOPHAGOPLASTY CONGENITAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
43314	C	TRACHEO-ESOPHAGOPLASTY CONG	-	-	-	IP Only	000	-	-	-	-	000	999	-
43320	C	FUSE ESOPHAGUS & STOMACH	-	-	-	IP Only	000	-	-	-	-	000	999	-
43325	C	REVISE ESOPHAGUS & STOMACH	-	-	-	IP Only	000	-	-	-	-	000	999	-
43327	C	ESOPH FUNDOPLASTY LAP	-	-	-	IP Only	000	-	-	-	-	000	999	-
43328	C	ESOPH FUNDOPLASTY THOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43330	C	ESOPHAGOMYOTOMY ABDOMINAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
43331	C	ESOPHAGOMYOTOMY THORACIC	-	-	-	IP Only	000	-	-	-	-	000	999	-
43332	C	TRANSAB ESOPH HIAT HERN RPR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43333	C	TRANSAB ESOPH HIAT HERN RPR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43334	C	TRANSTHOR DIAPHRAG HERN RPR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43335	C	TRANSTHOR DIAPHRAG HERN RPR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43336	C	THORABD DIAPHR HERN REPAIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43337	C	THORABD DIAPHR HERN REPAIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43338	C	ESOPH LENGTHENING	-	-	-	IP Only	000	-	-	-	-	000	999	-
43340	C	FUSE ESOPHAGUS & INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
43341	C	FUSE ESOPHAGUS & INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
43351	C	SURGICAL OPENING ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43352	C	SURGICAL OPENING ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43360	C	GASTROINTESTINAL REPAIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43361	C	GASTROINTESTINAL REPAIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43400	C	LIGATE ESOPHAGUS VEINS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43405	C	LIGATE/STAPLE ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
4340F	E	CNSLNG CHLDBRNG WOMEN EPI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43410	C	REPAIR ESOPHAGUS WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
43415	C	REPAIR ESOPHAGUS WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
43420	N	REPAIR ESOPHAGUS OPENING	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
43425	C	REPAIR ESOPHAGUS OPENING	-	-	-	IP Only	000	-	-	-	-	000	999	-
43450	T	DILATE ESOPHAGUS 1/MULT PASS	-	05301	9.8841	APC	600	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
43453	N	DILATE ESOPHAGUS	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
43460	C	PRESSURE TREATMENT ESOPHAGUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43496	C	FREE JEJUNUM FLAP MICROVASC	-	-	-	IP Only	000	-	-	-	-	000	999	-
43497	N	TRANSORL LWR ESOPHGL MYOTOMY	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
43499	T	UNLISTED PROCEDURE ESOPHAGUS	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43500	C	SURGICAL OPENING OF STOMACH	-	-	-	IP Only	000	-	-	-	-	000	999	-
43501	C	SURGICAL REPAIR OF STOMACH	-	-	-	IP Only	000	-	-	-	-	000	999	-
43502	C	SURGICAL REPAIR OF STOMACH	-	-	-	IP Only	000	-	-	-	-	000	999	-
4350F	E	CNSLNG PROVIDED SYMP MNGMNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43510	T	SURGICAL OPENING OF STOMACH	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43520	C	INCISION OF PYLORIC MUSCLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
43605	C	BIOPSY OF STOMACH	-	-	-	IP Only	000	-	-	-	-	000	999	-
43610	C	EXCISION OF STOMACH LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
43611	C	EXCISION OF STOMACH LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
43620	C	REMOVAL OF STOMACH	-	-	-	IP Only	000	-	-	-	-	000	999	-
43621	C	REMOVAL OF STOMACH	-	-	-	IP Only	000	-	-	-	-	000	999	-
43622	C	REMOVAL OF STOMACH	-	-	-	IP Only	000	-	-	-	-	000	999	-
43631	C	REMOVAL OF STOMACH PARTIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
43632	C	REMOVAL OF STOMACH PARTIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
43633	C	REMOVAL OF STOMACH PARTIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
43634	C	REMOVAL OF STOMACH PARTIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
43635	C	REMOVAL OF STOMACH PARTIAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
43640	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43641	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
43644	E	LAP GASTRIC BYPASS/ROUX-EN-Y	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43645	E	LAP GASTR BYPASS INCL SMLL I	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43647	N	LAP IMPL ELECTRODE ANTRUM	-	05463	148.5312	Bundled, sometimes payable	9019	-	-	-	-	000	999	-
43648	N	LAP REVISE/REMV ELTRD ANTRUM	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
43651	N	LAPAROSCOPY VAGUS NERVE	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
43652	N	LAPAROSCOPY VAGUS NERVE	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
43653	N	LAPAROSCOPY GASTROSTOMY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
43659	N	UNLISTED LAPS PX STOMACH	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
43752	N	NASAL/OROGASTRIC W/TUBE PLMT	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
43753	N	TX GASTRO INTUB W/ASP	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
43754	N	DX GASTR INTUB W/ASP SPEC	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
43755	S	DX GASTR INTUB W/ASP SPECS	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
43756	N	DX DUOD INTUB W/ASP SPEC	-	05301	9.8841	Bundled, sometimes payable	600	-	-	-	-	000	999	-
43757	T	DX DUOD INTUB W/ASP SPECS	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43761	T	REPOSITION GASTROSTOMY TUBE	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
43762	T	RPLC GTUBE NO REVJ TRC	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
43763	T	RPLC GTUBE REVJ GSTRST TRC	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
43770	E	LAP PLACE GASTR ADJ DEVICE	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
43771	E	LAP REVISE GASTR ADJ DEVICE	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
43772	E	LAP RMVL GASTR ADJ DEVICE	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
43773	E	LAP REPLACE GASTR ADJ DEVICE	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
43774	E	LAP RMVL GASTR ADJ ALL PARTS	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
43775	E	LAP SLEEVE GASTRECTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43800	C	RECONSTRUCTION OF PYLORUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
43810	C	FUSION OF STOMACH AND BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
43820	C	FUSION OF STOMACH AND BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
43825	C	FUSION OF STOMACH AND BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
43830	N	PLACE GASTROSTOMY TUBE	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	Y	000	999	-
43831	T	PLACE GASTROSTOMY TUBE	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
43832	C	PLACE GASTROSTOMY TUBE	-	-	-	IP Only	000	-	-	-	-	000	999	-
43840	C	REPAIR OF STOMACH LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
43842	E	V-BAND GASTROPLASTY	-	-	-	Not Allowed	000	-	-	-	-	018	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

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43843	E	GASTROPLASTY W/O V-BAND	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
43845	E	GASTROPLASTY DUODENAL SWITCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43846	E	GASTRIC BYPASS FOR OBESITY	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
43847	E	GASTRIC BYPASS INCL SMALL I	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
43848	E	REVISION GASTROPLASTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
43860	C	REVISE STOMACH-BOWEL FUSION	-	-	-	IP Only	000	-	-	-	-	000	999	-
43865	C	REVISE STOMACH-BOWEL FUSION	-	-	-	IP Only	000	-	-	-	-	000	999	-
43870	N	REPAIR STOMACH OPENING	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-
43880	C	REPAIR STOMACH-BOWEL FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
43881	C	IMPL/REDO ELECTRD ANTRUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
43882	C	REVISE/REMOVE ELECTRD ANTRUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
43886	E	REVISE GASTRIC PORT OPEN	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
43887	E	REMOVE GASTRIC PORT OPEN	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
43888	E	CHANGE GASTRIC PORT OPEN	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
43999	T	UNLISTED PROCEDURE STOMACH	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
44005	C	FREEING OF BOWEL ADHESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
4400F	E	REHAB THXPY OPTIONS W/PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
44010	C	INCISION OF SMALL BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
44015	C	INSERT NEEDLE CATH BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
44020	C	EXPLORE SMALL INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
44021	C	DECOMPRESS SMALL BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
44025	C	INCISION OF LARGE BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
44050	C	REDUCE BOWEL OBSTRUCTION	-	-	-	IP Only	000	-	-	-	-	000	999	-
44055	C	CORRECT MALROTATION OF BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
44100	T	BIOPSY OF BOWEL	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
44110	C	EXCISE INTESTINE LESION(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
44111	C	EXCISION OF BOWEL LESION(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
44120	C	REMOVAL OF SMALL INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
44121	C	REMOVAL OF SMALL INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
44125	C	REMOVAL OF SMALL INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
44126	C	ENTERECTOMY W/O TAPER CONG	-	-	-	IP Only	000	-	-	-	-	000	999	-
44127	C	ENTERECTOMY W/TAPER CONG	-	-	-	IP Only	000	-	-	-	-	000	999	-
44128	C	ENTERECTOMY CONG ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44130	C	BOWEL TO BOWEL FUSION	-	-	-	IP Only	000	-	-	-	-	000	999	-
44132	C	ENTERECTOMY CADAVER DONOR	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
44133	C	ENTERECTOMY LIVE DONOR	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
44135	C	INTESTINE TRANSPLNT CADAVER	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
44136	C	INTESTINE TRANSPLANT LIVE	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
44137	C	REMOVE INTESTINAL ALLOGRAFT	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
44139	C	MOBILIZATION OF COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44140	C	PARTIAL REMOVAL OF COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44141	C	PARTIAL REMOVAL OF COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44143	C	PARTIAL REMOVAL OF COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44144	C	PARTIAL REMOVAL OF COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44145	C	PARTIAL REMOVAL OF COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44146	C	PARTIAL REMOVAL OF COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44147	C	PARTIAL REMOVAL OF COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44150	C	REMOVAL OF COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44151	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44155	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44156	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44157	C	COLECTOMY W/ILEOANAL ANAST	-	-	-	IP Only	000	-	-	-	-	000	999	-
44158	C	COLECTOMY W/NEO-RECTUM POUCH	-	-	-	IP Only	000	-	-	-	-	000	999	-
44160	C	REMOVAL OF COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
44180	N	LAP ENTEROLYSIS	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	Y	000	999	-
44186	N	LAP JEJUNOSTOMY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	Y	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
44187	C	LAP ILEO/JEJUNO-STOMY	-	-	-	IP Only	000	-	-	-	Y	000	999	-
44188	C	LAP COLOSTOMY	-	-	-	IP Only	000	-	-	-	Y	000	999	-
44202	C	LAP ENTERECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44203	C	LAP RESECT S/INTESTINE ADDL	-	-	-	IP Only	000	-	-	-	-	000	999	-
44204	C	LAPARO PARTIAL COLECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44205	C	LAP COLECTOMY PART W/ILEUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
44206	C	LAP PART COLECTOMY W/STOMA	-	-	-	IP Only	000	-	-	-	-	000	999	-
44207	C	L COLECTOMY/COLOPROCTOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44208	C	L COLECTOMY/COLOPROCTOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44210	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44211	C	LAP COLECTOMY W/PROCTECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44212	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44213	C	LAP MOBIL SPLENIC FL ADD-ON	-	-	-	IP Only	000	-	-	-	Y	000	999	-
44227	C	LAP CLOSE ENTEROSTOMY	-	-	-	IP Only	000	-	-	-	Y	000	999	-
44238	N	UNLISTED LAPS PX INTESTINE	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
44300	C	OPEN BOWEL TO SKIN	-	-	-	IP Only	000	-	-	-	-	000	999	-
44310	C	ILEOSTOMY/JEJUNOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44312	T	REVISION OF ILEOSTOMY	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
44314	C	REVISION OF ILEOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44316	C	DEVISE BOWEL POUCH	-	-	-	IP Only	000	-	-	-	-	000	999	-
44320	C	COLOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44322	C	COLOSTOMY WITH BIOPSIES	-	-	-	IP Only	000	-	-	-	-	000	999	-
44340	T	REVISION OF COLOSTOMY	-	05055	39.1186	APC	2375	-	-	-	-	000	999	-
44345	C	REVISION OF COLOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44346	C	REVISION OF COLOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44360	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44361	N	SMALL BOWEL ENDOSCOPY/BIOPSY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44363	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44364	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44365	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44366	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44369	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44370	N	SMALL BOWEL ENDOSCOPY/STENT	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
44372	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44373	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44376	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44377	N	SMALL BOWEL ENDOSCOPY/BIOPSY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44378	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44379	N	S BOWEL ENDOSCOPE W/STENT	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
44380	T	SMALL BOWEL ENDOSCOPY BR/WA	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
44381	N	SMALL BOWEL ENDOSCOPY BR/WA	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44382	T	SMALL BOWEL ENDOSCOPY	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
44384	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
44385	T	ENDOSCOPY OF BOWEL POUCH	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
44386	T	ENDOSCOPY BOWEL POUCH/BIOP	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
44388	T	COLONOSCOPY THRU STOMA SPX	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
44389	T	COLONOSCOPY WITH BIOPSY	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
44390	T	COLONOSCOPY FOR FOREIGN BODY	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
44391	T	COLONOSCOPY FOR BLEEDING	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
44392	T	COLONOSCOPY & POLYPECTOMY	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
44394	T	COLONOSCOPY W/SNARE	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
44401	T	COLONOSCOPY WITH ABLATION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
44402	N	COLONOSCOPY W/STENT PLCMT	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
44403	T	COLONOSCOPY W/RESECTION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
44404	T	COLONOSCOPY W/INJECTION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
44405	T	COLONOSCOPY W/DILATION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
44406	T	COLONOSCOPY W/ULTRASOUND	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
44407	T	COLONOSCOPY W/NDL ASPIR/BX	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
44408	T	COLONOSCOPY W/DECOMPRESSION	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
44500	T	INTRO GASTROINTESTINAL TUBE	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
4450F	E	SELF-CARE ED PROVIDED TO PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
44602	C	SUTURE SMALL INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
44603	C	SUTURE SMALL INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
44604	C	SUTURE LARGE INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
44605	C	REPAIR OF BOWEL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
44615	C	INTESTINAL STRICTUROPLASTY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44620	C	REPAIR BOWEL OPENING	-	-	-	IP Only	000	-	-	-	-	000	999	-
44625	C	REPAIR BOWEL OPENING	-	-	-	IP Only	000	-	-	-	-	000	999	-
44626	C	REPAIR BOWEL OPENING	-	-	-	IP Only	000	-	-	-	-	000	999	-
44640	C	REPAIR BOWEL-SKIN FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
44650	C	REPAIR BOWEL FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
44660	C	REPAIR BOWEL-BLADDER FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
44661	C	REPAIR BOWEL-BLADDER FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
44680	C	SURGICAL REVISION INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
44700	C	SUSPEND BOWEL W/PROSTHESIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
44701	N	INTRAOP COLON LAVAGE ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
44705	E	PREPARE FECAL MICROBIOTA	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
4470F	E	ICD COUNSELING PROVIDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
44715	C	PREPARE DONOR INTESTINE	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
44720	C	PREP DONOR INTESTINE/VENOUS	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
44721	C	PREP DONOR INTESTINE/ARTERY	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
44799	T	UNLISTED PX SMALL INTESTINE	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
44800	C	EXCISION OF BOWEL POUCH	-	-	-	IP Only	000	-	-	-	-	000	999	-
4480F	E	PT RCVNG ACE/ARB B-BLOCKERTX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4481F	E	PT RCVNG ACE/ARB BLKER <3MOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
44820	C	EXCISION OF MESENTERY LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
44850	C	REPAIR OF MESENTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44899	C	UNLISTED PX MECKEL'S DVRTCLM	-	-	-	IP Only	000	-	-	-	-	000	999	-
44900	C	DRAIN APPENDIX ABSCESS OPEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
44950	N	APPENDECTOMY	-	05342	82.4931	Bundled, sometimes payable	5009	-	-	-	-	000	999	-
44955	N	APPENDECTOMY ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
44960	C	APPENDECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
44970	N	LAPAROSCOPY APPENDECTOMY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
44979	N	UNLISTED LAPS PX APPENDIX	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
45000	T	DRAINAGE OF PELVIC ABSCESS	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45005	T	DRAINAGE OF RECTAL ABSCESS	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
4500F	E	REF TO OUTPT CARD REHAB PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
45020	N	DRAINAGE OF RECTAL ABSCESS	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45100	N	BIOPSY OF RECTUM	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45108	N	REMOVAL OF ANORECTAL LESION	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
4510F	E	PREV CARDREHAB QUALCARDEVENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
45110	C	REMOVAL OF RECTUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
45111	C	PARTIAL REMOVAL OF RECTUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
45112	C	REMOVAL OF RECTUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
45113	C	PARTIAL PROCTECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
45114	C	PARTIAL REMOVAL OF RECTUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
45116	C	PARTIAL REMOVAL OF RECTUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
45119	C	REMOVE RECTUM W/RESERVOIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
45120	C	REMOVAL OF RECTUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
45121	C	REMOVAL OF RECTUM AND COLON	-	-	-	IP Only	000	-	-	-	-	000	999	-
45123	C	PARTIAL PROCTECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
45126	C	PELVIC EXENTERATION	-	-	-	IP Only	000	-	-	-	-	000	999	-

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45130	C	EXCISION OF RECTAL PROLAPSE	-	-	-	IP Only	000	-	-	-	-	000	999	-
45135	C	EXCISION OF RECTAL PROLAPSE	-	-	-	IP Only	000	-	-	-	-	000	999	-
45136	C	EXCISE ILEOANAL RESERVIOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
45150	T	EXCISION OF RECTAL STRICTURE	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45160	N	EXCISION OF RECTAL LESION	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45171	N	EXC RECT TUM TRANSANAL PART	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45172	N	EXC RECT TUM TRANSANAL FULL	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45190	N	DESTRUCTION RECTAL TUMOR	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
4525F	E	NEUROPSYCHIA INTERVEN ORDER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4526F	E	NEUROPSYCHIA INTERVEN RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
45300	T	PROCTOSIGMOIDOSCOPY DX	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
45303	T	PROCTOSIGMOIDOSCOPY DILATE	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45305	T	PROCTOSIGMOIDOSCOPY W/BX	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45307	N	PROCTOSIGMOIDOSCOPY FB	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45308	N	PROCTOSIGMOIDOSCOPY REMOVAL	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45317	T	PROCTOSIGMOIDOSCOPY BLEED	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45320	N	PROCTOSIGMOIDOSCOPY ABLATE	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45321	N	PROCTOSIGMOIDOSCOPY VOLVUL	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45327	N	PROCTOSIGMOIDOSCOPY W/STENT	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
45330	T	DIAGNOSTIC SIGMOIDOSCOPY	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
45331	T	SIGMOIDOSCOPY AND BIOPSY	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
45332	T	SIGMOIDOSCOPY W/FB REMOVAL	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45333	T	SIGMOIDOSCOPY & POLYPECTOMY	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
45334	T	SIGMOIDOSCOPY FOR BLEEDING	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
45337	T	SIGMOIDOSCOPY & DECOMPRESS	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45340	T	SIG W/TNDSC BALLOON DILATION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45341	T	SIGMOIDOSCOPY W/ULTRASOUND	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
45342	T	SIGMOIDOSCOPY W/US GUIDE BX	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45346	T	SIGMOIDOSCOPY W/ABLATION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45347	N	SIGMOIDOSCOPY W/PLCMT STENT	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
45349	N	SIGMOIDOSCOPY W/RESECTION	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45350	T	SGMDSC W/BAND LIGATION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45378	T	DIAGNOSTIC COLONOSCOPY	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
45379	T	COLONOSCOPY W/FB REMOVAL	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45380	T	COLONOSCOPY AND BIOPSY	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45381	T	COLONOSCOPY SUBMUCOUS NJX	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45382	T	COLONOSCOPY W/CONTROL BLEED	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45384	T	COLONOSCOPY W/LESION REMOVAL	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45385	T	COLONOSCOPY W/LESION REMOVAL	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45386	T	COLONOSCOPY W/BALLOON DILAT	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45388	T	COLONOSCOPY W/ABLATION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45389	N	COLONOSCOPY W/STENT PLCMT	-	05331	62.1431	Bundled, sometimes payable	3773	-	-	-	-	000	999	-
45390	N	COLONOSCOPY W/RESECTION	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45391	T	COLONOSCOPY W/ENDOSCOPE US	-	05312	12.8672	APC	781	-	-	-	Y	000	999	-
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB	-	05312	12.8672	APC	781	-	-	-	Y	000	999	-
45393	T	COLONOSCOPY W/DECOMPRESSION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45395	C	LAP REMOVAL OF RECTUM	-	-	-	IP Only	000	-	-	-	Y	000	999	-
45397	C	LAP REMOVE RECTUM W/POUCH	-	-	-	IP Only	000	-	-	-	Y	000	999	-
45398	T	COLONOSCOPY W/BAND LIGATION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45399	T	UNLISTED PROCEDURE COLON	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
45400	C	LAPAROSCOPIC PROC	-	-	-	IP Only	000	-	-	-	Y	000	999	-
45402	C	LAP PROCTOPEXY W/SIG RESECT	-	-	-	IP Only	000	-	-	-	Y	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
4540F	E	DISEASE MODIF PHARMACOTHXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4541F	E	PT OFFERED TX FOR PSEUDOBULB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
45499	N	LAPAROSCOPE PROC RECTUM	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	Y	000	999	-
45500	N	REPAIR OF RECTUM	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45505	N	REPAIR OF RECTUM	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
4550F	E	NONINVAS RESP SUPPORT TALK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4551F	E	NUTRITIONAL SUPPORT OFFERED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
45520	N	TREATMENT OF RECTAL PROLAPSE	-	05311	9.9656	Bundled, sometimes payable	605	-	-	-	-	000	999	-
4552F	E	PT REF FOR SPEECH LANG PATH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4553F	E	PT ASST RE END LIFE ISSUES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
45540	C	CORRECT RECTAL PROLAPSE	-	-	-	IP Only	000	-	-	-	-	000	999	-
45541	N	CORRECT RECTAL PROLAPSE	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
4554F	E	PT RECVD INHAL ANESTHETIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
45550	C	REPAIR RECTUM/REMOVE SIGMOID	-	-	-	IP Only	000	-	-	-	-	000	999	-
4555F	E	PT RECVD NO INHAL ANESTHIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
45560	N	REPAIR OF RECTOCELE	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
45562	C	EXPLORATION/REPAIR OF RECTUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
45563	C	EXPLORATION/REPAIR OF RECTUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
4556F	E	PT W/3+ POST-OP NAUSEA&VOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4557F	E	PT W/O 3+ POST-OPNAUSEA&VOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4558F	E	PT RECVD 2 RX ANTI-EMET AGT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4559F	E	1 BODYTEMP >=35.5CW/IN 30MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4560F	E	ANESTH W/O GEN/NEURAX ANESTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4561F	E	PT W/ CORONARY ARTERY STENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4562F	E	PT W/O CORONARY ARTERY STENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
4563F	E	PT RECVD ASPIRIN W/IN 24 HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
45800	C	REPAIR RECT/BLADDER FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
45805	C	REPAIR FISTULA W/COLOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
45820	C	REPAIR RECTOURETHRAL FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
45825	C	REPAIR FISTULA W/COLOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
45900	T	REDUCTION OF RECTAL PROLAPSE	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
45905	T	DILATION OF ANAL SPHINCTER	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45910	T	DILATION OF RECTAL NARROWING	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45915	T	REMOVE RECTAL OBSTRUCTION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
45990	N	SURG DX EXAM ANORECTAL	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	Y	000	999	-
45999	T	UNLISTED PROCEDURE RECTUM	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
46020	N	PLACEMENT OF SETON	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46030	T	REMOVAL OF RECTAL MARKER	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
46040	T	INCISION OF RECTAL ABSCESS	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
46045	N	INCISION OF RECTAL ABSCESS	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46050	T	INCISION OF ANAL ABSCESS	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
46060	N	INCISION OF RECTAL ABSCESS	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46070	N	INCISION OF ANAL SEPTUM	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	001	-
46080	N	INCISION OF ANAL SPHINCTER	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46083	T	INCISE EXTERNAL HEMORRHOID	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
46200	N	REMOVAL OF ANAL FISSURE	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46220	T	EXCISE ANAL EXT TAG/PAPILLA	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
46221	T	LIGATION OF HEMORRHOID(S)	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
46230	N	REMOVAL OF ANAL TAGS	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46250	N	REMOVE EXT HEM GROUPS 2+	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46255	N	REMOVE INT/EXT HEM 1 GROUP	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46257	N	REMOVE IN/EX HEM GRP & FISS	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46258	N	REMOVE IN/EX HEM GRP W/FISTU	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46260	N	REMOVE IN/EX HEM GROUPS 2+	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46261	N	REMOVE IN/EX HEM GRPS & FISS	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46262	N	REMOVE IN/EX HEM GRPS W/FIST	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
46270	N	REMOVE ANAL FIST SUBQ	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46275	N	REMOVE ANAL FIST INTER	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46280	N	REMOVE ANAL FIST COMPLEX	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46285	N	REMOVE ANAL FIST 2 STAGE	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46288	N	REPAIR ANAL FISTULA	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46320	T	REMOVAL OF HEMORRHOID CLOT	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
46500	T	INJECTION INTO HEMORRHOID(S)	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
46505	T	CHEMODENERVATION ANAL MUSC	-	05312	12.8672	APC	781	-	-	-	Y	000	999	-
46600	N	DIAGNOSTIC ANOSCOPY SPX	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
46601	N	DIAGNOSTIC ANOSCOPY	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
46604	T	ANOSCOPY AND DILATION	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
46606	T	ANOSCOPY AND BIOPSY	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
46607	T	DIAGNOSTIC ANOSCOPY & BIOPSY	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
46608	T	ANOSCOPY REMOVE FOR BODY	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
46610	N	ANOSCOPY REMOVE LESION	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46611	T	ANOSCOPY	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
46612	N	ANOSCOPY REMOVE LESIONS	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46614	T	ANOSCOPY CONTROL BLEEDING	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
46615	N	ANOSCOPY	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46700	N	REPAIR OF ANAL STRICTURE	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46705	C	REPAIR OF ANAL STRICTURE	-	-	-	IP Only	000	-	-	-	-	000	001	-
46706	N	REPR OF ANAL FISTULA W/GLUE	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46707	N	REPAIR ANORECTAL FIST W/PLUG	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46710	C	REPR PER/VAG POUCH SNGL PROC	-	-	-	IP Only	000	-	-	-	Y	000	999	-
46712	C	REPR PER/VAG POUCH DBL PROC	-	-	-	IP Only	000	-	-	-	Y	000	999	-
46715	C	REP PERF ANOPER FISTU	-	-	-	IP Only	000	-	-	-	-	000	999	-
46716	C	REP PERF ANOPER/VESTIB FISTU	-	-	-	IP Only	000	-	-	-	-	000	999	-
46730	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
46735	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
46740	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
46742	C	REPAIR OF IMPERFORATED ANUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
46744	C	REPAIR OF CLOACAL ANOMALY	-	-	-	IP Only	000	-	-	-	-	000	999	-
46746	C	REPAIR OF CLOACAL ANOMALY	-	-	-	IP Only	000	-	-	-	-	000	999	-
46748	C	REPAIR OF CLOACAL ANOMALY	-	-	-	IP Only	000	-	-	-	-	000	999	-
46750	N	REPAIR OF ANAL SPHINCTER	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46751	C	REPAIR OF ANAL SPHINCTER	-	-	-	IP Only	000	-	-	-	-	010	020	-
46753	N	RECONSTRUCTION OF ANUS	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46754	N	REMOVAL OF SUTURE FROM ANUS	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46760	N	REPAIR OF ANAL SPHINCTER	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46761	N	REPAIR OF ANAL SPHINCTER	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46900	T	DESTRUCTION ANAL LESION(S)	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
46910	T	DESTRUCTION ANAL LESION(S)	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
46916	T	CRYOSURGERY ANAL LESION(S)	-	05051	2.1829	APC	133	-	-	-	-	000	999	-
46917	N	LASER SURGERY ANAL LESIONS	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46922	N	EXCISION OF ANAL LESION(S)	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46924	N	DESTRUCTION ANAL LESION(S)	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46930	T	DESTROY INTERNAL HEMORRHOIDS	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
46940	N	TREATMENT OF ANAL FISSURE	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46942	T	TREATMENT OF ANAL FISSURE	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
46945	N	INT HRHC LIG 1 HROID W/O IMG	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46946	N	INT HRHC LIG 2+HROID W/O IMG	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46947	N	HEMORRHOIDOPEXY BY STAPLING	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	Y	000	999	-
46948	N	INT HRHC TRANAL DARTLZJ 2+	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
46999	T	UNLISTED PROCEDURE ANUS	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
47000	N	NEEDLE BIOPSY OF LIVER	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
47001	N	NEEDLE BIOPSY LIVER ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
47010	C	OPEN DRAINAGE LIVER LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
47015	C	INJECT/ASPIRATE LIVER CYST	-	-	-	IP Only	000	-	-	-	-	000	999	-
47100	C	WEDGE BIOPSY OF LIVER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47120	C	PARTIAL REMOVAL OF LIVER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47122	C	EXTENSIVE REMOVAL OF LIVER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47125	C	PARTIAL REMOVAL OF LIVER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47130	C	PARTIAL REMOVAL OF LIVER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47133	C	REMOVAL OF DONOR LIVER	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
47135	C	TRANSPLANTATION OF LIVER	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
47140	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
47141	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
47142	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
47143	C	PREP DONOR LIVER WHOLE	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
47144	C	PREP DONOR LIVER 3-SEGMENT	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
47145	C	PREP DONOR LIVER LOBE SPLIT	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
47146	C	PREP DONOR LIVER/VENOUS	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
47147	C	PREP DONOR LIVER/ARTERIAL	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
47300	C	SURGERY FOR LIVER LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
47350	C	REPAIR LIVER WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
47360	C	REPAIR LIVER WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
47361	C	REPAIR LIVER WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
47362	C	REPAIR LIVER WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
47370	N	LAPARO ABLATE LIVER TUMOR RF	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
47371	N	LAPARO ABLATE LIVER CRYOSURG	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
47379	N	UNLISTED LAPS PX LIVER	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
47380	C	OPEN ABLATE LIVER TUMOR RF	-	-	-	IP Only	000	-	-	-	-	000	999	-
47381	C	OPEN ABLATE LIVER TUMOR CRYO	-	-	-	IP Only	000	-	-	-	-	000	999	-
47382	N	PERCUT ABLATE LIVER RF	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
47383	N	PERQ ABLTJ LVR CRYOABLATION	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
47399	T	UNLISTED PROCEDURE LIVER	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
47400	C	INCISION OF LIVER DUCT	-	-	-	IP Only	000	-	-	-	-	000	999	-
47420	C	INCISION OF BILE DUCT	-	-	-	IP Only	000	-	-	-	-	000	999	-
47425	C	INCISION OF BILE DUCT	-	-	-	IP Only	000	-	-	-	-	000	999	-
47460	C	INCISE BILE DUCT SPHINCTER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47480	C	INCISION OF GALLBLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47490	N	INCISION OF GALLBLADDER	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
47531	N	INJECTION FOR CHOLANGIOGRAM	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
47532	N	INJECTION FOR CHOLANGIOGRAM	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
47533	N	PLMT BILIARY DRAINAGE CATH	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
47534	N	PLMT BILIARY DRAINAGE CATH	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
47535	N	CONVERSION EXT BIL DRG CATH	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
47536	N	EXCHANGE BILIARY DRG CATH	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
47537	N	REMOVAL BILIARY DRG CATH	-	05301	9.8841	Bundled, sometimes payable	600	-	-	-	-	000	999	-
47538	N	PERQ PLMT BILE DUCT STENT	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
47539	N	PERQ PLMT BILE DUCT STENT	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
47540	N	PERQ PLMT BILE DUCT STENT	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
47541	N	PLMT ACCESS BIL TREE SM BWL	-	05342	82.4931	Bundled, sometimes payable	5009	-	-	-	-	000	999	-
47542	N	DILATE BILIARY DUCT/AMPULLA	-	-	-	Bundled	000	-	-	-	-	000	999	-
47543	N	ENDOLUMINAL BX BILIARY TREE	-	-	-	Bundled	000	-	-	-	-	000	999	-
47544	N	REMOVAL DUCT GLBLDR CALCULI	-	-	-	Bundled	000	-	-	-	-	000	999	-
47550	N	BILE DUCT ENDOSCOPY ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
47552	N	BILIARY ENDO PERQ DX W/SPECI	-	05342	82.4931	Bundled, sometimes payable	5009	-	-	-	-	000	999	-
47553	N	BILIARY ENDOSCOPY THRU SKIN	-	05342	82.4931	Bundled, sometimes payable	5009	-	-	-	-	000	999	-
47554	N	BILIARY ENDOSCOPY THRU SKIN	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
47555	N	BILIARY ENDOSCOPY THRU SKIN	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
47556	N	BILIARY ENDOSCOPY THRU SKIN	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
47562	N	LAPAROSCOPIC CHOLECYSTECTOMY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
47563	N	LAPARO CHOLECYSTECTOMY/GRAPH	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
47564	N	LAPARO CHOLECYSTECTOMY/EXPLR	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
47570	C	LAPARO CHOLECYSTOENTEROSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
47579	N	UNLISTED LAPS PX BILIARY TRC	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
47600	C	REMOVAL OF GALLBLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47605	C	REMOVAL OF GALLBLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47610	C	REMOVAL OF GALLBLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47612	C	REMOVAL OF GALLBLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47620	C	REMOVAL OF GALLBLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
47700	C	EXPLORATION OF BILE DUCTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
47701	C	BILE DUCT REVISION	-	-	-	IP Only	000	-	-	-	-	000	999	-
47711	C	EXCISION OF BILE DUCT TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
47712	C	EXCISION OF BILE DUCT TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
47715	C	EXCISION OF BILE DUCT CYST	-	-	-	IP Only	000	-	-	-	-	000	999	-
47720	C	FUSE GALLBLADDER & BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
47721	C	FUSE UPPER GI STRUCTURES	-	-	-	IP Only	000	-	-	-	-	000	999	-
47740	C	FUSE GALLBLADDER & BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
47741	C	FUSE GALLBLADDER & BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
47760	C	FUSE BILE DUCTS AND BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
47765	C	FUSE LIVER DUCTS & BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
47780	C	FUSE BILE DUCTS AND BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
47785	C	FUSE BILE DUCTS AND BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
47800	C	RECONSTRUCTION OF BILE DUCTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
47801	C	PLACEMENT BILE DUCT SUPPORT	-	-	-	IP Only	000	-	-	-	-	000	999	-
47802	C	FUSE LIVER DUCT & INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
47900	C	SUTURE BILE DUCT INJURY	-	-	-	IP Only	000	-	-	-	-	000	999	-
47999	T	UNLISTED PX BILIARY TRACT	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
48000	C	DRAINAGE OF ABDOMEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
48001	C	PLACEMENT OF DRAIN PANCREAS	-	-	-	IP Only	000	-	-	-	-	000	999	-
48020	C	REMOVAL OF PANCREATIC STONE	-	-	-	IP Only	000	-	-	-	-	000	999	-
48100	C	BIOPSY OF PANCREAS OPEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
48102	N	NEEDLE BIOPSY PANCREAS	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
48105	C	RESECT/DEBRIDE PANCREAS	-	-	-	IP Only	000	-	-	-	-	000	999	-
48120	C	REMOVAL OF PANCREAS LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
48140	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	IP Only	000	-	-	-	-	000	999	-
48145	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	IP Only	000	-	-	-	-	000	999	-
48146	C	PANCREATECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
48148	C	REMOVAL OF PANCREATIC DUCT	-	-	-	IP Only	000	-	-	-	-	000	999	-
48150	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	IP Only	000	-	-	-	-	000	999	-
48152	C	PANCREATECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
48153	C	PANCREATECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
48154	C	PANCREATECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
48155	C	REMOVAL OF PANCREAS	-	-	-	IP Only	000	-	-	-	-	000	999	-
48160	E	PANCREAS REMOVAL/TRANSPLANT	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
48400	C	INJECTION INTRAOP ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
48500	C	SURGERY OF PANCREATIC CYST	-	-	-	IP Only	000	-	-	-	-	000	999	-
48510	C	DRAIN PANCREATIC PSEUDOCYST	-	-	-	IP Only	000	-	-	-	-	000	999	-
48520	C	FUSE PANCREAS CYST AND BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
48540	C	FUSE PANCREAS CYST AND BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
48545	C	PANCREATORRHAPHY	-	-	-	IP Only	000	-	-	-	-	000	999	-
48547	C	DUODENAL EXCLUSION	-	-	-	IP Only	000	-	-	-	-	000	999	-
48548	C	FUSE PANCREAS AND BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
48550	E	DONOR PANCREATECTOMY	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
48551	C	PREP DONOR PANCREAS	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
48552	C	PREP DONOR PANCREAS/VENOUS	-	-	-	IP Only	000	-	-	Y	Y	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
48554	C	TRANSPL ALLOGRAFT PANCREAS	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
48556	C	REMOVAL ALLOGRAFT PANCREAS	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
48999	T	UNLISTED PROCEDURE PANCREAS	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
49000	C	EXPLORATION OF ABDOMEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
49002	C	REOPENING OF ABDOMEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
49010	C	EXPLORATION BEHIND ABDOMEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
49013	E	PRPERTL PEL PACK HEMRRG TRMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
49014	E	REEXPLORATION PELVIC WOUND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
49020	C	DRAINAGE ABDOM ABSCESS OPEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
49040	C	DRAIN OPEN ABDOM ABSCESS	-	-	-	IP Only	000	-	-	-	-	000	999	-
49060	C	DRAIN OPEN RETROPERI ABSCESS	-	-	-	IP Only	000	-	-	-	-	000	999	-
49062	C	DRAIN TO PERITONEAL CAVITY	-	-	-	IP Only	000	-	-	-	-	000	999	-
49082	T	ABD PARACENTESIS	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
49083	T	ABD PARACENTESIS W/IMAGING	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
49084	T	PERITONEAL LAVAGE	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
49180	N	BIOPSY ABDOMINAL MASS	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
49185	N	SCLEROTX FLUID COLLECTION	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
49203	C	EXC ABD TUM 5 CM OR LESS	-	-	-	IP Only	000	-	-	-	-	000	999	-
49204	C	EXC ABD TUM OVER 5 CM	-	-	-	IP Only	000	-	-	-	-	000	999	-
49205	C	EXC ABD TUM OVER 10 CM	-	-	-	IP Only	000	-	-	-	-	000	999	-
49215	C	EXCISE SACRAL SPINE TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
49250	N	EXCISION OF UMBILICUS	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49255	C	REMOVAL OF OMENTUM	-	-	-	IP Only	000	-	-	-	-	000	999	-
49320	N	DIAG LAPARO SEPARATE PROC	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49321	N	LAPAROSCOPY BIOPSY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49322	N	LAPAROSCOPY ASPIRATION	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49323	N	LAPARO DRAIN LYMPHOCELE	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49324	N	LAP INSERT TUNNEL IP CATH	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49325	N	LAP REVISION PERM IP CATH	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49326	N	LAP W/OMENTOPEXY ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
49327	N	LAP INS DEVICE FOR RT	-	-	-	Bundled	000	-	-	-	-	000	999	-
49329	N	UNLSTD LAPS PX ABD PERTM&OMN	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49400	N	AIR INJECTION INTO ABDOMEN	-	-	-	Bundled	000	-	-	-	-	000	999	-
49402	N	REMOVE FOREIGN BODY ADBOMEN	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49405	N	IMAGE CATH FLUID COLXN VISC	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
49406	N	IMAGE CATH FLUID PERI/RETRO	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
49407	N	IMAGE CATH FLUID TRNS/VGNL	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
49411	S	INS MARK ABD/PEL FOR RT PERQ	-	05613	15.1085	APC	917	-	-	-	-	000	999	-
49412	C	INS DEVICE FOR RT GUIDE OPEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
49418	N	INSERT TUN IP CATH PERC	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49419	N	INSERT TUN IP CATH W/PORT	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
49421	N	INS TUN IP CATH FOR DIAL OPN	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49422	N	REMOVE TUNNELED IP CATH	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
49423	N	EXCHANGE DRAINAGE CATHETER	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
49424	N	ASSESS CYST CONTRAST INJECT	-	-	-	Bundled	000	-	-	-	-	000	999	-
49425	C	INSERT ABDOMEN-VENOUS DRAIN	-	-	-	IP Only	000	-	-	-	-	000	999	-
49426	N	REVISE ABDOMEN-VENOUS SHUNT	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49427	N	INJECTION ABDOMINAL SHUNT	-	-	-	Bundled	000	-	-	-	-	000	999	-
49428	C	LIGATION OF SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
49429	N	REMOVAL OF SHUNT	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
49435	N	INSERT SUBQ EXTEN TO IP CATH	-	-	-	Bundled	000	-	-	-	-	000	999	-
49436	N	EMBEDDED IP CATH EXIT-SITE	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
49440	N	PLACE GASTROSTOMY TUBE PERC	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
49441	N	PLACE DUOD/JEJ TUBE PERC	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-
49442	T	PLACE CECOSTOMY TUBE PERC	-	05312	12.8672	APC	781	-	-	-	-	000	999	-
49446	N	CHANGE G-TUBE TO G-J PERC	-	05302	20.7479	Bundled, sometimes payable	1260	-	-	-	-	000	999	-

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49450	T	REPLACE G/C TUBE PERC	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
49451	T	REPLACE DUOD/IEJ TUBE PERC	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
49452	T	REPLACE G-J TUBE PERC	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
49460	T	FIX G/COLON TUBE W/DEVICE	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
49465	N	FLUORO EXAM OF G/COLON TUBE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
49491	N	RPR HERN PREMIE REDUC	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	001	-
49492	N	RPR ING HERN PREMIE BLOCKED	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	001	-
49495	N	RPR ING HERNIA BABY REDUC	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	001	-
49496	N	RPR ING HERNIA BABY BLOCKED	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	001	-
49500	N	RPR ING HERNIA INIT REDUCE	-	05342	82.4931	Bundled, sometimes payable	5009	-	-	-	-	000	004	-
49501	N	RPR ING HERNIA INIT BLOCKED	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	004	-
49505	N	PRP I/HERN INIT REDUC >5 YR	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	005	999	-
49507	N	PRP I/HERN INIT BLOCK >5 YR	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	005	999	-
49520	N	REREPAIR ING HERNIA REDUCE	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49521	N	REREPAIR ING HERNIA BLOCKED	-	05342	82.4931	Bundled, sometimes payable	5009	-	-	-	-	000	999	-
49525	N	REPAIR ING HERNIA SLIDING	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49540	N	REPAIR LUMBAR HERNIA	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49550	N	RPR REM HERNIA INIT REDUCE	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49553	N	RPR FEM HERNIA INIT BLOCKED	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49555	N	REREPAIR FEM HERNIA REDUCE	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49557	N	REREPAIR FEM HERNIA BLOCKED	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49591	N	RPR AA HRN 1ST < 3 CM RDC	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49592	N	RPR AA HRN 1ST < 3 NCR/STRN	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49593	N	RPR AA HRN 1ST 3-10 RDC	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49594	N	RPR AA HRN 1ST 3-10 NCR/STRN	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49595	N	RPR AA HRN 1ST > 10 RDC	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49596	E	RPR AA HRN 1ST > 10 NCR/STRN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
49600	N	REPAIR UMBILICAL LESION	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49605	C	REPAIR UMBILICAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
49606	C	REPAIR UMBILICAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
49610	C	REPAIR UMBILICAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
49611	C	REPAIR UMBILICAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
49613	N	RPR AA HRN RCR < 3 RDC	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49614	N	RPR AA HRN RCR < 3 NCR/STRN	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49615	N	RPR AA HRN RCR 3-10 RDC	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
49616	E	RPR AA HRN RCR 3-10 NCR/STRN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
49617	E	RPR AA HRN RCR > 10 RDC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
49618	E	RPR AA HRN RCR > 10 NCR/STRN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
49621	E	RPR PARASTOMAL HERNIA RDC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
49622	E	RPR PARASTOMAL HRNA NCR/STRN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
49623	N	RMVL NINFCT MESH HERNIA RPR	-	-	-	Bundled	000	-	-	-	-	000	999	-
49650	N	LAP ING HERNIA REPAIR INIT	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49651	N	LAP ING HERNIA REPAIR RECUR	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49659	N	UNLSTD LAPS PX HRNAP HRNRPY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
49900	C	REPAIR OF ABDOMINAL WALL	-	-	-	IP Only	000	-	-	-	-	000	999	-
49904	C	OMENTAL FLAP EXTRA-ABDOM	-	-	-	IP Only	000	-	-	-	-	000	999	-
49905	C	OMENTAL FLAP INTRA-ABDOM	-	-	-	IP Only	000	-	-	-	-	000	999	-
49906	C	FREE OMENTAL FLAP MICROVASC	-	-	-	IP Only	000	-	-	-	-	000	999	-
49999	T	UNLISTED PX ABD PERIM&OMN	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
50010	C	EXPLORATION OF KIDNEY	-	-	-	IP Only	000	-	-	-	-	000	999	-
50020	N	RENAL ABSCESS OPEN DRAIN	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
50040	C	NFROS NFROT W/DRG	-	-	-	IP Only	000	-	-	-	-	000	999	-
50045	C	NEPHROTOMY W/EXPLORATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
5005F	E	PT COUNSLD ON EXAM FOR MOLES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
50060	C	NL REMOVAL CALCULUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
50065	C	NL SEC SURG OPERJ CALCULUS	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
50070	C	NL COMP CGEN KDN ABNORMALITY	-	-	-	IP Only	000	-	-	-	-	000	999	-
50075	C	NL RMVL LG STAGHORN CALCULUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
50080	N	PERQ NL/PL LITHOTRP SMPL<2CM	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
50081	N	PERQ NL/PL LITHOTRP CPLX>2CM	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
50100	C	TRNSXJ/REPOS ABRRTN RNL VSLs	-	-	-	IP Only	000	-	-	-	-	000	999	-
5010F	E	MACUL RESULT PHY/QHP MNG DM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
50120	C	PYELOTOMY W/EXPLORATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
50125	C	PYELOTOMY W/DRG PYELOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
50130	C	PYELOTOMY W/REMOVAL CALCULUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
50135	C	PYELOTOMY COMPLICATED	-	-	-	IP Only	000	-	-	-	-	000	999	-
5015F	E	DOC FX & TEST/TXMNT FOR OP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
50200	N	RENAL BIOPSY PERQ	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
50205	C	RENAL BX SURG EXPOSURE KDN	-	-	-	IP Only	000	-	-	-	-	000	999	-
5020F	E	TXMNTS 2 PHYS/QHP BY 1 MON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
50220	C	REMOVE KIDNEY OPEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
50225	C	REMOVAL KIDNEY OPEN COMPLEX	-	-	-	IP Only	000	-	-	-	-	000	999	-
50230	C	REMOVAL KIDNEY OPEN RADICAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
50234	C	REMOVAL OF KIDNEY & URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50236	C	REMOVAL OF KIDNEY & URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50240	C	PARTIAL REMOVAL OF KIDNEY	-	-	-	IP Only	000	-	-	-	-	000	999	-
50250	C	CRYOABLATE RENAL MASS OPEN	-	-	-	IP Only	000	-	-	-	Y	000	999	-
50280	C	REMOVAL OF KIDNEY LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
50290	C	REMOVAL OF KIDNEY LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
50300	C	REMOVE CADAVER DONOR KIDNEY	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50320	C	REMOVE KIDNEY LIVING DONOR	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50323	C	PREP CADAVER RENAL ALLOGRAFT	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50325	C	PREP DONOR RENAL GRAFT	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50327	C	PREP RENAL GRAFT/VEINOUS	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50328	C	PREP RENAL GRAFT/ARTERIAL	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50329	C	PREP RENAL GRAFT/URETERAL	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50340	C	REMOVAL OF KIDNEY	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50360	C	TRANSPLANTATION OF KIDNEY	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50365	C	TRANSPLANTATION OF KIDNEY	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50370	C	REMOVE TRANSPLANTED KIDNEY	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50380	C	REIMPLANTATION OF KIDNEY	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50382	N	CHANGE URETER STENT PERCUT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
50384	N	REMOVE URETER STENT PERCUT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
50385	N	CHANGE STENT VIA TRANSURETH	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
50386	N	REMOVE STENT VIA TRANSURETH	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
50387	N	CHANGE NEPHROURETERAL CATH	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
50389	N	REMOVE RENAL TUBE W/FLUORO	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	Y	000	999	-
50390	T	DRAINAGE OF KIDNEY LESION	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
50391	T	INSTLL RX AGNT INTO RNAL TUB	-	05371	2.6948	APC	164	-	-	-	Y	000	999	-
50396	N	MEASURE KIDNEY PRESSURE	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
50400	C	REVISION OF KIDNEY/URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50405	C	REVISION OF KIDNEY/URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50430	N	NJX PX NFROSGRM &URTRGRM	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
50431	N	NJX PX NFROSGRM &URTRGRM	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
50432	N	PLMT NEPHROSTOMY CATHETER	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
50433	N	PLMT NEPHROURETERAL CATHETER	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50434	N	CONVERT NEPHROSTOMY CATHETER	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
50435	N	EXCHANGE NEPHROSTOMY CATH	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
50436	N	DILAT XST TRC NDURLGC PX	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50437	N	DILAT XST TRC NEW ACCESS RCS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50500	C	REPAIR OF KIDNEY WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
5050F	E	PLAN 2 MAIN DR BY 1 MONTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
50520	C	CLOSE KIDNEY-SKIN FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
50525	C	CLOSE NEPHROVISCERAL FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
50526	C	CLOSE NEPHROVISCERAL FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
50540	C	REVISION OF HORSESHOE KIDNEY	-	-	-	IP Only	000	-	-	-	-	000	999	-
50541	N	LAPARO ABLATE RENAL CYST	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
50542	N	LAPARO ABLATE RENAL MASS	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
50543	N	LAPARO PARTIAL NEPHRECTOMY	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
50544	N	LAPAROSCOPY PYELOPLASTY	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
50545	C	LAPARO RADICAL NEPHRECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
50546	C	LAPAROSCOPIC NEPHRECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
50547	C	LAPARO REMOVAL DONOR KIDNEY	-	-	-	IP Only	000	-	-	Y	Y	000	999	-
50548	C	LAPARO REMOVE W/URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50549	N	UNLISTED LAPS PX RENAL	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
50551	N	KIDNEY ENDOSCOPY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
50553	N	KIDNEY ENDOSCOPY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
50555	N	KIDNEY ENDOSCOPY & BIOPSY	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
50557	N	KIDNEY ENDOSCOPY & TREATMENT	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
50561	N	KIDNEY ENDOSCOPY & TREATMENT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
50562	N	RENAL SCOPE W/TUMOR RESECT	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
50570	N	KIDNEY ENDOSCOPY	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50572	N	KIDNEY ENDOSCOPY	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
50574	N	KIDNEY ENDOSCOPY & BIOPSY	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50575	N	KIDNEY ENDOSCOPY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
50576	N	KIDNEY ENDOSCOPY & TREATMENT	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
50580	N	KIDNEY ENDOSCOPY & TREATMENT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
50590	N	FRAGMENTING OF KIDNEY STONE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50592	N	PERC RF ABLATE RENAL TUMOR	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	Y	000	999	-
50593	N	PERC CRYO ABLATE RENAL TUM	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
50600	C	EXPLORATION OF URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50605	C	INSERT URETERAL SUPPORT	-	-	-	IP Only	000	-	-	-	-	000	999	-
50606	N	ENDOLUMINAL BX URTR RNL PLVS	-	-	-	Bundled	000	-	-	-	-	000	999	-
5060F	E	FNDNGS MAMMO 2PT W/IN 3 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
50610	C	REMOVAL OF URETER STONE	-	-	-	IP Only	000	-	-	-	-	000	999	-
50620	C	REMOVAL OF URETER STONE	-	-	-	IP Only	000	-	-	-	-	000	999	-
5062F	E	MAMMO RESULT COM TO PT 5 DAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
50630	C	REMOVAL OF URETER STONE	-	-	-	IP Only	000	-	-	-	-	000	999	-
50650	C	REMOVAL OF URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50660	C	REMOVAL OF URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50684	N	INJECTION FOR URETER X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
50686	S	MEASURE URETER PRESSURE	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
50688	N	CHANGE OF URETER TUBE/STENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
50690	N	INJECTION FOR URETER X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
50693	N	PLMT URETERAL STENT PRQ	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50694	N	PLMT URETERAL STENT PRQ	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50695	N	PLMT URETERAL STENT PRQ	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50700	C	REVISION OF URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50705	N	URETERAL EMBOLIZATION/OCCL	-	-	-	Bundled	000	-	-	-	-	000	999	-
50706	N	BALLOON DILATE URTRL STRIX	-	-	-	Bundled	000	-	-	-	-	000	999	-
50715	C	RELEASE OF URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50722	C	RELEASE OF URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50725	C	RELEASE/REVISE URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50727	N	REVISE URETER	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50728	C	REVISE URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50740	C	FUSION OF URETER & KIDNEY	-	-	-	IP Only	000	-	-	-	-	000	999	-
50750	C	FUSION OF URETER & KIDNEY	-	-	-	IP Only	000	-	-	-	-	000	999	-
50760	C	FUSION OF URETERS	-	-	-	IP Only	000	-	-	-	-	000	999	-

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50770	C	SPLICING OF URETERS	-	-	-	IP Only	000	-	-	-	-	000	999	-
50780	C	REIMPLANT URETER IN BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50782	C	REIMPLANT URETER IN BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50783	C	REIMPLANT URETER IN BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50785	C	REIMPLANT URETER IN BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50800	C	IMPLANT URETER IN BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
50810	C	FUSION OF URETER & BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
50815	C	URINE SHUNT TO INTESTINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
50820	C	CONSTRUCT BOWEL BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50825	C	CONSTRUCT BOWEL BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50830	C	REVISE URINE FLOW	-	-	-	IP Only	000	-	-	-	-	000	999	-
50840	C	REPLACE URETER BY BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
50845	C	APPENDICO-VESICOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
50860	C	TRANSPLANT URETER TO SKIN	-	-	-	IP Only	000	-	-	-	-	000	999	-
50900	C	REPAIR OF URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50920	C	CLOSURE URETER/SKIN FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
50930	C	CLOSURE URETER/BOWEL FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
50940	C	RELEASE OF URETER	-	-	-	IP Only	000	-	-	-	-	000	999	-
50945	N	LAPAROSCOPY URETEROLITHOTOMY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
50947	N	LAPARO NEW URETER/BLADDER	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
50948	N	LAPARO NEW URETER/BLADDER	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
50949	N	UNLISTED LAPS PX URETER	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
50951	N	ENDOSCOPY OF URETER	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50953	N	ENDOSCOPY OF URETER	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50955	N	URETER ENDOSCOPY & BIOPSY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
50957	N	URETER ENDOSCOPY & TREATMENT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
50961	N	URETER ENDOSCOPY & TREATMENT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
50970	N	URETER ENDOSCOPY	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50972	N	URETER ENDOSCOPY & CATHETER	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
50974	N	URETER ENDOSCOPY & BIOPSY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
50976	N	URETER ENDOSCOPY & TREATMENT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
50980	N	URETER ENDOSCOPY & TREATMENT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
5100F	E	RSK FX REF W/N 24 HRS XRAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
51020	N	INCISE & TREAT BLADDER	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
51030	N	INCISE & TREAT BLADDER	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
51040	N	INCISE & DRAIN BLADDER	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
51045	N	INCISE BLADDER/DRAIN URETER	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
51050	N	REMOVAL OF BLADDER STONE	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
51060	N	REMOVAL OF URETER STONE	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
51065	N	REMOVE URETER CALCULUS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
51080	N	DRAINAGE OF BLADDER ABSCESS	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
51100	T	DRAIN BLADDER BY NEEDLE	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
51101	S	DRAIN BLADDER BY TROCAR/CATH	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
51102	N	DRAIN BL W/CATH INSERTION	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
51500	N	REMOVAL OF BLADDER CYST	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
51520	N	REMOVAL OF BLADDER LESION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
51525	C	REMOVAL OF BLADDER LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
51530	C	REMOVAL OF BLADDER LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
51535	N	REPAIR OF URETER LESION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
51550	C	PARTIAL REMOVAL OF BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
51555	C	PARTIAL REMOVAL OF BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
51565	C	REVISE BLADDER & URETER(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
51570	C	REMOVAL OF BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-
51575	C	REMOVAL OF BLADDER & NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
51580	C	REMOVE BLADDER/REVISE TRACT	-	-	-	IP Only	000	-	-	-	-	000	999	-
51585	C	REMOVAL OF BLADDER & NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
51590	C	REMOVE BLADDER/REVISE TRACT	-	-	-	IP Only	000	-	-	-	-	000	999	-
51595	C	REMOVE BLADDER/REVISE TRACT	-	-	-	IP Only	000	-	-	-	-	000	999	-
51596	C	REMOVE BLADDER/CREATE POUCH	-	-	-	IP Only	000	-	-	-	-	000	999	-
51597	C	REMOVAL OF PELVIC STRUCTURES	-	-	-	IP Only	000	-	-	-	-	000	999	-
51600	N	INJECTION FOR BLADDER X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
51605	N	PREPARATION FOR BLADDER XRAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
51610	N	INJECTION FOR BLADDER X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
51700	T	IRRIGATION OF BLADDER	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
51701	N	INSERT BLADDER CATHETER	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
51702	N	INSERT TEMP BLADDER CATH	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
51703	S	INSERT BLADDER CATH COMPLEX	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
51705	T	CHANGE OF BLADDER TUBE	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
51710	N	CHANGE OF BLADDER TUBE	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
51715	N	ENDOSCOPIC INJECTION/IMPLANT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
51720	N	TREATMENT OF BLADDER LESION	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
51725	T	SIMPLE CYSTOMETROGRAM	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
51726	T	COMPLEX CYSTOMETROGRAM	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
51727	N	CYSTOMETROGRAM W/UP	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
51728	N	CYSTOMETROGRAM W/VP	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
51729	N	CYSTOMETROGRAM W/VP&UP	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
51736	N	URINE FLOW MEASUREMENT	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
51741	N	ELECTRO-UROFLOWMETRY FIRST	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
51784	S	ANAL/URINARY MUSCLE STUDY	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
51785	T	ANAL/URINARY MUSCLE STUDY	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
51792	N	URINARY REFLEX STUDY	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
51797	N	INTRAABDOMINAL PRESSURE TEST	-	-	-	Bundled	000	-	-	-	-	000	999	-
51798	N	US URINE CAPACITY MEASURE	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
51800	C	REVISION OF BLADDER/URETHRA	-	-	-	IP Only	000	-	-	-	-	000	999	-
51820	C	REVISION OF URINARY TRACT	-	-	-	IP Only	000	-	-	-	-	000	999	-
51840	C	ATTACH BLADDER/URETHRA	-	-	-	IP Only	000	-	-	-	-	000	999	-
51841	C	ATTACH BLADDER/URETHRA	-	-	-	IP Only	000	-	-	-	-	000	999	-
51845	N	REPAIR BLADDER NECK	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
51860	N	REPAIR OF BLADDER WOUND	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
51865	C	REPAIR OF BLADDER WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
51880	N	REPAIR OF BLADDER OPENING	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
51900	C	REPAIR BLADDER/VAGINA LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
51920	C	CLOSE BLADDER-UTERUS FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
51925	C	HYSTERECTOMY/BLADDER REPAIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
51940	C	CORRECTION OF BLADDER DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
51960	C	REVISION OF BLADDER & BOWEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
51980	C	CONSTRUCT BLADDER OPENING	-	-	-	IP Only	000	-	-	-	-	000	999	-
51990	N	LAPARO URETHRAL SUSPENSION	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
51992	N	LAPARO SLING OPERATION	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
51999	N	UNLISTED LAPS PX BLADDER	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	Y	000	999	-
52000	N	CYSTOSCOPY	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
52001	N	CYSTOSCOPY REMOVAL OF CLOTS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52005	N	CYSTOSCOPY & URETER CATHETER	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52007	N	CYSTOSCOPY AND BIOPSY	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
5200F	E	EVAL APPROS SURG THXPY EPI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
52010	N	CYSTOSCOPY & DUCT CATHETER	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
52204	N	CYSTOSCOPY W/BIOPSY(S)	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52214	N	CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52224	N	CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52234	N	CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52235	N	CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52240	N	CYSTOSCOPY AND TREATMENT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
52250	N		CYSTOSCOPY AND RADIOTRACER	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52260	N		CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52265	N		CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52270	N		CYSTOSCOPY & REVISE URETHRA	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52275	N		CYSTOSCOPY & REVISE URETHRA	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52276	N		CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52277	N		CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52281	N		CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52282	N		CYSTOSCOPY IMPLANT STENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52283	N		CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52284	N		CYSTO RX BALO CATH URTL STRX	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52285	N		CYSTOSCOPY AND TREATMENT	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
52287	N		CYSTOSCOPY CHEMODENERVATION	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	Y	000	999	-
52290	N		CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52300	N		CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52301	N		CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52305	N		CYSTOSCOPY AND TREATMENT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52310	N		CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52315	N		CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
52317	N		REMOVE BLADDER STONE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52318	N		REMOVE BLADDER STONE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52320	N		CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52325	N		CYSTOSCOPY STONE REMOVAL	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52327	N		CYSTOSCOPY INJECT MATERIAL	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52330	N		CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52332	N		CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52334	N		CREATE PASSAGE TO KIDNEY	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52341	N		CYSTO W/URETER STRICTURE TX	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52342	N		CYSTO W/UP STRICTURE TX	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52343	N		CYSTO W/RENAL STRICTURE TX	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52344	N		CYSTO/URETERO STRICTURE TX	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52345	N		CYSTO/URETERO W/UP STRICTURE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52346	N		CYSTOURETERO W/RENAL STRICT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52351	N		CYSTOURETERO & OR PYELOSCOPE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52352	N		CYSTOURETERO W/STONE REMOVE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52353	N		CYSTOURETERO W/LITHOTRIPSY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52354	N		CYSTOURETERO W/BIOPSY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52355	N		CYSTOURETERO W/EXCISE TUMOR	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52356	N		CYSTO/URETERO W/LITHOTRIPSY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52400	N		CYSTOURETERO W/CONGEN REPR	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52402	N		CYSTOURETHRO CUT EJACUL DUCT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	Y	000	999	-
52441	E		CYSTOURETHRO W/IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
52442	E		CYSTOURETHRO W/ADDL IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
52450	N		INCISION OF PROSTATE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52500	N		REVISION OF BLADDER NECK	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
5250F	E		ASTHMA DISCHARGE PLAN PRESNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
52601	N		PROSTATECTOMY (TURP)	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52630	N		REMOVE PROSTATE REGROWTH	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52640	N		RELIEVE BLADDER CONTRACTION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
52647	N		LASER SURGERY OF PROSTATE	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52648	N		LASER SURGERY OF PROSTATE	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52649	N		PROSTATE LASER ENUCLEATION	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
52700	N		DRAINAGE OF PROSTATE ABSCESS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53000	N		INCISION OF URETHRA	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
53010	N		INCISION OF URETHRA	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53020	N		INCISION OF URETHRA	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	002	099	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
53025	N	INCISION OF URETHRA	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	002	-
53040	N	DRAINAGE OF URETHRA ABSCESS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53060	N	DRAINAGE OF URETHRA ABSCESS	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
53080	N	DRAINAGE OF URINARY LEAKAGE	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
53085	N	DRAINAGE OF URINARY LEAKAGE	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
53200	N	BIOPSY OF URETHRA	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
53210	N	REMOVAL OF URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53215	N	REMOVAL OF URETHRA	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53220	N	TREATMENT OF URETHRA LESION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53230	N	REMOVAL OF URETHRA LESION	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53235	N	REMOVAL OF URETHRA LESION	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53240	N	SURGERY FOR URETHRA POUCH	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53250	N	REMOVAL OF URETHRA GLAND	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53260	N	TREATMENT OF URETHRA LESION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53265	N	TREATMENT OF URETHRA LESION	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
53270	N	REMOVAL OF URETHRA GLAND	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53275	N	REPAIR OF URETHRA DEFECT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53400	N	REVISE URETHRA STAGE 1	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53405	N	REVISE URETHRA STAGE 2	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53410	N	RECONSTRUCTION OF URETHRA	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53415	C	RECONSTRUCTION OF URETHRA	-	-	-	IP Only	000	-	-	-	-	000	999	-
53420	N	RECONSTRUCT URETHRA STAGE 1	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53425	N	RECONSTRUCT URETHRA STAGE 2	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53430	N	RECONSTRUCTION OF URETHRA	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53431	N	RECONSTRUCT URETHRA/BLADDER	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53440	N	MALE SLING PROCEDURE	-	05377	139.9697	Bundled, sometimes payable	8499	-	-	-	-	000	999	-
53442	N	REMOVE/REVISE MALE SLING	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53444	N	INSERT TANDEM CUFF	-	05378	219.9481	Bundled, sometimes payable	13355	-	-	-	-	000	999	-
53445	N	INSERT URO/VES NCK SPHINCTER	-	05378	219.9481	Bundled, sometimes payable	13355	-	-	-	-	000	999	-
53446	N	REMOVE URO SPHINCTER	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53447	N	REMOVE/REPLACE UR SPHINCTER	-	05378	219.9481	Bundled, sometimes payable	13355	-	-	-	-	000	999	-
53448	C	REMOV/REPLC UR SPHINCTR COMP	-	-	-	IP Only	000	-	-	-	-	000	999	-
53449	N	REPAIR URO SPHINCTER	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
53450	N	REVISION OF URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53451	N	TPRNL BALO CNTNC DEV BI	-	05377	139.9697	Bundled, sometimes payable	8499	-	-	-	-	000	999	-
53452	N	TPRNL BALO CNTNC DEV UNI	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
53453	N	TPRNL BALO CNTNC DEV RMVL EA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53454	T	TPRNL BALO CNTNC DEV ADJMT	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
53460	N	REVISION OF URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53500	N	URETHRLYS TRANSVAG W/ SCOPE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	Y	000	999	-
53502	N	REPAIR OF URETHRA INJURY	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53505	N	REPAIR OF URETHRA INJURY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53510	N	REPAIR OF URETHRA INJURY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53515	N	REPAIR OF URETHRA INJURY	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53520	N	REPAIR OF URETHRA DEFECT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
53600	T	DILATE URETHRA STRICTURE	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
53601	N	DILATE URETHRA STRICTURE	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
53605	N	DILATE URETHRA STRICTURE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53620	N	DILATE URETHRA STRICTURE	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	999	-
53621	T	DILATE URETHRA STRICTURE	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
53660	S	DILATION OF URETHRA	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
53661	N	DILATION OF URETHRA	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
53665	N	DILATION OF URETHRA	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
53850	N	PROSTATIC MICROWAVE THERMOTX	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53852	N	PROSTATIC RF THERMOTX	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
53854	N	TRURL DSTRJ PRST8 TISS RF WV	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
								Hospital Fee	Hospital Lab	Comm.					
								Schedule	Fees	Fees	Required				
53855	N		INSERT PROST URETHRAL STENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
53860	N		TRANSURETHRAL RF TREATMENT	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
53899	T		UNLISTED PX URINARY SYSTEM	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
54000	N		SLITTING OF PREPUCE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54001	N		SLITTING OF PREPUCE	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	001	099	-
54015	N		DRAIN PENIS LESION	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
54050	N		DESTRUCTION PENIS LESION(S)	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
54055	T		DESTRUCTION PENIS LESION(S)	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
54056	N		CRYOSURGERY PENIS LESION(S)	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
54057	T		LASER SURG PENIS LESION(S)	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
54060	T		EXCISION OF PENIS LESION(S)	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
54065	T		DESTRUCTION PENIS LESION(S)	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
54100	N		BIOPSY OF PENIS	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
54105	N		BIOPSY OF PENIS	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
54110	N		TREATMENT OF PENIS LESION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54111	N		TREAT PENIS LESION GRAFT	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
54112	N		TREAT PENIS LESION GRAFT	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
54115	N		TREATMENT OF PENIS LESION	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
54120	N		PARTIAL REMOVAL OF PENIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54125	C		REMOVAL OF PENIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
54130	C		REMOVE PENIS & NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
54135	C		REMOVE PENIS & NODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
54150	N		CIRCUMCISION W/REGIONL BLOCK	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
54160	N		CIRCUMCISION NEONATE	-	05372	7.4484	Bundled, sometimes payable	452	-	-	-	-	000	000	-
54161	N		CIRCUM 28 DAYS OR OLDER	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	099	-
54162	N		LYSIS PENIL CIRCUMIC LESION	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
54163	N		REPAIR OF CIRCUMCISION	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
54164	N		FRENULOTOMY OF PENIS	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
54200	T		TREATMENT OF PENIS LESION	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
54205	N		TREATMENT OF PENIS LESION	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
54220	T		TREATMENT OF PENIS LESION	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
54230	E		PREPARE PENIS STUDY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54231	E		DYNAMIC CAVERNOSOMETRY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54235	E		PENILE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54240	E		PENIS STUDY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54250	E		PENIS STUDY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54300	N		REVISION OF PENIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54304	N		REVISION OF PENIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54308	N		RECONSTRUCTION OF URETHRA	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
54312	N		RECONSTRUCTION OF URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54316	N		RECONSTRUCTION OF URETHRA	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
54318	N		RECONSTRUCTION OF URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54322	N		RECONSTRUCTION OF URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54324	N		RECONSTRUCTION OF URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54326	N		RECONSTRUCTION OF URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54328	N		REVISE PENIS/URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54332	N		REVISE PENIS/URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	018	-
54336	N		REVISE PENIS/URETHRA	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54340	N		RPR HYPSPAD COMP SIMPLE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54344	N		RPR HYPSPAD COMP MOBLJ&URTP	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
54348	N		RPR HYPSPAD COMP DSJ & URTP	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
54352	N		REVJ PRIOR HYPSPAD REPAIR	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
54360	E		PENIS PLASTIC SURGERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54380	N		REPAIR PENIS	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
54385	N		REPAIR PENIS	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
54390	C		REPAIR PENIS AND BLADDER	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
54400	E	INSERT SEMI-RIGID PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54401	E	INSERT SELF-CONTD PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54405	E	INSERT MULTI-COMP PENIS PROS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54406	E	REMOVE MULTI-COMP PENIS PROS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54408	E	REPAIR MULTI-COMP PENIS PROS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54410	E	REMOVE/REPLACE PENIS PROSTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54411	E	REMOV/REPLC PENIS PROS COMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54415	E	REMOVE SELF-CONTD PENIS PROS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54416	E	REMV/REPL PENIS CONTAIN PROS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54417	E	REMV/REPLC PENIS PROS COMPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
54420	N	REVISION OF PENIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54430	C	REVISION OF PENIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
54435	N	REVISION OF PENIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54437	N	REPAIR CORPOREAL TEAR	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54438	C	REPLANTATION OF PENIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
54440	N	REPAIR OF PENIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54450	T	PREPUTIAL STRETCHING	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
54500	N	BIOPSY OF TESTIS	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
54505	N	BIOPSY OF TESTIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54512	N	EXCISE LESION TESTIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54520	N	REMOVAL OF TESTIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54522	N	ORCHIECTOMY PARTIAL	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54530	N	REMOVAL OF TESTIS	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
54535	N	EXTENSIVE TESTIS SURGERY	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54550	N	EXPLORATION FOR TESTIS	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
54560	N	EXPLORATION FOR TESTIS	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
54600	N	REDUCE TESTIS TORSION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54620	N	SUSPENSION OF TESTIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54640	N	ORCHIOPEXY INGUN/SCROT APPR	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
54650	N	ORCHIOPEXY (FOWLER-STEPHENS)	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
54660	N	REVISION OF TESTIS	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
54670	N	REPAIR TESTIS INJURY	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54680	N	RELOCATION OF TESTIS(ES)	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54690	N	LAPAROSCOPY ORCHIECTOMY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
54692	N	LAPAROSCOPY ORCHIOPEXY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
54699	N	UNLISTED LAPS PX TESTIS	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
54700	N	DRAINAGE OF SCROTUM	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
54800	N	BIOPSY OF EPIDIDYMIS	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
54830	N	REMOVE EPIDIDYMIS LESION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54840	N	REMOVE EPIDIDYMIS LESION	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
54860	N	REMOVAL OF EPIDIDYMIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54861	N	REMOVAL OF EPIDIDYMIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54865	N	EXPLORE EPIDIDYMIS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
54900	N	FUSION OF SPERMATIC DUCTS	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
54901	N	FUSION OF SPERMATIC DUCTS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55000	T	DRAINAGE OF HYDROCELE	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
55040	N	REMOVAL OF HYDROCELE	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
55041	N	REMOVAL OF HYDROCELES	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
55060	N	REPAIR OF HYDROCELE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55100	N	DRAINAGE OF SCROTUM ABSCESS	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
55110	N	EXPLORE SCROTUM	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55120	N	REMOVAL OF SCROTUM LESION	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
55150	N	REMOVAL OF SCROTUM	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55175	N	REVISION OF SCROTUM	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55180	N	REVISION OF SCROTUM	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
55200	N	INCISION OF SPERM DUCT	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
55250	N	REMOVAL OF SPERM DUCT(S)	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	021	999	-
55300	N	PREPARE SPERM DUCT X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
55400	E	REPAIR OF SPERM DUCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
55500	N	REMOVAL OF HYDROCELE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55520	N	REMOVAL OF SPERM CORD LESION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55530	N	REVISE SPERMATIC CORD VEINS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55535	N	REVISE SPERMATIC CORD VEINS	-	05342	82.4931	Bundled, sometimes payable	5009	-	-	-	-	000	999	-
55540	N	REVISE HERNIA & SPERM VEINS	-	05341	37.7233	Bundled, sometimes payable	2291	-	-	-	-	000	999	-
55550	N	LAPARO LIGATE SPERMATIC VEIN	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
55559	N	UNLSTD LAPS PX SPRMATIC CORD	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
55600	N	INCISE SPERM DUCT POUCH	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
55605	C	INCISE SPERM DUCT POUCH	-	-	-	IP Only	000	-	-	-	-	000	999	-
55650	C	REMOVE SPERM DUCT POUCH	-	-	-	IP Only	000	-	-	-	-	000	999	-
55680	N	REMOVE SPERM POUCH LESION	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55700	N	BIOPSY OF PROSTATE	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
55705	N	BIOPSY OF PROSTATE	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55706	N	PROSTATE SATURATION SAMPLING	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55720	N	DRAINAGE OF PROSTATE ABSCESS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55725	N	DRAINAGE OF PROSTATE ABSCESS	-	05374	38.0122	Bundled, sometimes payable	2308	-	-	-	-	000	999	-
55801	C	REMOVAL OF PROSTATE	-	-	-	IP Only	000	-	-	-	-	000	999	-
55810	C	EXTENSIVE PROSTATE SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
55812	C	EXTENSIVE PROSTATE SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
55815	C	EXTENSIVE PROSTATE SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
55821	C	REMOVAL OF PROSTATE	-	-	-	IP Only	000	-	-	-	-	000	999	-
55831	C	REMOVAL OF PROSTATE	-	-	-	IP Only	000	-	-	-	-	000	999	-
55840	C	EXTENSIVE PROSTATE SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
55842	C	EXTENSIVE PROSTATE SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
55845	C	EXTENSIVE PROSTATE SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
55860	N	SURGICAL EXPOSURE PROSTATE	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
55862	C	EXTENSIVE PROSTATE SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
55865	C	EXTENSIVE PROSTATE SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
55866	N	LAPS SURG PRST8ECT RPIC RAD	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
55867	N	LAPS SURG PRST8ECT SMPL STOT	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
55870	E	ELECTROEJACULATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
55873	N	CRYOABLATE PROSTATE	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
55874	N	TPRNL PLMT BIODEGRDABL MATRL	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
55875	N	TRANSPERI NEEDLE PLACE PROS	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
55876	S	PLACE RT DEVICE/MARKER PROS	-	05613	15.1085	APC	917	-	-	-	-	000	999	-
55880	N	ABL TJ MAL PRST8 TISS HIFU	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
55899	T	UNLISTED PX MALE GENITAL SYS	-	05371	2.6948	APC	164	-	-	-	-	000	999	-
55920	N	PLACE NEEDLES PELVIC FOR RT	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
55970	E	SEX TRANSFORMATION M TO F	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
55980	E	SEX TRANSFORMATION F TO M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
56405	T	I & D OF VULVA/PERINEUM	-	05412	3.4980	APC	212	-	-	-	-	000	999	-
56420	T	DRAINAGE OF GLAND ABSCESS	-	05411	2.1728	APC	132	-	-	-	-	000	999	-
56440	N	SURGERY FOR VULVA LESION	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
56441	N	LYSIS OF LABIAL LESION(S)	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
56442	N	HYMENOTOMY	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
56501	T	DESTROY VULVA LESIONS SIM	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
56515	T	DESTROY VULVA LESION/S COMPL	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
56605	T	BIOPSY OF VULVA/PERINEUM	-	05413	8.7657	APC	532	-	-	-	-	000	999	-
56606	N	BIOPSY OF VULVA/PERINEUM	-	-	-	Bundled	000	-	-	-	-	000	999	-
56620	N	PARTIAL REMOVAL OF VULVA	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
56625	N	COMPLETE REMOVAL OF VULVA	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
56630	C	EXTENSIVE VULVA SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
56631	C	EXTENSIVE VULVA SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
56632	C	EXTENSIVE VULVA SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
56633	C	EXTENSIVE VULVA SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
56634	C	EXTENSIVE VULVA SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
56637	C	EXTENSIVE VULVA SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
56640	C	EXTENSIVE VULVA SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
56700	N	PARTIAL REMOVAL OF HYMEN	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
56740	N	REMOVE VAGINA GLAND LESION	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
56800	N	REPAIR OF VAGINA	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
56805	N	REPAIR CLITORIS	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	020	-
56810	N	REPAIR OF PERINEUM	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
56820	T	EXAM OF VULVA W/SCOPE	-	05411	2.1728	APC	132	-	-	-	-	000	999	-
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE	-	05412	3.4980	APC	212	-	-	-	-	000	999	-
57000	N	EXPLORATION OF VAGINA	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57010	N	DRAINAGE OF PELVIC ABSCESS	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57020	N	DRAINAGE OF PELVIC FLUID	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57022	N	I & D VAGINAL HEMATOMA PP	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
57023	N	I & D VAG HEMATOMA NON-OB	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
57061	N	DESTROY VAG LESIONS SIMPLE	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57065	N	DESTROY VAG LESIONS COMPLEX	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57100	T	BIOPSY OF VAGINA	-	05413	8.7657	APC	532	-	-	-	-	000	999	-
57105	N	BIOPSY OF VAGINA	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57106	N	REMOVE VAGINA WALL PARTIAL	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57107	N	REMOVE VAGINA TISSUE PART	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57109	N	VAGINECTOMY PARTIAL W/NODES	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57110	C	REMOVE VAGINA WALL COMPLETE	-	-	-	IP Only	000	-	-	-	-	000	999	-
57111	C	REMOVE VAGINA TISSUE COMPL	-	-	-	IP Only	000	-	-	-	-	000	999	-
57120	N	CLOSURE OF VAGINA	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57130	N	REMOVE VAGINA LESION	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57135	N	REMOVE VAGINA LESION	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57150	N	TREAT VAGINA INFECTION	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
57155	N	INSERT UTERI TANDEM/OVOIDS	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57156	T	INS VAG BRACHYTX DEVICE	-	05412	3.4980	APC	212	-	-	-	-	000	999	-
57160	T	INSERT PESSARY/OTHER DEVICE	-	05411	2.1728	APC	132	-	-	-	-	000	999	-
57170	T	FITTING OF DIAPHRAGM/CAP	-	05411	2.1728	APC	132	-	-	-	-	000	999	-
57180	T	TREAT VAGINAL BLEEDING	-	05411	2.1728	APC	132	-	-	-	-	000	999	-
57200	N	REPAIR OF VAGINA	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57210	N	REPAIR VAGINA/PERINEUM	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57220	N	REVISION OF URETHRA	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57230	N	REPAIR OF URETHRAL LESION	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57240	N	ANTERIOR COLPORRHAPHY	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57250	N	REPAIR RECTUM & VAGINA	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57260	N	CMBN ANT PST COLPRHY	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57265	N	CMBN AP COLPRHY W/NTRCL RPR	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57267	N	INSERT MESH/PELVIC FLR ADDON	-	-	-	Bundled	000	-	-	-	Y	000	999	-
57268	N	REPAIR OF BOWEL BULGE	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57270	C	REPAIR OF BOWEL POUCH	-	-	-	IP Only	000	-	-	-	-	000	999	-
57280	C	SUSPENSION OF VAGINA	-	-	-	IP Only	000	-	-	-	-	000	999	-
57282	N	COLPOPEXY EXTRAPERITONEAL	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	-	000	999	-
57283	N	COLPOPEXY INTRAPERITONEAL	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	Y	000	999	-
57284	N	REPAIR PARAVAG DEFECT OPEN	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57285	N	REPAIR PARAVAG DEFECT VAG	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	-	000	999	-
57287	N	REVISE/REMOVE SLING REPAIR	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57288	N	REPAIR BLADDER DEFECT	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57289	N	REPAIR BLADDER & VAGINA	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	-	000	999	-
57291	E	CONSTRUCTION OF VAGINA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
57292	E	CONSTRUCT VAGINA WITH GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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				APC	Weight									
57295	N	REVISE VAG GRAFT VIA VAGINA	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	Y	000	999	-
57296	C	REVISE VAG GRAFT OPEN ABD	-	-	-	IP Only	000	-	-	-	-	000	999	-
57300	N	REPAIR RECTUM-VAGINA FISTULA	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57305	C	REPAIR RECTUM-VAGINA FISTULA	-	-	-	IP Only	000	-	-	-	-	000	999	-
57307	C	FISTULA REPAIR & COLOSTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
57308	C	FISTULA REPAIR TRANSPERINE	-	-	-	IP Only	000	-	-	-	-	000	999	-
57310	N	REPAIR URETHROVAGINAL LESION	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	-	000	999	-
57311	C	REPAIR URETHROVAGINAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
57320	N	REPAIR BLADDER-VAGINA LESION	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57330	N	REPAIR BLADDER-VAGINA LESION	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	-	000	999	-
57335	N	REPAIR VAGINA	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	020	-
57400	N	DILATION OF VAGINA	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57410	N	PELVIC EXAMINATION	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57415	N	REMOVE VAGINAL FOREIGN BODY	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57420	T	EXAM OF VAGINA W/SCOPE	-	05412	3.4980	APC	212	-	-	-	-	000	999	-
57421	T	EXAM/BIOPSY OF VAG W/SCOPE	-	05413	8.7657	APC	532	-	-	-	-	000	999	-
57423	N	REPAIR PARAVAG DEFECT LAP	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
57425	N	LAPAROSCOPY SURG COLPOPEXY	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	Y	000	999	-
57426	N	REVISE PROSTH VAG GRAFT LAP	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	-	000	999	-
57452	T	EXAM OF CERVIX W/SCOPE	-	05411	2.1728	APC	132	-	-	-	-	000	999	-
57454	T	BX/CURETT OF CERVIX W/SCOPE	-	05412	3.4980	APC	212	-	-	-	-	000	999	-
57455	T	BIOPSY OF CERVIX W/SCOPE	-	05412	3.4980	APC	212	-	-	-	-	000	999	-
57456	T	ENDOCERV CURETTAGE W/SCOPE	-	05412	3.4980	APC	212	-	-	-	-	000	999	-
57460	N	BX OF CERVIX W/SCOPE LEEP	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57461	N	CONZ OF CERVIX W/SCOPE LEEP	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57465	N	CAM CERVIX UTERI DRG COLP	-	-	-	Bundled	000	-	-	-	-	000	999	-
57500	T	BIOPSY OF CERVIX	-	05413	8.7657	APC	532	-	-	-	-	000	999	-
57505	T	ENDOCERVICAL CURETTAGE	-	05413	8.7657	APC	532	-	-	-	-	000	999	-
57510	N	CAUTERIZATION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57511	T	CRYOCAUTERY OF CERVIX	-	05412	3.4980	APC	212	-	-	-	-	000	999	-
57513	N	LASER SURGERY OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57520	N	CONIZATION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57522	N	CONIZATION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57530	N	REMOVAL OF CERVIX	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57531	C	REMOVAL OF CERVIX RADICAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
57540	C	REMOVAL OF RESIDUAL CERVIX	-	-	-	IP Only	000	-	-	-	-	000	999	-
57545	C	REMOVE CERVIX/REPAIR PELVIS	-	-	-	IP Only	000	-	-	-	-	000	999	-
57550	N	REMOVAL OF RESIDUAL CERVIX	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57555	N	REMOVE CERVIX/REPAIR VAGINA	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57556	N	REMOVE CERVIX REPAIR BOWEL	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
57558	N	D&C OF CERVICAL STUMP	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57700	N	REVISION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57720	N	REVISION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
57800	N	DILATION OF CERVICAL CANAL	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
58100	T	BIOPSY OF UTERUS LINING	-	05411	2.1728	APC	132	-	-	-	-	000	999	-
58110	N	BX DONE W/COLPOSCOPY ADD-ON	-	-	-	Bundled	000	-	-	-	Y	000	999	-
58120	N	DILATION AND CURETTAGE	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
58140	C	MYOMECTOMY ABDOM METHOD	-	-	-	IP Only	000	-	-	-	-	000	999	-
58145	N	MYOMECTOMY VAG METHOD	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
58146	C	MYOMECTOMY ABDOM COMPLEX	-	-	-	IP Only	000	-	-	-	-	000	999	-
58150	C	TOTAL HYSTERECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
58152	C	TOTAL HYSTERECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
58180	C	PARTIAL HYSTERECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
58200	C	EXTENSIVE HYSTERECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
58210	C	EXTENSIVE HYSTERECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
58240	C	REMOVAL OF PELVIS CONTENTS	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
58260	N	VAGINAL HYSTERECTOMY	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58262	N	VAG HYST INCLUDING T/O	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58263	N	VAG HYST W/T/O & VAG REPAIR	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58267	C	VAG HYST W/URINARY REPAIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
58270	N	VAG HYST W/ENTEROCELE REPAIR	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58275	C	HYSTERECTOMY/REVISE VAGINA	-	-	-	IP Only	000	-	-	-	-	000	999	-
58280	C	HYSTERECTOMY/REVISE VAGINA	-	-	-	IP Only	000	-	-	-	-	000	999	-
58285	C	EXTENSIVE HYSTERECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
58290	N	VAG HYST COMPLEX	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	-	000	999	-
58291	N	VAG HYST INCL T/O COMPLEX	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58292	N	VAG HYST T/O & REPAIR COMPL	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	-	000	999	-
58294	N	VAG HYST W/ENTEROCELE COMPL	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58300	M	INSERT INTRAUTERINE DEVICE	-	-	-	Fee Schedule	070	-	-	-	-	010	065	-
58301	N	REMOVE INTRAUTERINE DEVICE	-	05412	3.4980	Bundled, sometimes payable	212	-	-	-	-	000	999	-
58321	E	ARTIFICIAL INSEMINATION	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
58322	E	ARTIFICIAL INSEMINATION	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
58323	E	SPERM WASHING	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
58340	N	CATHETER FOR HYSTEROGRAPHY	-	-	-	Bundled	000	-	-	-	-	000	999	-
58345	E	REOPEN FALLOPIAN TUBE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
58346	N	INSERT HEYMAN UTERI CAPSULE	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58350	N	REOPEN FALLOPIAN TUBE	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	Y	-	000	999	-
58353	N	ENDOMETR ABLATE THERMAL	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58356	N	ENDOMETRIAL CRYOABLATION	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	Y	000	999	-
58400	C	SUSPENSION OF UTERUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
58410	C	SUSPENSION OF UTERUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
58520	C	REPAIR OF RUPTURED UTERUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
58540	C	REVISION OF UTERUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
58541	N	LSH UTERUS 250 G OR LESS	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58542	N	LSH W/T/O UT 250 G OR LESS	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58543	N	LSH UTERUS ABOVE 250 G	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58544	N	LSH W/T/O UTERUS ABOVE 250 G	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58545	N	LAPAROSCOPIC MYOMECTOMY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
58546	N	LAPARO-MYOMECTOMY COMPLEX	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58548	C	LAP RADICAL HYST	-	-	-	IP Only	000	-	-	-	-	000	999	-
58550	N	LAPARO-ASST VAG HYSTERECTOMY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
58552	N	LAPARO-VAG HYST INCL T/O	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58553	N	LAPARO-VAG HYST COMPLEX	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58554	N	LAPARO-VAG HYST W/T/O COMPL	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58555	N	HYSTEROSCOPY DX SEP PROC	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
58558	N	HYSTEROSCOPY BIOPSY	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
58559	N	HYSTEROSCOPY LYSIS	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58560	N	HYSTEROSCOPY RESECT SEPTUM	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58561	N	HYSTEROSCOPY REMOVE MYOMA	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58562	N	HYSTEROSCOPY REMOVE FB	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
58563	N	HYSTEROSCOPY ABLATION	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58565	N	HYSTEROSCOPY STERILIZATION	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	021	065	-
58570	N	TLH UTERUS 250 G OR LESS	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58571	N	TLH W/T/O 250 G OR LESS	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58572	N	TLH UTERUS OVER 250 G	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58573	N	TLH W/T/O UTERUS OVER 250 G	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58575	C	LAPS TOT HYST RESJ MAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
58578	N	UNLISTED LAPS PX UTERUS	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
58579	T	UNLISTED HYSTSC PX UTERUS	-	05411	2.1728	APC	132	-	-	-	-	000	999	-
58580	N	TRANSCRV ABLTJ UTRN FIBRD RF	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	-	000	999	-
58600	N	DIVISION OF FALLOPIAN TUBE	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	021	065	-
58605	C	DIVISION OF FALLOPIAN TUBE	-	-	-	IP Only	000	-	-	-	-	021	065	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
58611	C	LIGATE OVIDUCT(S) ADD-ON	-	-	-	IP Only	000	-	-	-	-	021	065	-
58615	N	OCCLUDE FALLOPIAN TUBE(S)	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	021	065	-
58660	N	LAPAROSCOPY LYSIS	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
58661	N	LAPAROSCOPY REMOVE ADNEXA	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
58662	N	LAPAROSCOPY EXCISE LESIONS	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
58670	N	LAPAROSCOPY TUBAL CAUTERY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	021	999	-
58671	N	LAPAROSCOPY TUBAL BLOCK	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	021	999	-
58672	N	LAPAROSCOPY FIMBRIOPLASTY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
58673	N	LAPAROSCOPY SALPINGOSTOMY	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58674	N	LAPS ABLTJ UTERINE FIBROIDS	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
58679	N	UNLISTED LAPS PX OVIDCT OVRY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
58700	C	REMOVAL OF FALLOPIAN TUBE	-	-	-	IP Only	000	-	-	-	-	000	999	-
58720	C	REMOVAL OF OVARY/TUBE(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
58740	C	ADHESIOLYSIS TUBE OVARY	-	-	-	IP Only	000	-	-	-	-	000	999	-
58750	E	REPAIR OVIDUCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
58752	E	REVISE OVARIAN TUBE(S)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
58760	E	FIMBRIOPLASTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
58770	E	CREATE NEW TUBAL OPENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
58800	N	DRAINAGE OF OVARIAN CYST(S)	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
58805	N	DRAINAGE OF OVARIAN CYST(S)	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
58820	N	DRAIN OVARY ABSCESS OPEN	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
58822	C	DRAIN OVARY ABSCESS PERCUT	-	-	-	IP Only	000	-	-	-	-	000	999	-
58825	C	TRANSPOSITION OVARY(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
58900	N	BIOPSY OF OVARY(S)	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
58920	N	PARTIAL REMOVAL OF OVARY(S)	-	05416	82.3945	Bundled, sometimes payable	5003	-	-	-	-	000	999	-
58925	N	REMOVAL OF OVARIAN CYST(S)	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
58940	C	REMOVAL OF OVARY(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
58943	C	REMOVAL OF OVARY(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
58950	C	RESECT OVARIAN MALIGNANCY	-	-	-	IP Only	000	-	-	-	-	000	999	-
58951	C	RESECT OVARIAN MALIGNANCY	-	-	-	IP Only	000	-	-	-	-	000	999	-
58952	C	RESECT OVARIAN MALIGNANCY	-	-	-	IP Only	000	-	-	-	-	000	999	-
58953	C	TAH RAD DISSECT FOR DEBULK	-	-	-	IP Only	000	-	-	-	-	000	999	-
58954	C	TAH RAD DEBULK/LYMPH REMOVE	-	-	-	IP Only	000	-	-	-	-	012	999	-
58956	C	BSO OMENTECTOMY W/TAH	-	-	-	IP Only	000	-	-	-	Y	000	999	-
58957	C	RESECT RECURRENT GYN MAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
58958	C	RESECT RECUR GYN MAL W/LYM	-	-	-	IP Only	000	-	-	-	-	000	999	-
58960	C	EXPLORATION OF ABDOMEN	-	-	-	IP Only	000	-	-	-	-	000	999	-
58970	E	RETRIEVAL OF OOCYTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
58974	E	TRANSFER OF EMBRYO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
58976	E	TRANSFER OF EMBRYO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
58999	T	UNLISTED PX FML GENITAL SYS	-	05411	2.1728	APC	132	-	-	-	-	000	999	-
59000	T	AMNIOCENTESIS DIAGNOSTIC	-	05413	8.7657	APC	532	-	-	-	-	010	065	-
59001	T	AMNIOCENTESIS THERAPEUTIC	-	05412	3.4980	APC	212	-	-	-	-	010	065	-
59012	T	FETAL CORD PUNCTURE PRENATAL	-	05412	3.4980	APC	212	-	-	-	-	010	065	-
59015	T	CHORION BIOPSY	-	05413	8.7657	APC	532	-	-	-	-	010	065	-
59020	T	FETAL CONTRACT STRESS TEST	-	05411	2.1728	APC	132	-	-	-	-	010	065	-
59025	T	FETAL NON-STRESS TEST	-	05411	2.1728	APC	132	-	-	-	-	010	065	-
59030	T	FETAL SCALP BLOOD SAMPLE	-	05412	3.4980	APC	212	-	-	-	-	010	065	-
59050	M	FETAL MONITOR W/REPORT	-	-	-	Fee Schedule	000	-	-	-	-	010	065	-
59051	E	FETAL MONITOR/INTERPRET ONLY	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
59070	T	TRANSABDOM AMNIOINFUS W/US	-	05412	3.4980	APC	212	-	-	-	Y	010	065	-
59072	T	UMBILICAL CORD OCCLUD W/US	-	05412	3.4980	APC	212	-	-	-	Y	010	065	-
59074	T	FETAL FLUID DRAINAGE W/US	-	05412	3.4980	APC	212	-	-	-	Y	010	065	-
59076	T	FETAL SHUNT PLACEMENT W/US	-	05412	3.4980	APC	212	-	-	-	Y	010	065	-
59100	N	REMOVE UTERUS LESION	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	010	065	-
59120	C	TREAT ECTOPIC PREGNANCY	-	-	-	IP Only	000	-	-	-	-	010	065	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
59121	C	TREAT ECTOPIC PREGNANCY	-	-	-	IP Only	000	-	-	-	-	010	065	-
59130	C	TREAT ECTOPIC PREGNANCY	-	-	-	IP Only	000	-	-	-	-	010	065	-
59136	C	TREAT ECTOPIC PREGNANCY	-	-	-	IP Only	000	-	-	-	-	010	065	-
59140	C	TREAT ECTOPIC PREGNANCY	-	-	-	IP Only	000	-	-	-	-	010	065	-
59150	N	TREAT ECTOPIC PREGNANCY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	010	065	-
59151	N	TREAT ECTOPIC PREGNANCY	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	010	065	-
59160	N	D & C AFTER DELIVERY	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59200	T	INSERT CERVICAL DILATOR	-	05412	3.4980	APC	212	-	-	-	-	010	065	-
59300	N	EPISIOTOMY OR VAGINAL REPAIR	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59320	N	REVISION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59325	C	REVISION OF CERVIX	-	-	-	IP Only	000	-	-	-	-	010	065	-
59350	C	REPAIR OF UTERUS	-	-	-	IP Only	000	-	-	-	-	010	065	-
59400	E	OBSTETRICAL CARE	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
59409	N	OBSTETRICAL CARE	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59410	E	OBSTETRICAL CARE	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
59412	N	ANTEPARTUM MANIPULATION	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59414	N	DELIVER PLACENTA	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59425	M	ANTEPARTUM CARE ONLY	-	-	-	Fee Schedule	000	-	-	-	-	010	065	-
59426	M	ANTEPARTUM CARE ONLY	-	-	-	Fee Schedule	000	-	-	-	-	010	065	-
59430	M	CARE AFTER DELIVERY	-	-	-	Fee Schedule	000	-	-	-	-	010	065	-
59510	E	CESAREAN DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
59514	C	CESAREAN DELIVERY ONLY	-	-	-	IP Only	000	-	-	-	-	010	065	-
59515	E	CESAREAN DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
59525	C	REMOVE UTERUS AFTER CESAREAN	-	-	-	IP Only	000	-	-	-	-	010	065	-
59610	E	VBAC DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
59612	N	VBAC DELIVERY ONLY	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59614	E	VBAC CARE AFTER DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
59618	E	ATTEMPTED VBAC DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
59620	C	ATTEMPTED VBAC DELIVERY ONLY	-	-	-	IP Only	000	-	-	-	-	010	065	-
59622	E	ATTEMPTED VBAC AFTER CARE	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
59812	N	TREATMENT OF MISCARRIAGE	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59820	N	CARE OF MISCARRIAGE	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59821	N	TREATMENT OF MISCARRIAGE	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59830	C	TREAT UTERUS INFECTION	-	-	-	IP Only	000	-	-	-	-	010	065	-
59840	N	ABORTION	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59841	N	ABORTION	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59850	C	ABORTION	-	-	-	IP Only	000	-	-	-	-	010	065	-
59851	C	ABORTION	-	-	-	IP Only	000	-	-	-	-	010	065	-
59852	C	ABORTION	-	-	-	IP Only	000	-	-	-	-	010	065	-
59855	C	ABORTION	-	-	-	IP Only	000	-	-	-	-	010	065	-
59856	C	ABORTION	-	-	-	IP Only	000	-	-	-	-	010	065	-
59857	C	ABORTION	-	-	-	IP Only	000	-	-	-	-	010	065	-
59866	T	ABORTION (MPR)	-	05412	3.4980	APC	212	-	-	-	-	012	055	-
59870	N	EVACUATE MOLE OF UTERUS	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	010	065	-
59871	N	REMOVE CERCLAGE SUTURE	-	05414	34.0891	Bundled, sometimes payable	2070	-	-	-	-	000	999	-
59897	T	UNLISTED FETAL INVAS PX W/US	-	05411	2.1728	APC	132	-	-	-	Y	010	065	-
59898	N	UNLSTD LAPS PX MAT CARE&DLVR	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	010	065	-
59899	T	UNLISTED PX MAT CARE&DLVR	-	05411	2.1728	APC	132	-	-	-	-	010	065	-
60000	N	DRAIN THYROID/TONGUE CYST	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
6005F	E	CARE LEVEL RATIONALE DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
60100	T	BIOPSY OF THYROID	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
6010F	E	DYSPHAG TEST DONE B/4 EATING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
6015F	E	DYSPHAG TEST DONE B/4 EATING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
60200	N	REMOVE THYROID LESION	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
6020F	E	NPO (NOTHING-MOUTH) ORDERED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
60210	N	PARTIAL THYROID EXCISION	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
					APC	Weight									
60212	N		PARTIAL THYROID EXCISION	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
60220	N		PARTIAL REMOVAL OF THYROID	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
60225	N		PARTIAL REMOVAL OF THYROID	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
60240	N		REMOVAL OF THYROID	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
60252	N		REMOVAL OF THYROID	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
60254	C		EXTENSIVE THYROID SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
60260	N		REPEAT THYROID SURGERY	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
60270	C		REMOVAL OF THYROID	-	-	-	IP Only	000	-	-	-	-	000	999	-
60271	N		REMOVAL OF THYROID	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
60280	N		REMOVE THYROID DUCT LESION	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
60281	N		REMOVE THYROID DUCT LESION	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
60300	T		ASPIR/INJ THYROID CYST	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
6030F	E		MAX STERILE BARRIERS FLWD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
6040F	E		APPRO RAD DS DVCS TECHS DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
6045F	E		RADXPS IN END RPRT4FLURO PXD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
60500	N		EXPLORE PARATHYROID GLANDS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
60502	N		RE-EXPLORE PARATHYROIDS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
60505	C		EXPLORE PARATHYROID GLANDS	-	-	-	IP Only	000	-	-	-	-	000	999	-
60512	N		AUTOTRANSPLANT PARATHYROID	-	-	-	Bundled	000	-	-	-	-	000	999	-
60520	N		REMOVAL OF THYMUS GLAND	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
60521	C		REMOVAL OF THYMUS GLAND	-	-	-	IP Only	000	-	-	-	-	000	999	-
60522	C		REMOVAL OF THYMUS GLAND	-	-	-	IP Only	000	-	-	-	-	000	999	-
60540	C		EXPLORE ADRENAL GLAND	-	-	-	IP Only	000	-	-	-	-	000	999	-
60545	C		EXPLORE ADRENAL GLAND	-	-	-	IP Only	000	-	-	-	-	000	999	-
60600	C		REMOVE CAROTID BODY LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
60605	C		REMOVE CAROTID BODY LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
60650	C		LAPAROSCOPY ADRENALECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
60659	N		UNLISTED LAPS PX ENDOC SYS	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
60699	N		UNLISTED PX ENDOCRINE SYSTEM	-	05361	62.9144	Bundled, sometimes payable	3820	-	-	-	-	000	999	-
6070F	E		PT ASKED/CNSLD AED EFFECTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
6080F	E		PT/CAREGIVER QUERIED FALLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
6090F	E		PT/CAREGIVER COUNSEL SAFETY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
61000	T		REMOVE CRANIAL CAVITY FLUID	-	05442	7.5404	APC	458	-	-	-	-	000	002	-
61001	T		REMOVE CRANIAL CAVITY FLUID	-	05442	7.5404	APC	458	-	-	-	-	000	002	-
6100F	E		VERIFY PT SITE PXD DOCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
6101F	E		SAFETY COUNSELING DEMENTIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
61020	T		REMOVE BRAIN CAVITY FLUID	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
61026	T		INJECTION INTO BRAIN CANAL	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
6102F	E		SAFETY COUNSELING DEM ORDER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
61050	T		REMOVE BRAIN CANAL FLUID	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
61055	T		INJECTION INTO BRAIN CANAL	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
61070	T		BRAIN CANAL SHUNT PROCEDURE	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
61105	C		TWIST DRILL HOLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61107	C		DRILL SKULL FOR IMPLANTATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61108	C		DRILL SKULL FOR DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
6110F	E		COUNSEL PROV DRIVING RISKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
61120	C		BURR HOLE FOR PUNCTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61140	C		PIERCE SKULL FOR BIOPSY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61150	C		PIERCE SKULL FOR DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61151	C		PIERCE SKULL FOR DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61154	C		PIERCE SKULL & REMOVE CLOT	-	-	-	IP Only	000	-	-	-	-	000	999	-
61156	C		PIERCE SKULL FOR DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61210	C		PIERCE SKULL IMPLANT DEVICE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61215	N		INSERT BRAIN-FLUID DEVICE	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
61250	C		PIERCE SKULL & EXPLORE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61253	C		PIERCE SKULL & EXPLORE	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
61304	C	OPEN SKULL FOR EXPLORATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61305	C	OPEN SKULL FOR EXPLORATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61312	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61313	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61314	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61315	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61316	C	IMPLT CRAN BONE FLAP TO ABDO	-	-	-	IP Only	000	-	-	-	-	000	999	-
61320	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61321	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61322	C	DECOMPRESSIVE CRANIOTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61323	C	DECOMPRESSIVE LOBECTOMY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61330	N	DECOMPRESS EYE SOCKET	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
61333	C	EXPLORE ORBIT/REMOVE LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61340	C	SUBTEMPORAL DECOMPRESSION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61343	C	INCISE SKULL (PRESS RELIEF)	-	-	-	IP Only	000	-	-	-	-	000	999	-
61345	C	RELIEVE CRANIAL PRESSURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61450	C	INCISE SKULL FOR SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61458	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
61460	C	INCISE SKULL FOR SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61500	C	REMOVAL OF SKULL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61501	C	REMOVE INFECTED SKULL BONE	-	-	-	IP Only	000	-	-	-	-	000	999	-
6150F	E	PT NOTRCVNG1ST ANTITNF TXMNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
61510	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61512	C	REMOVAL BRAIN LINING LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61514	C	REMOVAL OF BRAIN ABSCESS	-	-	-	IP Only	000	-	-	-	-	000	999	-
61516	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61517	C	IMPLT BRAIN CHEMOTX ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
61518	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61519	C	REMOVE BRAIN LINING LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61520	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61521	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61522	C	REMOVAL OF BRAIN ABSCESS	-	-	-	IP Only	000	-	-	-	-	000	999	-
61524	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61526	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61530	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61531	C	IMPLANT BRAIN ELECTRODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61533	C	IMPLANT BRAIN ELECTRODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61534	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61535	C	REMOVE BRAIN ELECTRODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61536	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61537	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61538	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61539	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61540	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61541	C	INCISION OF BRAIN TISSUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61543	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61544	C	REMOVE & TREAT BRAIN LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61545	C	EXCISION OF BRAIN TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
61546	C	REMOVAL OF PITUITARY GLAND	-	-	-	IP Only	000	-	-	-	-	000	999	-
61548	C	REMOVAL OF PITUITARY GLAND	-	-	-	IP Only	000	-	-	-	-	000	999	-
61550	C	RELEASE OF SKULL SEAMS	-	-	-	IP Only	000	-	-	-	-	000	999	-
61552	C	RELEASE OF SKULL SEAMS	-	-	-	IP Only	000	-	-	-	-	000	999	-
61556	C	INCISE SKULL/SUTURES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61557	C	INCISE SKULL/SUTURES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61558	C	EXCISION OF SKULL/SUTURES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61559	C	EXCISION OF SKULL/SUTURES	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
61563	C	EXCISION OF SKULL TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
61564	C	EXCISION OF SKULL TUMOR	-	-	-	IP Only	000	-	-	-	-	000	999	-
61566	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61567	C	INCISION OF BRAIN TISSUE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61570	C	REMOVE FOREIGN BODY BRAIN	-	-	-	IP Only	000	-	-	-	-	000	999	-
61571	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
61575	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61576	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61580	C	CRANIOFACIAL APPROACH SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61581	C	CRANIOFACIAL APPROACH SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61582	C	CRANIOFACIAL APPROACH SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61583	C	CRANIOFACIAL APPROACH SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61584	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61585	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61586	C	RESECT NASOPHARYNX SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61590	C	INFRA TEMPORAL APPROACH/SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61591	C	INFRA TEMPORAL APPROACH/SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61592	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61595	C	TRANS TEMPORAL APPROACH/SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61596	C	TRANSCOCHLEAR APPROACH/SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61597	C	TRANSCONDYLAR APPROACH/SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61598	C	TRANSPETROSAL APPROACH/SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61600	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61601	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61605	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61606	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61607	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61608	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
61611	C	TRANSECT ARTERY SINUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
61613	C	REMOVE ANEURYSM SINUS	-	-	-	IP Only	000	-	-	-	-	000	999	-
61615	C	RESECT/EXCISE LESION SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61616	C	RESECT/EXCISE LESION SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61618	C	REPAIR DURA	-	-	-	IP Only	000	-	-	-	-	000	999	-
61619	C	REPAIR DURA	-	-	-	IP Only	000	-	-	-	-	000	999	-
61623	N	ENDO VASC TEMPORY VESSEL OCCL	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
61624	C	TRANSCATH OCCLUSION CNS	-	-	-	IP Only	000	-	-	-	-	000	999	-
61626	N	TRANSCATH OCCLUSION NON-CNS	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
61630	C	INTRACRANIAL ANGIOPLASTY	-	-	-	IP Only	000	-	-	-	Y	000	999	-
61635	C	INTRACRAN ANGIOPLSTY W/STENT	-	-	-	IP Only	000	-	-	-	Y	000	999	-
61640	E	DILATE IC VASOSPASM INIT	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
61641	E	DILAT IC VSPSPM EA VSL SM TER	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
61642	E	DILAT IC VSPSPM EA DIFF TER	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
61645	C	PERQ ART M-THROMBECT &NFS	-	-	-	IP Only	000	-	-	-	-	000	999	-
61650	C	EVASC PRLNG ADMN RX AGNT 1ST	-	-	-	IP Only	000	-	-	-	-	000	999	-
61651	C	EVASC PRLNG ADMN RX AGNT ADD	-	-	-	IP Only	000	-	-	-	-	000	999	-
61680	C	INTRACRANIAL VESSEL SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61682	C	INTRACRANIAL VESSEL SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61684	C	INTRACRANIAL VESSEL SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61686	C	INTRACRANIAL VESSEL SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61690	C	INTRACRANIAL VESSEL SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61692	C	INTRACRANIAL VESSEL SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61697	C	BRAIN ANEURYSM REPR COMPLX	-	-	-	IP Only	000	-	-	-	-	000	999	-
61698	C	BRAIN ANEURYSM REPR COMPLX	-	-	-	IP Only	000	-	-	-	-	000	999	-
61700	C	BRAIN ANEURYSM REPR SIMPLE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61702	C	INNER SKULL VESSEL SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61703	C	CLAMP NECK ARTERY	-	-	-	IP Only	000	-	-	-	-	000	999	-

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				APC	Weight									
61705	C	REVISE CIRCULATION TO HEAD	-	-	-	IP Only	000	-	-	-	-	000	999	-
61708	C	REVISE CIRCULATION TO HEAD	-	-	-	IP Only	000	-	-	-	-	000	999	-
61710	C	REVISE CIRCULATION TO HEAD	-	-	-	IP Only	000	-	-	-	-	000	999	-
61711	C	FUSION OF SKULL ARTERIES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61720	N	INCISE SKULL/BRAIN SURGERY	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
61735	C	INCISE SKULL/BRAIN SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61736	C	LITT ICR 1 TRAJ 1 SMP L ES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61737	C	LITT ICR MLT TRJ MLT/CPLX LS	-	-	-	IP Only	000	-	-	-	-	000	999	-
61750	C	INCISE SKULL/BRAIN BIOPSY	-	-	-	IP Only	000	-	-	-	-	000	999	-
61751	C	BRAIN BIOPSY W/CT/MR GUIDE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61760	C	IMPLANT BRAIN ELECTRODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61770	N	INCISE SKULL FOR TREATMENT	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
61781	N	SCAN PROC CRANIAL INTRA	-	-	-	Bundled	000	-	-	-	-	000	999	-
61782	N	SCAN PROC CRANIAL EXTRA	-	-	-	Bundled	000	-	-	-	-	000	999	-
61783	N	SCAN PROC SPINAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
61790	N	TREAT TRIGEMINAL NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
61791	N	TREAT TRIGEMINAL TRACT	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
61796	E	SRS CRANIAL LESION SIMPLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
61797	E	SRS CRAN LES SIMPLE ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
61798	E	SRS CRANIAL LESION COMPLEX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
61799	E	SRS CRAN LES COMPLEX ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
61800	E	APPLY SRS HEADFRAME ADD-ON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
61850	C	IMPLANT NEUROELECTRODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61860	C	IMPLANT NEUROELECTRODES	-	-	-	IP Only	000	-	-	-	-	000	999	-
61863	C	IMPLANT NEUROELECTRODE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61864	C	IMPLANT NEUROELECTRDE ADDL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61867	C	IMPLANT NEUROELECTRODE	-	-	-	IP Only	000	-	-	-	-	000	999	-
61868	C	IMPLANT NEUROELECTRDE ADDL	-	-	-	IP Only	000	-	-	-	-	000	999	-
61880	N	REVISE/REMOVE NEUROELECTRODE	-	05461	37.1003	Bundled, sometimes payable	2253	-	-	-	-	000	999	-
61885	N	INSRT/REDO NEUROSTIM 1 ARRAY	-	05464	238.5255	Bundled, sometimes payable	14483	-	-	-	-	000	999	-
61886	N	IMPLANT NEUROSTIM ARRAYS	-	05465	338.5856	Bundled, sometimes payable	20559	-	-	-	-	000	999	-
61888	N	REVISE/REMOVE NEURORECEIVER	-	05463	148.5312	Bundled, sometimes payable	9019	-	-	-	-	000	999	-
61889	C	INS SK-MNT CRNL NSTM PG/RCVR	-	-	-	IP Only	000	-	-	-	-	000	999	-
61891	N	REV/RPLCMT SK-MNT CRNL NSTM	-	05464	238.5255	Bundled, sometimes payable	14483	-	-	-	-	000	999	-
61892	N	RMV SK-MNT CRNL NSTM PG/RCVR	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
62000	N	TREAT SKULL FRACTURE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
62005	C	TREAT SKULL FRACTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
62010	C	TREATMENT OF HEAD INJURY	-	-	-	IP Only	000	-	-	-	-	000	999	-
62100	C	REPAIR BRAIN FLUID LEAKAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
62115	C	REDUCTION OF SKULL DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
62117	C	REDUCTION OF SKULL DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
62120	C	REPAIR SKULL CAVITY LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
62121	C	INCISE SKULL REPAIR	-	-	-	IP Only	000	-	-	-	-	000	999	-
62140	C	CRNOP SKULL DEFECT<5 CM DIAM	-	-	-	IP Only	000	-	-	-	-	000	999	-
62141	C	CRNOP SKULL DEFECT>5 CM DIAM	-	-	-	IP Only	000	-	-	-	-	000	999	-
62142	C	RMVL B1 FLP/PROSTC PLATE SKL	-	-	-	IP Only	000	-	-	-	-	000	999	-
62143	C	RPL B1 FLP/PROSTC PLATE SKL	-	-	-	IP Only	000	-	-	-	-	000	999	-
62145	C	REPAIR OF SKULL & BRAIN	-	-	-	IP Only	000	-	-	-	-	000	999	-
62146	C	CRNOP W/AUTOGRAFT<5 CM DIAM	-	-	-	IP Only	000	-	-	-	-	000	999	-
62147	C	CRNOP W/AUTOGRAFT>5 CM DIAM	-	-	-	IP Only	000	-	-	-	-	000	999	-
62148	C	RETR BONE FLAP TO FIX SKULL	-	-	-	IP Only	000	-	-	-	-	000	999	-
62160	N	NEUROENDOSCOPY ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
62161	C	DISSECT BRAIN W/SCOPE	-	-	-	IP Only	000	-	-	-	-	000	999	-
62162	C	REMOVE COLLOID CYST W/SCOPE	-	-	-	IP Only	000	-	-	-	-	000	999	-
62164	C	REMOVE BRAIN TUMOR W/SCOPE	-	-	-	IP Only	000	-	-	-	-	000	999	-
62165	C	REMOVE PITUIT TUMOR W/SCOPE	-	-	-	IP Only	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
62180	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
62190	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
62192	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
62194	N	REPLACE/IRRIGATE CATHETER	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
62200	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
62201	C	BRAIN CAVITY SHUNT W/SCOPE	-	-	-	IP Only	000	-	-	-	-	000	999	-
62220	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
62223	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
62225	N	REPLACE/IRRIGATE CATHETER	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
62230	N	REPLACE/REVISE BRAIN SHUNT	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
62252	S	CSF SHUNT REPROGRAM	-	05743	3.2568	APC	198	-	-	-	-	000	999	-
62256	C	REMOVE BRAIN CAVITY SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
62258	C	REPLACE BRAIN CAVITY SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
62263	T	EPIDURAL LYSIS MULT SESSIONS	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62264	T	EPIDURAL LYSIS ON SINGLE DAY	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62267	T	INTERDISCAL PERQ ASPIR DX	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
62268	T	DRAIN SPINAL CORD CYST	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62269	N	NEEDLE BIOPSY SPINAL CORD	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
62270	T	DX LMBR SPI PNXR	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
62272	T	THER SPI PNXR DRG CSF	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
62273	T	INJECT EPIDURAL PATCH	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
62280	T	TREAT SPINAL CORD LESION	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62281	T	TREAT SPINAL CORD LESION	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62282	T	TREAT SPINAL CANAL LESION	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62284	N	INJECTION FOR MYELOGRAM	-	-	-	Bundled	000	-	-	-	-	000	999	-
62287	N	DCMPRN PX PERQ 1/MLT LUMBAR	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
62290	N	NJX PX DISCOGRAPHY LUMBAR	-	-	-	Bundled	000	-	-	-	-	000	999	-
62291	N	NJX PX DISCOGRAPHY CRV/THRC	-	-	-	Bundled	000	-	-	-	-	000	999	-
62292	N	NJX CHEMONUCLEOLYSIS LMBR	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
62294	T	INJECTION INTO SPINAL ARTERY	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62302	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	-	000	999	-
62303	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	-	000	999	-
62304	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	-	000	999	-
62305	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	-	000	999	-
62320	T	NJX INTERLAMINAR CRV/THRC	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
62321	T	NJX INTERLAMINAR CRV/THRC	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
62322	T	NJX INTERLAMINAR LMBR/SAC	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62323	T	NJX INTERLAMINAR LMBR/SAC	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
62324	T	NJX INTERLAMINAR CRV/THRC	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62325	T	NJX INTERLAMINAR CRV/THRC	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62326	T	NJX INTERLAMINAR LMBR/SAC	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62327	T	NJX INTERLAMINAR LMBR/SAC	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
62328	T	DX LMBR SPI PNXR W/FLUOR/CT	-	05442	7.5404	APC	434	-	-	-	-	000	999	-
62329	T	THER SPI PNXR CSF FLUOR/CT	-	05442	7.5404	APC	434	-	-	-	-	000	999	-
62350	N	IMPLANT SPINAL CANAL CATH	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
62351	N	IMPLANT SPINAL CANAL CATH	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
62355	N	REMOVE SPINAL CANAL CATHETER	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
62360	N	INSERT SPINE INFUSION DEVICE	-	05471	194.4609	Bundled, sometimes payable	11808	-	-	-	-	000	999	-
62361	N	IMPLANT SPINE INFUSION PUMP	-	05471	194.4609	Bundled, sometimes payable	11808	-	-	-	-	000	999	-
62362	N	IMPLANT SPINE INFUSION PUMP	-	05471	194.4609	Bundled, sometimes payable	11808	-	-	-	-	000	999	-
62365	N	REMOVE SPINE INFUSION DEVICE	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
62367	S	ANALYZE SPINE INFUS PUMP	-	05743	3.2568	APC	198	-	-	-	-	000	999	-
62368	S	ANALYZE SP INF PUMP W/REPROG	-	05743	3.2568	APC	198	-	-	-	-	000	999	-
62369	S	ANAL SP INF PMP W/REPRG&FILL	-	05743	3.2568	APC	198	-	-	-	-	000	999	-
62370	S	ANL SP INF PMP W/MDREPRG&FIL	-	05743	3.2568	APC	198	-	-	-	-	000	999	-
62380	N	NDSC DCMPRN 1 NTRSPC LUMBAR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
63001	N	REMOVE SPINE LAMINA 1/2 CRVL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63003	N	REMOVE SPINE LAMINA 1/2 THRC	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63005	N	REMOVE SPINE LAMINA 1/2 LMBR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63011	N	REMOVE SPINE LAMINA 1/2 SCRL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63012	N	REMOVE LAMINA/FACETS LUMBAR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63015	N	REMOVE SPINE LAMINA >2 CRVCL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63016	N	REMOVE SPINE LAMINA >2 THRC	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63017	N	REMOVE SPINE LAMINA >2 LMBR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63020	N	NECK SPINE DISK SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63030	N	LOW BACK DISK SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63035	N	SPINAL DISK SURGERY ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
63040	N	LAMINOTOMY SINGLE CERVICAL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63042	N	LAMINOTOMY SINGLE LUMBAR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63043	N	LAMINOTOMY ADDL CERVICAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
63044	N	LAMINOTOMY ADDL LUMBAR	-	-	-	Bundled	000	-	-	-	-	000	999	-
63045	N	LAM FACETEC & FORAMOT CRV	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63046	N	LAM FACETEC & FORAMOT THRC	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63047	N	LAM FACETEC & FORAMOT LUMBAR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63048	N	LAM FACETEC &FORAMOT EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
63050	C	CERVICAL LAMINOPLSTY 2/> SEG	-	-	-	IP Only	000	-	-	-	Y	000	999	-
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE	-	-	-	IP Only	000	-	-	-	Y	000	999	-
63052	N	LAM FACETC/FRMT ARTHRD LUM 1	-	-	-	Bundled	000	-	-	-	-	000	999	-
63053	N	LAM FACTC/FRMT ARTHRD LUM EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
63055	N	DECOMPRESS SPINAL CORD THRC	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63056	N	DECOMPRESS SPINAL CORD LMBR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63057	N	DECOMPRESS SPINE CORD ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
63064	N	DECOMPRESS SPINAL CORD THRC	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63066	N	DECOMPRESS SPINE CORD ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
63075	N	NECK SPINE DISK SURGERY	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63076	N	NECK SPINE DISK SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
63077	C	SPINE DISK SURGERY THORAX	-	-	-	IP Only	000	-	-	-	-	000	999	-
63078	C	SPINE DISK SURGERY THORAX	-	-	-	IP Only	000	-	-	-	-	000	999	-
63081	C	REMOVE VERT BODY DCMPRN CRVL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63082	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
63085	C	REMOVE VERT BODY DCMPRN THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63086	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
63087	C	REMOV VERTBR DCMPRN THRC/LMBR	-	-	-	IP Only	000	-	-	-	-	000	999	-
63088	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
63090	C	REMOVE VERT BODY DCMPRN LMBR	-	-	-	IP Only	000	-	-	-	-	000	999	-
63091	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
63101	C	REMOVE VERT BODY DCMPRN THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63102	C	REMOVE VERT BODY DCMPRN LMBR	-	-	-	IP Only	000	-	-	-	-	000	999	-
63103	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
63170	C	INCISE SPINAL CORD TRACT(S)	-	-	-	IP Only	000	-	-	-	-	000	999	-
63172	C	DRAINAGE OF SPINAL CYST	-	-	-	IP Only	000	-	-	-	-	000	999	-
63173	C	DRAINAGE OF SPINAL CYST	-	-	-	IP Only	000	-	-	-	-	000	999	-
63185	C	INCISE SPINE NRV HALF SEGMNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
63190	C	INCISE SPINE NRV >2 SEGMNTS	-	-	-	IP Only	000	-	-	-	-	000	999	-
63191	C	INCISE SPINE ACCESSORY NERVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
63197	C	LAM W/COROTOMY 1STG THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63200	C	RELEASE SPINAL CORD LUMBAR	-	-	-	IP Only	000	-	-	-	-	000	999	-
63250	C	REVISE SPINAL CORD VSLS CRVL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63251	C	REVISE SPINAL CORD VSLS THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63252	C	REVISE SPINE CORD VSL THRLMB	-	-	-	IP Only	000	-	-	-	-	000	999	-
63265	N	EXCISE INTRASPINAL LESION CRV	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63266	N	EXCISE INTRASPINAL LESION THRC	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-

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Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
63267	N	EXCISE INTRSPINL LESION LMBR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63268	N	EXCISE INTRSPINL LESION SCRL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
63270	C	EXCISE INTRSPINL LESION CRVL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63271	C	EXCISE INTRSPINL LESION THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63272	C	EXCISE INTRSPINL LESION LMBR	-	-	-	IP Only	000	-	-	-	-	000	999	-
63273	C	EXCISE INTRSPINL LESION SCRL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63275	C	BX/EXC XDRL SPINE LESN CRVL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63276	C	BX/EXC XDRL SPINE LESN THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63277	C	BX/EXC XDRL SPINE LESN LMBR	-	-	-	IP Only	000	-	-	-	-	000	999	-
63278	C	BX/EXC XDRL SPINE LESN SCRL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63280	C	BX/EXC IDRL SPINE LESN CRVL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63281	C	BX/EXC IDRL SPINE LESN THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63282	C	BX/EXC IDRL SPINE LESN LMBR	-	-	-	IP Only	000	-	-	-	-	000	999	-
63283	C	BX/EXC IDRL SPINE LESN SCRL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63285	C	BX/EXC IDRL IMED LESN CERVL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63286	C	BX/EXC IDRL IMED LESN THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63287	C	BX/EXC IDRL IMED LESN THRLMB	-	-	-	IP Only	000	-	-	-	-	000	999	-
63290	C	BX/EXC XDRL/IDRL LSN ANY LVL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63295	C	REPAIR LAMINECTOMY DEFECT	-	-	-	IP Only	000	-	-	-	Y	000	999	-
63300	C	REMOVE VERT XDRL BODY CRVCL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63301	C	REMOVE VERT XDRL BODY THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63302	C	REMOVE VERT XDRL BODY THRLMB	-	-	-	IP Only	000	-	-	-	-	000	999	-
63303	C	REMOV VERT XDRL BDY LMBR/SAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63304	C	REMOVE VERT IDRL BODY CRVCL	-	-	-	IP Only	000	-	-	-	-	000	999	-
63305	C	REMOVE VERT IDRL BODY THRC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63306	C	REMOV VERT IDRL BDY THRC/LMBR	-	-	-	IP Only	000	-	-	-	-	000	999	-
63307	C	REMOV VERT IDRL BDY LMBR/SAC	-	-	-	IP Only	000	-	-	-	-	000	999	-
63308	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	000	-	-	-	-	000	999	-
63600	N	REMOVE SPINAL CORD LESION	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
63610	N	STIMULATION OF SPINAL CORD	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
63620	E	SRS SPINAL LESION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
63621	E	SRS SPINAL LESION ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
63650	N	IMPLANT NEUROELECTRODES	-	05462	74.5723	Bundled, sometimes payable	4528	-	-	-	-	000	999	-
63655	N	IMPLANT NEUROELECTRODES	-	05464	238.5255	Bundled, sometimes payable	14483	-	-	-	-	000	999	-
63661	N	REMOVE SPINE ELTRD PERQ ARAY	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
63662	N	REMOVE SPINE ELTRD PLATE	-	05461	37.1003	Bundled, sometimes payable	2253	-	-	-	-	000	999	-
63663	N	REVISE SPINE ELTRD PERQ ARAY	-	05462	74.5723	Bundled, sometimes payable	4528	-	-	-	-	000	999	-
63664	N	REVISE SPINE ELTRD PLATE	-	05463	148.5312	Bundled, sometimes payable	9019	-	-	-	-	000	999	-
63685	N	INS/RPLC SPI NPG/RCVR POCKET	-	05465	338.5856	Bundled, sometimes payable	20559	-	-	-	-	000	999	-
63688	N	REV/RMV IMP SP NPG/R DTCH CN	-	05461	37.1003	Bundled, sometimes payable	2253	-	-	-	-	000	999	-
63700	C	REPAIR OF SPINAL HERNIATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
63702	C	REPAIR OF SPINAL HERNIATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
63704	C	REPAIR OF SPINAL HERNIATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
63706	C	REPAIR OF SPINAL HERNIATION	-	-	-	IP Only	000	-	-	-	-	000	999	-
63707	C	REPAIR SPINAL FLUID LEAKAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
63709	C	REPAIR SPINAL FLUID LEAKAGE	-	-	-	IP Only	000	-	-	-	-	000	999	-
63710	C	GRAFT REPAIR OF SPINE DEFECT	-	-	-	IP Only	000	-	-	-	-	000	999	-
63740	C	INSTALL SPINAL SHUNT	-	-	-	IP Only	000	-	-	-	-	000	999	-
63741	N	INSTALL SPINAL SHUNT	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
63744	N	REVISION OF SPINAL SHUNT	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
63746	N	REMOVAL OF SPINAL SHUNT	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64400	T	NJX AA&STRD TRIGEMINAL NRV	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
64405	T	NJX AA&STRD GR OCPL NRV	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
64408	T	NJX AA&STRD VAGUS NRV	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
64415	T	NJX AA&STRD BRCH PLXS IMG	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64416	T	NJX AA&STRD BRCH PL NFS IMG	-	05443	9.9385	APC	603	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
64417	T	NJX AA&/STRD AX NERVE IMG	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64418	T	NJX AA&/STRD SPRSCAP NRV	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64420	T	NJX AA&/STRD NTRCOST NRV 1	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64421	T	NJX AA&/STRD NTRCOST NRV EA	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64425	T	NJX AA&/STRD II IH NERVES	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64430	T	NJX AA&/STRD PUDENDAL NERVE	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64435	T	NJX AA&/STRD PARACRV NRV	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64445	T	NJX AA&/STRD SCIATIC NRV IMG	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64446	T	NJX AA&/STRD SC NRV NFS IMG	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64447	T	NJX AA&/STRD FEMORAL NRV IMG	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64448	T	NJX AA&/STRD FEM NRV NFS IMG	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64449	T	NJX AA&/STRD LMBR PLEX NFS	-	05443	9.9385	APC	603	-	-	-	Y	000	999	-
64450	T	NJX AA&/STRD OTHER PN/BRANCH	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64451	T	NJX AA&/STRD NRV NRV TG SI JT	-	05442	7.5404	APC	434	-	-	-	-	000	999	-
64454	T	NJX AA&/STRD GNCLR NRV BRNCH	-	05442	7.5404	APC	434	-	-	-	-	000	999	-
64455	T	NJX AA&/STRD PLTR COM DG NRV	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
64461	T	PVB THORACIC SINGLE INJ SITE	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64462	N	PVB THORACIC 2ND+ INJ SITE	-	-	-	Bundled	000	-	-	-	-	000	999	-
64463	T	PVB THORACIC CONT INFUSION	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64479	T	NJX AA&/STRD TFRM EPI C/T 1	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64480	N	NJX AA&/STRD TFRM EPI C/T EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
64483	T	NJX AA&/STRD TFRM EPI L/S 1	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64484	N	NJX AA&/STRD TFRM EPI L/S EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
64486	N	TAP BLOCK UNIL BY INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
64487	N	TAP BLOCK UNI BY INFUSION	-	-	-	Bundled	000	-	-	-	-	000	999	-
64488	N	TAP BLOCK BI INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
64489	N	TAP BLOCK BI BY INFUSION	-	-	-	Bundled	000	-	-	-	-	000	999	-
64490	T	INJ PARAVERT F JNT C/T 1 LEV	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64491	N	INJ PARAVERT F JNT C/T 2 LEV	-	-	-	Bundled	000	-	-	-	-	000	999	-
64492	N	INJ PARAVERT F JNT C/T 3 LEV	-	-	-	Bundled	000	-	-	-	-	000	999	-
64493	T	INJ PARAVERT F JNT L/S 1 LEV	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64494	N	INJ PARAVERT F JNT L/S 2 LEV	-	-	-	Bundled	000	-	-	-	-	000	999	-
64495	N	INJ PARAVERT F JNT L/S 3 LEV	-	-	-	Bundled	000	-	-	-	-	000	999	-
64505	T	N BLOCK SPENOPALATINE GANGL	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
64510	T	N BLOCK STELLATE GANGLION	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64517	T	N BLOCK INJ HYPOGAS PLXS	-	05443	9.9385	APC	603	-	-	-	Y	000	999	-
64520	T	N BLOCK LUMBAR/THORACIC	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64530	T	N BLOCK INJ CELIAC PELUS	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64553	N	IMPLANT NEUROELECTRODES	-	05463	148.5312	Bundled, sometimes payable	9019	-	-	-	-	000	999	-
64555	N	IMPLANT NEUROELECTRODES	-	05462	74.5723	Bundled, sometimes payable	4528	-	-	-	-	000	999	-
64561	N	IMPLANT NEUROELECTRODES	-	05462	74.5723	Bundled, sometimes payable	4528	-	-	-	-	000	999	-
64566	T	NEUROELTRD STIM POST TIBIAL	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
64568	N	OPN IMPLTJ CRNL NRV NEA&PG	-	05465	338.5856	Bundled, sometimes payable	20559	-	-	-	-	000	999	-
64569	N	REVISE/REPL VAGUS N ELTRD	-	05463	148.5312	Bundled, sometimes payable	9019	-	-	-	-	000	999	-
64570	N	REMOVE VAGUS N ELTRD	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
64575	N	OPN IMPLTJ NEA PERPH NERVE	-	05463	148.5312	Bundled, sometimes payable	9019	-	-	-	-	000	999	-
64580	N	OPN IMPLTJ NEA NEUROMUSCULAR	-	05464	238.5255	Bundled, sometimes payable	14483	-	-	-	-	000	999	-
64581	N	OPN IMPLTJ NEA SACRAL NERVE	-	05462	74.5723	Bundled, sometimes payable	4528	-	-	-	-	000	999	-
64582	N	OPN IMPLTJ HPGLSL NSTM ARY PG	-	05465	338.5856	Bundled, sometimes payable	20559	-	-	-	-	000	999	-
64583	N	REV/RPLCT HPGLSL NSTM ARY PG	-	05463	148.5312	Bundled, sometimes payable	9019	-	-	-	-	000	999	-
64584	N	RMVL HPGLSL NSTIM ARY PG	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
64585	N	REV/RMV PERPH NSTIM ELTRD RA	-	05461	37.1003	Bundled, sometimes payable	2253	-	-	-	-	000	999	-
64590	N	INS/RPL PRPH SAC/GSTR NPG/R	-	05464	238.5255	Bundled, sometimes payable	14483	-	-	-	-	000	999	-
64595	N	REV/RMV PRPH SAC/GSTR NPG/R	-	05461	37.1003	Bundled, sometimes payable	2253	-	-	-	-	000	999	-
64596	N	INS/RPLCMT PRQ ELTRD RA PN 1	-	05463	148.5312	Bundled, sometimes payable	9019	-	-	-	-	000	999	-
64597	N	INS/RPLCM PRQ ELTRD RA PN EA	-	-	-	Bundled	000	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
64598	N	REVIJ/RMVL NEA PN W/INT NSTIM	-	05461	37.1003	Bundled, sometimes payable	2253	-	-	-	-	000	999	-
64600	T	INJECTION TREATMENT OF NERVE	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64605	N	INJECTION TREATMENT OF NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64610	N	INJECTION TREATMENT OF NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64611	T	CHEMODENERV SALIV GLANDS	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
64612	T	DESTROY NERVE FACE MUSCLE	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
64615	T	CHEMODENERV MUSC MIGRAINE	-	05441	3.2295	APC	196	-	-	-	Y	000	999	-
64616	T	CHEMODENERV MUSC NECK DYSTON	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
64617	T	CHEMODENERV MUSCLE LARYNX EMG	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64620	T	INJECTION TREATMENT OF NERVE	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64624	N	DSTRJ NULYT AGT GNCLR NRV	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64625	N	RF ABLTJ NRV NRVGT SI JT	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64628	N	TRML DSTRJ IOS BVN 1ST 2 L/S	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
64629	N	TRML DSTRJ IOS BVN EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
64630	T	INJECTION TREATMENT OF NERVE	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64632	T	N BLOCK INJ COMMON DIGIT	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
64633	N	DESTROY CERV/THOR FACET JNT	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64634	N	DESTROY C/TH FACET JNT ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
64635	N	DESTROY LUMB/SAC FACET JNT	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64636	N	DESTROY L/S FACET JNT ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
64640	T	INJECTION TREATMENT OF NERVE	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64642	T	CHEMODENERV 1 EXTREMITY 1-4	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64643	N	CHEMODENERV 1 EXTREM 1-4 EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
64644	T	CHEMODENERV 1 EXTREM 5/> MUS	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64645	N	CHEMODENERV 1 EXTREM 5/> EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
64646	T	CHEMODENERV TRUNK MUSC 1-5	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64647	T	CHEMODENERV TRUNK MUSC 6/>	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
64650	T	CHEMODENERV ECCRINE GLANDS	-	05441	3.2295	APC	196	-	-	-	Y	000	999	-
64653	T	CHEMODENERV ECCRINE GLANDS	-	05441	3.2295	APC	196	-	-	-	Y	000	999	-
64680	T	INJECTION TREATMENT OF NERVE	-	05443	9.9385	APC	603	-	-	-	-	000	999	-
64681	T	INJECTION TREATMENT OF NERVE	-	05443	9.9385	APC	603	-	-	-	Y	000	999	-
64702	N	REVISE FINGER/TOE NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64704	N	REVISE HAND/FOOT NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64708	N	REVISE ARM/LEG NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64712	N	REVISION OF SCIATIC NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64713	N	REVISION OF ARM NERVE(S)	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64714	N	REVISION LOW BACK NERVE(S)	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64716	N	REVISION OF CRANIAL NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64718	N	REVISE ULNAR NERVE AT ELBOW	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64719	N	REVISE ULNAR NERVE AT WRIST	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64721	N	CARPAL TUNNEL SURGERY	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64722	N	RELIEVE PRESSURE ON NERVE(S)	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64726	N	RELEASE FOOT/TOE NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64727	N	INTERNAL NERVE REVISION	-	-	-	Bundled	000	-	-	-	-	000	999	-
64732	N	INCISION OF BROW NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64734	N	INCISION OF CHEEK NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64736	N	INCISION OF CHIN NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64738	N	INCISION OF JAW NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64740	N	INCISION OF TONGUE NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64742	N	INCISION OF FACIAL NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64744	N	INCISE NERVE BACK OF HEAD	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64746	N	INCISE DIAPHRAGM NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64755	C	INCISION OF STOMACH NERVES	-	-	-	IP Only	000	-	-	-	-	000	999	-
64760	C	INCISION OF VAGUS NERVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
64763	N	INCISE HIP/THIGH NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-
64766	N	INCISE HIP/THIGH NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
					APC	Weight				Prior Auth. Required	Passport			
64771	N		SEVER CRANIAL NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64772	N		INCISION OF SPINAL NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64774	N		REMOVE SKIN NERVE LESION	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64776	N		REMOVE DIGIT NERVE LESION	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64778	N		DIGIT NERVE SURGERY ADD-ON	-	-	-	Bundled	000	-	-	-	000	999	-
64782	N		REMOVE LIMB NERVE LESION	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64783	N		LIMB NERVE SURGERY ADD-ON	-	-	-	Bundled	000	-	-	-	000	999	-
64784	N		REMOVE NERVE LESION	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64786	N		REMOVE SCIATIC NERVE LESION	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64787	N		IMPLANT NERVE END	-	-	-	Bundled	000	-	-	-	000	999	-
64788	N		REMOVE SKIN NERVE LESION	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64790	N		REMOVAL OF NERVE LESION	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64792	N		REMOVAL OF NERVE LESION	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64795	N		BIOPSY OF NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64802	N		SYMPATHECTOMY CERVICAL	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64804	N		REMOVE SYMPATHETIC NERVES	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64809	C		REMOVE SYMPATHETIC NERVES	-	-	-	IP Only	000	-	-	-	000	999	-
64818	C		REMOVE SYMPATHETIC NERVES	-	-	-	IP Only	000	-	-	-	000	999	-
64820	N		SYMPATHECTOMY DIGITAL ARTERY	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64821	N		REMOVE SYMPATHETIC NERVES	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
64822	N		REMOVE SYMPATHETIC NERVES	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
64823	N		SYMPATHECTOMY SUPFC PALMAR	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	000	999	-
64831	N		REPAIR OF DIGIT NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64832	N		REPAIR NERVE ADD-ON	-	-	-	Bundled	000	-	-	-	000	999	-
64834	N		REPAIR OF HAND OR FOOT NERVE	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64835	N		REPAIR OF HAND OR FOOT NERVE	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64836	N		REPAIR OF HAND OR FOOT NERVE	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64837	N		REPAIR NERVE ADD-ON	-	-	-	Bundled	000	-	-	-	000	999	-
64840	N		REPAIR OF LEG NERVE	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64856	N		REPAIR/TRANSPOSE NERVE	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64857	N		REPAIR ARM/LEG NERVE	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64858	N		REPAIR SCIATIC NERVE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64859	N		NERVE SURGERY	-	-	-	Bundled	000	-	-	-	000	999	-
64861	N		REPAIR OF ARM NERVES	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
64862	N		REPAIR OF LOW BACK NERVES	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64864	N		REPAIR OF FACIAL NERVE	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64865	N		REPAIR OF FACIAL NERVE	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64866	C		FUSION OF FACIAL/OTHER NERVE	-	-	-	IP Only	000	-	-	-	000	999	-
64868	C		FUSION OF FACIAL/OTHER NERVE	-	-	-	IP Only	000	-	-	-	000	999	-
64872	N		SUBSEQUENT REPAIR OF NERVE	-	-	-	Bundled	000	-	-	-	000	999	-
64874	N		REPAIR & REVISE NERVE ADD-ON	-	-	-	Bundled	000	-	-	-	000	999	-
64876	N		REPAIR NERVE/SHORTEN BONE	-	-	-	Bundled	000	-	-	-	000	999	-
64885	N		NERVE GRAFT HEAD/NECK <4 CM	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64886	N		NERVE GRAFT HEAD/NECK >4 CM	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64890	N		NRV GRF 1STRND HND/FOOT <4CM	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64891	N		NRV GRF 1STRND HND/FOOT >4CM	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64892	N		NRV GRF 1STRND ARM/LEG <4CM	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64893	N		NRV GRF 1STRND ARM/LEG >4 CM	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64895	N		NRV GRF MLTST HND/FOOT <4 CM	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64896	N		NRV GRF MLTST HND/FOOT >4 CM	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64897	N		NRV GRF MLTST ARM/LEG <4 CM	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64898	N		NRV GRF MLTST ARM/LEG >4 CM	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64901	N		NERVE GRAFT ADD-ON	-	-	-	Bundled	000	-	-	-	000	999	-
64902	N		NERVE GRAFT ADD-ON	-	-	-	Bundled	000	-	-	-	000	999	-
64905	N		NERVE PEDICLE TRANSFER	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-
64907	N		NERVE PEDICLE TRANSFER	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
64910	N	NERVE REPAIR W/ALLOGRAFT	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
64911	N	NEURORRAPHY W/VEIN AUTOGRAFT	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
64912	N	NRV RPR W/NRV ALGRFT 1ST	-	05432	72.6347	Bundled, sometimes payable	4410	-	-	-	-	000	999	-
64913	N	NRV RPR W/NRV ALGRFT EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
64999	T	UNLISTED PX NERVOUS SYSTEM	-	05441	3.2295	APC	196	-	-	-	-	000	999	-
65091	N	REVISE EYE	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65093	N	REVISE EYE WITH IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65101	N	REMOVAL OF EYE	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65103	N	REMOVE EYE/INSERT IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65105	N	REMOVE EYE/ATTACH IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65110	N	REMOVAL OF EYE	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65112	N	REMOVE EYE/REVISE SOCKET	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65114	N	REMOVE EYE/REVISE SOCKET	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65125	N	REVISE OCULAR IMPLANT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
65130	N	INSERT OCULAR IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65135	N	INSERT OCULAR IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65140	N	ATTACH OCULAR IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65150	N	REVISE OCULAR IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65155	N	REINSERT OCULAR IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65175	N	REMOVAL OF OCULAR IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65205	N	REMOVE FOREIGN BODY FROM EYE	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
65210	N	REMOVE FOREIGN BODY FROM EYE	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
65220	N	REMOVE FOREIGN BODY FROM EYE	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
65222	N	REMOVE FOREIGN BODY FROM EYE	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
65235	N	REMOVE FOREIGN BODY FROM EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65260	N	REMOVE FOREIGN BODY FROM EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65265	N	REMOVE FOREIGN BODY FROM EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65270	N	REPAIR OF EYE WOUND	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
65272	N	REPAIR OF EYE WOUND	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
65273	C	REPAIR OF EYE WOUND	-	-	-	IP Only	000	-	-	-	-	000	999	-
65275	N	REPAIR OF EYE WOUND	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65280	N	REPAIR OF EYE WOUND	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
65285	N	REPAIR OF EYE WOUND	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
65286	N	REPAIR OF EYE WOUND	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65290	N	REPAIR OF EYE SOCKET WOUND	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65400	T	REMOVAL OF EYE LESION	-	05502	11.0393	APC	670	-	-	-	-	000	999	-
65410	N	BIOPSY OF CORNEA	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
65420	N	REMOVAL OF EYE LESION	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
65426	N	REMOVAL OF EYE LESION	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
65430	N	CORNEAL SMEAR	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
65435	T	CURETTE/TREAT CORNEA	-	05502	11.0393	APC	670	-	-	-	-	000	999	-
65436	N	CURETTE/TREAT CORNEA	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
65450	T	TREATMENT OF CORNEAL LESION	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
65600	N	REVISION OF CORNEA	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
65710	N	CORNEAL TRANSPLANT	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
65730	N	CORNEAL TRANSPLANT	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
65750	N	CORNEAL TRANSPLANT	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
65755	N	CORNEAL TRANSPLANT	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
65756	N	CORNEAL TRNSPL ENDOTHELIAL	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
65757	N	PREP CORNEAL ENDO ALLOGRAFT	-	-	-	Bundled	000	-	-	-	-	000	999	-
65760	E	REVISION OF CORNEA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
65765	E	REVISION OF CORNEA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
65767	E	CORNEAL TISSUE TRANSPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
65770	N	REVISE CORNEA WITH IMPLANT	-	05494	135.1758	Bundled, sometimes payable	8208	-	-	-	-	000	999	-
65771	E	RADIAL KERATOTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
65772	T	CORRECTION OF ASTIGMATISM	-	05502	11.0393	APC	670	-	-	-	-	000	999	-

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									Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
65775	N		CORRECTION OF ASTIGMATISM	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
65778	N		COVER EYE W/MEMBRANE	-	05502	11.0393	Bundled, sometimes payable	670	-	-	-	-	000	999	-
65779	N		COVER EYE W/MEMBRANE SUTURE	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65780	N		OCULAR RECONST TRANSPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65781	N		OCULAR RECONST TRANSPLANT	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
65782	N		OCULAR RECONST TRANSPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
65785	N		IMPLTJ NTRSTRML CRNL RNG SEG	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
65800	N		DRAINAGE OF EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65810	N		DRAINAGE OF EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65815	N		DRAINAGE OF EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65820	N		RELIEVE INNER EYE PRESSURE	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
65850	N		INCISION OF EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65855	T		TRABECULOPLASTY LASER SURG	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
65860	T		INCISE INNER EYE ADHESIONS	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
65865	N		INCISE INNER EYE ADHESIONS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65870	N		INCISE INNER EYE ADHESIONS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65875	N		INCISE INNER EYE ADHESIONS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65880	N		INCISE INNER EYE ADHESIONS	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
65900	N		REMOVE EYE LESION	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65920	N		REMOVE IMPLANT OF EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
65930	N		REMOVE BLOOD CLOT FROM EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66020	N		INJECTION TREATMENT OF EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66030	N		INJECTION TREATMENT OF EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66130	N		REMOVE EYE LESION	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
66150	N		GLAUCOMA SURGERY	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
66155	N		GLAUCOMA SURGERY	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
66160	N		GLAUCOMA SURGERY	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66170	N		GLAUCOMA SURGERY	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66172	N		INCISION OF EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66174	N		TRLUML DIL AQ O/F CAN W/O ST	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
66175	N		TRLUML DIL AQ O/F CAN W/ST	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
66179	N		AQUEOUS SHUNT EYE W/O GRAFT	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
66180	N		AQUEOUS SHUNT EYE W/GRAFT	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
66183	N		INSERT ANT DRAINAGE DEVICE	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
66184	N		REVISION OF AQUEOUS SHUNT	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66185	N		REVISE AQUEOUS SHUNT EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66225	N		REPAIR/GRAFT EYE LESION	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
66250	N		FOLLOW-UP SURGERY OF EYE	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
66500	N		INCISION OF IRIS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66505	N		INCISION OF IRIS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66600	N		REMOVE IRIS AND LESION	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
66605	N		REMOVAL OF IRIS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66625	N		REMOVAL OF IRIS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66630	N		REMOVAL OF IRIS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66635	N		REMOVAL OF IRIS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66680	N		REPAIR IRIS & CILIARY BODY	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66682	N		REPAIR IRIS & CILIARY BODY	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66700	N		DESTRUCTION CILIARY BODY	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66710	N		CILIARY TRANSSLERAL THERAPY	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
66711	N		ECP CILIARY BODY DESTRUCTION	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	Y	000	999	-
66720	N		DESTRUCTION CILIARY BODY	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
66740	N		DESTRUCTION CILIARY BODY	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
66761	T		REVISION OF IRIS	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
66762	T		REVISION OF IRIS	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
66770	T		REMOVAL OF INNER EYE LESION	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
66820	N		INCISION SECONDARY CATARACT	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
66821	T	AFTER CATARACT LASER SURGERY	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
66825	N	REPOSITION INTRAOCULAR LENS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66830	N	REMOVAL OF LENS LESION	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66840	N	REMOVAL OF LENS MATERIAL	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66850	N	REMOVAL OF LENS MATERIAL	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66852	N	REMOVAL OF LENS MATERIAL	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
66920	N	EXTRACTION OF LENS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66930	N	EXTRACTION OF LENS	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
66940	N	EXTRACTION OF LENS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66982	N	XCAPSL CTRC RMVL CPLX WO ECP	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66983	N	CATARACT SURG W/IOL 1 STAGE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66984	N	XCAPSL CTRC RMVL W/O ECP	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66985	N	INSERT LENS PROSTHESIS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66986	N	EXCHANGE LENS PROSTHESIS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
66987	N	XCAPSL CTRC RMVL CPLX W/ECP	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
66988	N	XCAPSL CTRC RMVL W/ECP	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
66989	N	XCPSL CTRC RMVL CPLX INSJ 1+	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
66991	N	XCAPSL CTRC RMVL INSJ 1+	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
66999	N	UNLISTED PX ANT SEGMENT EYE	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67005	N	PARTIAL REMOVAL OF EYE FLUID	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67010	N	PARTIAL REMOVAL OF EYE FLUID	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67015	N	RELEASE OF EYE FLUID	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67025	N	REPLACE EYE FLUID	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67027	N	IMPLANT EYE DRUG SYSTEM	-	05495	172.0998	Bundled, sometimes payable	10450	-	-	-	-	000	999	-
67028	S	INJECTION EYE DRUG	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
67030	N	INCISE INNER EYE STRANDS	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67031	T	LASER SURGERY EYE STRANDS	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
67036	N	REMOVAL OF INNER EYE FLUID	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
67039	N	LASER TREATMENT OF RETINA	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
67040	N	LASER TREATMENT OF RETINA	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
67041	N	VIT FOR MACULAR PUCKER	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
67042	N	VIT FOR MACULAR HOLE	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
67043	N	VIT FOR MEMBRANE DISSECT	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
67101	N	REPAIR DETACHED RETINA CRTX	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67105	T	REPAIR DETACHED RETINA PC	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
67107	N	REPAIR DETACHED RETINA	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
67108	N	REPAIR DETACHED RETINA	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
67110	N	REPAIR DETACHED RETINA	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67113	N	REPAIR RETINAL DETACH CPLX	-	05493	56.9888	Bundled, sometimes payable	3460	-	-	-	-	000	999	-
67115	N	RELEASE ENCIRCLING MATERIAL	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-
67120	N	REMOVE EYE IMPLANT MATERIAL	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67121	N	REMOVE EYE IMPLANT MATERIAL	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67141	T	PROPH RTA DTCHMNT CRTX DTHRM	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67145	T	PROPH RTA DTCHMNT PC	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
67208	T	TREATMENT OF RETINAL LESION	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67210	T	TREATMENT OF RETINAL LESION	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
67218	N	TREATMENT OF RETINAL LESION	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67220	T	TREATMENT OF CHOROIOD LESION	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
67221	T	OCULAR PHOTODYNAMIC THER	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
67225	N	EYE PHOTODYNAMIC THER ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
67227	N	DSTRJ EXTENSIVE RETINOPATHY	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67228	T	TREATMENT X10SV RETINOPATHY	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
67229	T	TR RETINAL LES PRETERM INF	-	05481	6.3380	APC	385	-	-	-	-	000	001	-
67250	N	REINFORCE EYE WALL	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67255	N	REINFORCE/GRAFT EYE WALL	-	05492	44.3329	Bundled, sometimes payable	2692	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
67299	N	UNLISTED PX POSTERIOR SEGMNT	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
67311	N	REVISE EYE MUSCLE	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67312	N	REVISE TWO EYE MUSCLES	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67314	N	REVISE EYE MUSCLE	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67316	N	REVISE TWO EYE MUSCLES	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67318	N	REVISE EYE MUSCLE(S)	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67320	N	REVISE EYE MUSCLE(S) ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
67331	N	EYE SURGERY FOLLOW-UP ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
67332	N	REREVISE EYE MUSCLES ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
67334	N	REVISE EYE MUSCLE W/SUTURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
67335	N	EYE SUTURE DURING SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
67340	N	REVISE EYE MUSCLE ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
67343	N	RELEASE EYE TISSUE	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67345	T	DESTROY NERVE OF EYE MUSCLE	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67346	N	BIOPSY EYE MUSCLE	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67399	T	UNLISTED PX EXTRAOCULAR MUSC	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67400	N	EXPLORE/BIOPSY EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67405	N	EXPLORE/DRAIN EYE SOCKET	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67412	N	EXPLORE/TREAT EYE SOCKET	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67413	N	EXPLORE/TREAT EYE SOCKET	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67414	N	EXPLR/DECOMPRESS EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67415	N	ASPIRATION ORBITAL CONTENTS	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67420	N	EXPLORE/TREAT EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67430	N	EXPLORE/TREAT EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67440	N	EXPLORE/DRAIN EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67445	N	EXPLR/DECOMPRESS EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67450	N	EXPLORE/BIOPSY EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67500	T	INJECT/TREAT EYE SOCKET	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67505	T	INJECT/TREAT EYE SOCKET	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67515	T	INJECT/TREAT EYE SOCKET	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67516	T	SPRCHOROIDAL SPC NJX RX AGT	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
67550	N	INSERT EYE SOCKET IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67560	N	REVISE EYE SOCKET IMPLANT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67570	N	DECOMPRESS OPTIC NERVE	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67599	T	UNLISTED PROCEDURE ORBIT	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67700	T	DRAINAGE OF EYELID ABSCESS	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67710	T	INCISION OF EYELID	-	05502	11.0393	APC	670	-	-	-	-	000	999	-
67715	N	INCISION OF EYELID FOLD	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67800	T	REMOVE EYELID LESION	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67801	T	REMOVE EYELID LESIONS	-	05502	11.0393	APC	670	-	-	-	-	000	999	-
67805	T	REMOVE EYELID LESIONS	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67808	N	REMOVE EYELID LESION(S)	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67810	T	BIOPSY EYELID & LID MARGIN	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67820	N	REVISE EYELASHES	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
67825	T	REVISE EYELASHES	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67830	T	REVISE EYELASHES	-	05502	11.0393	APC	670	-	-	-	-	000	999	-
67835	N	REVISE EYELASHES	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67840	T	REMOVE EYELID LESION	-	05502	11.0393	APC	670	-	-	-	-	000	999	-
67850	T	DSTRJ LESION LID MARGIN <1CM	-	05502	11.0393	APC	670	-	-	-	-	000	999	-
67875	T	CLOSURE OF EYELID BY SUTURE	-	05502	11.0393	APC	670	-	-	-	-	000	999	-
67880	N	REVISION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67882	N	REVISION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67900	N	REPAIR BROW DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67901	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67902	N	REPAIR EYELID DEFECT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	Y	-	000	999	-
67903	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee	Hospital Lab	Comm.					
	Ind						Schedule	Fees	Fees	Required				
67904	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67906	N	REPAIR EYELID DEFECT	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	Y	-	000	999	-
67908	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67909	N	REVISE EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67911	N	REVISE EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67912	N	CORRECTION EYELID W/IMPLANT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	Y	000	999	-
67914	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67915	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67916	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67917	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67921	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67922	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67923	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67924	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	Y	-	000	999	-
67930	N	REPAIR EYELID WOUND	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67935	N	REPAIR EYELID WOUND	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67938	T	REMOVE EYELID FOREIGN BODY	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
67950	N	REVISION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67961	N	REVISION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67966	N	REVISION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67971	N	RECONSTRUCTION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67973	N	RECONSTRUCTION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67974	N	RECONSTRUCTION OF EYELID	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
67975	N	RECONSTRUCTION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
67999	T	UNLISTED PROCEDURE EYELIDS	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
68020	T	INCISE/DRAIN EYELID LINING	-	05502	11.0393	APC	670	-	-	-	-	000	999	-
68040	T	TREATMENT OF EYELID LESIONS	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
68100	N	BIOPSY OF EYELID LINING	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68110	N	REMOVE EYELID LINING LESION	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68115	N	REMOVE EYELID LINING LESION	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68130	N	REMOVE EYELID LINING LESION	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68135	N	REMOVE EYELID LINING LESION	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68200	N	TREAT EYELID BY INJECTION	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
68320	N	REVISE/GRAFT EYELID LINING	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68325	N	REVISE/GRAFT EYELID LINING	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68326	N	REVISE/GRAFT EYELID LINING	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68328	N	REVISE/GRAFT EYELID LINING	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68330	N	REVISE EYELID LINING	-	05491	25.4097	Bundled, sometimes payable	1543	-	-	-	-	000	999	-
68335	N	REVISE/GRAFT EYELID LINING	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68340	N	SEPARATE EYELID ADHESIONS	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68360	N	REVISE EYELID LINING	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68362	N	REVISE EYELID LINING	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68371	N	HARVEST EYE TISSUE ALOGRAFT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68399	T	UNLISTED PX CONJUNCTIVA	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
68400	T	INCISE/DRAIN TEAR GLAND	-	05502	11.0393	APC	670	-	-	-	-	000	999	-
68420	N	INCISE/DRAIN TEAR SAC	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68440	T	INCISE TEAR DUCT OPENING	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
68500	N	REMOVAL OF TEAR GLAND	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68505	N	PARTIAL REMOVAL TEAR GLAND	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68510	N	BIOPSY OF TEAR GLAND	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68520	N	REMOVAL OF TEAR SAC	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68525	N	BIOPSY OF TEAR SAC	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68530	T	CLEARANCE OF TEAR DUCT	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
68540	N	REMOVE TEAR GLAND LESION	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68550	N	REMOVE TEAR GLAND LESION	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68700	N	REPAIR TEAR DUCTS	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments	
68705	T	REVISE TEAR DUCT OPENING	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
68720	N	CREATE TEAR SAC DRAIN	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68745	N	CREATE TEAR DUCT DRAIN	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68750	N	CREATE TEAR DUCT DRAIN	-	05504	42.1581	Bundled, sometimes payable	2560	-	-	-	-	000	999	-
68760	T	CLOSE TEAR DUCT OPENING	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
68761	T	CLOSE TEAR DUCT OPENING	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
68770	N	CLOSE TEAR SYSTEM FISTULA	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68801	N	DILATE TEAR DUCT OPENING	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
68810	T	PROBE NASOLACRIMAL DUCT	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
68811	N	PROBE NASOLACRIMAL DUCT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68815	N	PROBE NASOLACRIMAL DUCT	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68816	N	PROBE NL DUCT W/BALLOON	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68840	T	EXPLORE/IRRIGATE TEAR DUCTS	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
68841	N	INSJ RX ELUT IMPLT LAC CANAL	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
68850	N	INJECTION FOR TEAR SAC X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
68899	T	UNLISTED PX LACRIMAL SYSTEM	-	05501	3.1764	APC	193	-	-	-	-	000	999	-
69000	T	DRAIN EXTERNAL EAR LESION	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
69005	N	DRAIN EXTERNAL EAR LESION	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
69020	T	DRAIN OUTER EAR CANAL LESION	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
69090	E	PIERCE EARLOBES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
69100	T	BIOPSY OF EXTERNAL EAR	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
69105	N	BIOPSY OF EXTERNAL EAR CANAL	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
69110	N	REMOVE EXTERNAL EAR PARTIAL	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
69120	N	REMOVAL OF EXTERNAL EAR	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69140	N	REMOVE EAR CANAL LESION(S)	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69145	N	REMOVE EAR CANAL LESION(S)	-	05073	30.9829	Bundled, sometimes payable	1881	-	-	-	-	000	999	-
69150	N	EXTENSIVE EAR CANAL SURGERY	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69155	C	EXTENSIVE EAR/NECK SURGERY	-	-	-	IP Only	000	-	-	-	-	000	999	-
69200	N	CLEAR OUTER EAR CANAL	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
69205	N	CLEAR OUTER EAR CANAL	-	05072	17.6781	Bundled, sometimes payable	1073	-	-	-	-	000	999	-
69209	N	REMOVE IMPACTED EAR WAX UNI	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
69210	N	REMOVE IMPACTED EAR WAX UNI	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
69220	N	CLEAN OUT MASTOID CAVITY	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
69222	T	CLEAN OUT MASTOID CAVITY	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
69300	E	REVISE EXTERNAL EAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
69310	N	REBUILD OUTER EAR CANAL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69320	N	REBUILD OUTER EAR CANAL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69399	T	UNLISTED PX EXTERNAL EAR	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
69420	T	INCISION OF EARDRUM	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
69421	N	INCISION OF EARDRUM	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69424	N	REMOVE VENTILATING TUBE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69433	T	CREATE EARDRUM OPENING	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
69436	N	CREATE EARDRUM OPENING	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
69440	N	EXPLORATION OF MIDDLE EAR	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69450	N	EARDRUM REVISION	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69501	N	MASTOIDECTOMY	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69502	N	MASTOIDECTOMY	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69505	N	REMOVE MASTOID STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69511	N	EXTENSIVE MASTOID SURGERY	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69530	N	EXTENSIVE MASTOID SURGERY	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69535	C	REMOVE PART OF TEMPORAL BONE	-	-	-	IP Only	000	-	-	-	-	000	999	-
69540	N	REMOVE EAR LESION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
69550	N	REMOVE EAR LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69552	N	REMOVE EAR LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69554	C	REMOVE EAR LESION	-	-	-	IP Only	000	-	-	-	-	000	999	-
69601	N	MASTOID SURGERY REVISION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
69602	N	MASTOID SURGERY REVISION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69603	N	MASTOID SURGERY REVISION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69604	N	MASTOID SURGERY REVISION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69610	N	REPAIR OF EARDRUM	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
69620	N	REPAIR OF EARDRUM	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69631	N	REPAIR EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69632	N	REBUILD EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69633	N	REBUILD EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69635	N	REPAIR EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69636	N	REBUILD EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69637	N	REBUILD EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69641	N	REVISE MIDDLE EAR & MASTOID	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69642	N	REVISE MIDDLE EAR & MASTOID	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69643	N	REVISE MIDDLE EAR & MASTOID	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69644	N	REVISE MIDDLE EAR & MASTOID	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69645	N	REVISE MIDDLE EAR & MASTOID	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69646	N	REVISE MIDDLE EAR & MASTOID	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69650	N	RELEASE MIDDLE EAR BONE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69660	N	REVISE MIDDLE EAR BONE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69661	N	REVISE MIDDLE EAR BONE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69662	N	REVISE MIDDLE EAR BONE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69666	N	REPAIR MIDDLE EAR STRUCTURES	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69667	N	REPAIR MIDDLE EAR STRUCTURES	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69670	N	REMOVE MASTOID AIR CELLS	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69676	N	REMOVE MIDDLE EAR NERVE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69700	N	CLOSE MASTOID FISTULA	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
69705	N	NPS SURG DILAT EUST TUBE UNI	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69706	N	NPS SURG DILAT EUST TUBE BI	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69710	E	IMPLANT/REPLACE HEARING AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
69711	N	REMOVE/REPAIR HEARING AID	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69714	N	IMPL OI IMPLT SKULL PERQ ESP	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
69716	N	IMPL OI IMPLT SK TC ESP<100	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
69717	N	RPLCMT OI IMPLT SKL PRQ ESP	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
69719	N	RPLCM OI IMPLT SK TC ESP<100	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
69720	N	RELEASE FACIAL NERVE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69725	N	RELEASE FACIAL NERVE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69726	N	RMV NTR OI IMPLT SKL PRQ ESP	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
69727	N	RMV NTR OI IMP SK TC ESP<100	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
69728	N	RMV NTR OI IMP SK TC>=100	-	05113	35.2937	Bundled, sometimes payable	2143	-	-	-	-	000	999	-
69729	N	IMPL OI IMPLT SK TC ESP>=100	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
69730	N	RPLC OI IMPLT SK TC ESP>=100	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
69740	N	REPAIR FACIAL NERVE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69745	N	REPAIR FACIAL NERVE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69799	T	UNLISTED PX MIDDLE EAR	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
69801	N	INCISE INNER EAR	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
69805	N	EXPLORE INNER EAR	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69806	N	EXPLORE INNER EAR	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69905	N	REMOVE INNER EAR	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69910	N	REMOVE INNER EAR & MASTOID	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69915	N	INCISE INNER EAR NERVE	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
69930	N	IMPLANT COCHLEAR DEVICE	-	05166	365.6520	Bundled, sometimes payable	22202	-	-	Y	-	000	999	-
69949	T	UNLISTED PX INNER EAR	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
69950	C	INCISE INNER EAR NERVE	-	-	-	IP Only	000	-	-	-	-	000	999	-
69955	N	RELEASE FACIAL NERVE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69960	N	RELEASE INNER EAR CANAL	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
69970	N	REMOVE INNER EAR LESION	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
69979	T	UNLISTED PX TEMPORAL BONE	-	05161	2.6634	APC	162	-	-	-	-	000	999	-
69990	N	MICROSURGERY ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
70010	N	CONTRAST X-RAY OF BRAIN	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
70015	N	CONTRAST X-RAY OF BRAIN	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	-	000	999	-
70030	N	X-RAY EYE FOR FOREIGN BODY	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70100	N	X-RAY EXAM OF JAW <4>VIEWS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
7010F	E	PT INFO INTO RECALL SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
70110	N	X-RAY EXAM OF JAW 4/> VIEWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
70120	N	X-RAY EXAM OF MASTOIDS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
70130	N	X-RAY EXAM OF MASTOIDS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
70134	N	X-RAY EXAM OF MIDDLE EAR	-	05524	6.0153	Bundled, sometimes payable	365	-	-	-	-	000	999	-
70140	N	X-RAY EXAM OF FACIAL BONES	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70150	N	X-RAY EXAM OF FACIAL BONES	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
70160	N	X-RAY EXAM OF NASAL BONES	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70170	N	X-RAY EXAM OF TEAR DUCT	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70190	N	X-RAY EXAM OF EYE SOCKETS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70200	N	X-RAY EXAM OF EYE SOCKETS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
7020F	E	MAMMO ASSESS CAT IN DBASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
70210	N	X-RAY EXAM OF SINUSES	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70220	N	X-RAY EXAM OF SINUSES	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70240	N	X-RAY EXAM PITUITARY SADDLE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70250	N	X-RAY EXAM OF SKULL	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
7025F	E	PT INFOSYS ALARM 4 NXT MAMMO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
70260	N	X-RAY EXAM OF SKULL	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
70300	N	X-RAY EXAM OF TEETH	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70310	N	X-RAY EXAM OF TEETH	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70320	N	FULL MOUTH X-RAY OF TEETH	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70328	N	X-RAY EXAM OF JAW JOINT	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70330	N	X-RAY EXAM OF JAW JOINTS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70332	N	X-RAY EXAM OF JAW JOINT	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70336	N	MAGNETIC IMAGE JAW JOINT	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70350	N	X-RAY HEAD FOR ORTHODONTIA	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70355	N	PANORAMIC X-RAY OF JAWS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70360	N	X-RAY EXAM OF NECK	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70370	N	THROAT X-RAY & FLUOROSCOPY	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70371	N	SPEECH EVALUATION COMPLEX	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70380	N	X-RAY EXAM OF SALIVARY GLAND	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
70390	N	X-RAY EXAM OF SALIVARY DUCT	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70450	N	CT HEAD/BRAIN W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
70460	N	CT HEAD/BRAIN W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
70470	N	CT HEAD/BRAIN W/O & W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
70480	N	CT ORBIT/EAR/FOSSA W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
70481	N	CT ORBIT/EAR/FOSSA W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
70482	N	CT ORBIT/EAR/FOSSA W/O&W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
70486	N	CT MAXILLOFACIAL W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
70487	N	CT MAXILLOFACIAL W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
70488	N	CT MAXILLOFACIAL W/O & W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
70490	N	CT SOFT TISSUE NECK W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
70491	N	CT SOFT TISSUE NECK W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
70492	N	CT SFT TSUE NCK W/O & W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
70496	N	CT ANGIOGRAPHY HEAD	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
70498	N	CT ANGIOGRAPHY NECK	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
70540	N	MRI ORBIT/FACE/NECK W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70542	N	MRI ORBIT/FACE/NECK W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
70543	N	MRI ORBT/FAC/NCK W/O &W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
70544	N	MR ANGIOGRAPHY HEAD W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
70545	N	MR ANGIOGRAPHY HEAD W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
70546	N	MR ANGIOGRAPH HEAD W/O&W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
70547	N	MR ANGIOGRAPHY NECK W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70548	N	MR ANGIOGRAPHY NECK W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
70549	N	MR ANGIOGRAPH NECK W/O&W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
70551	N	MRI BRAIN STEM W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70552	N	MRI BRAIN STEM W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
70553	N	MRI BRAIN STEM W/O & W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
70554	N	FMRI BRAIN BY TECH	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
70555	S	FMRI BRAIN BY PHYS/PSYCH	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
70557	S	MRI BRAIN W/O DYE	-	05524	6.0153	APC	365	-	-	-	Y	000	999	-
70558	S	MRI BRAIN W/DYE	-	05571	2.0034	APC	122	-	-	-	Y	000	999	-
70559	S	MRI BRAIN W/O & W/DYE	-	05571	2.0034	APC	122	-	-	-	Y	000	999	-
71045	N	X-RAY EXAM CHEST 1 VIEW	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
71046	N	X-RAY EXAM CHEST 2 VIEWS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
71047	N	X-RAY EXAM CHEST 3 VIEWS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
71048	N	X-RAY EXAM CHEST 4+ VIEWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
71100	N	X-RAY EXAM RIBS UNI 2 VIEWS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
71101	N	X-RAY EXAM UNILAT RIBS/CHEST	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
71110	N	X-RAY EXAM RIBS BIL 3 VIEWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
71111	N	X-RAY EXAM RIBS/CHEST4/> VWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
71120	N	X-RAY EXAM BREASTBONE 2/>VWS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
71130	N	X-RAY STRENOCLAVIC JT 3/>VWS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
71250	N	CT THORAX DX C-	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
71260	N	CT THORAX DX C+	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
71270	N	CT THORAX DX C-/C+	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
71271	S	CT THORAX LUNG CANCER SCR C-	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
71275	N	CT ANGIOGRAPHY CHEST	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
71550	N	MRI CHEST W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
71551	N	MRI CHEST W/DYE	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	-	000	999	-
71552	N	MRI CHEST W/O & W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
71555	M	MRI ANGIO CHEST W OR W/O DYE	-	-	-	Fee Schedule	463	-	-	-	-	000	999	-
72020	N	X-RAY EXAM OF SPINE 1 VIEW	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
72040	N	X-RAY EXAM NECK SPINE 2-3 VW	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
72050	N	X-RAY EXAM NECK SPINE 4/5VWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72052	N	X-RAY EXAM NECK SPINE 6/>VWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72070	N	X-RAY EXAM THORAC SPINE 2VWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72072	N	X-RAY EXAM THORAC SPINE 3VWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72074	N	X-RAY EXAM THORAC SPINE4/>VW	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72080	N	X-RAY EXAM THORACOLMB 2/> VW	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
72081	N	X-RAY EXAM ENTIRE SPI 1 VW	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
72082	N	X-RAY EXAM ENTIRE SPI 2/3 VW	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72083	S	X-RAY EXAM ENTIRE SPI 4/5 VW	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
72084	S	X-RAY EXAM ENTIRE SPI 6/> VW	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
72100	N	X-RAY EXAM L-S SPINE 2/3 VWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72110	N	X-RAY EXAM L-2 SPINE 4/>VWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72114	N	X-RAY EXAM L-S SPINE BENDING	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72120	N	X-RAY BEND ONLY L-S SPINE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72125	N	CT NECK SPINE W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72126	N	CT NECK SPINE W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
72127	N	CT NECK SPINE W/O & W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
72128	N	CT CHEST SPINE W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72129	N	CT CHEST SPINE W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
72130	N	CT CHEST SPINE W/O & W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
72131	N	CT LUMBAR SPINE W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
72132	N	CT LUMBAR SPINE W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Prior Auth. Required			
72133	N	CT LUMBAR SPINE W/O & W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	000	999	-
72141	N	MRI NECK SPINE W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	000	999	-
72142	N	MRI NECK SPINE W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
72146	N	MRI CHEST SPINE W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	000	999	-
72147	N	MRI CHEST SPINE W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
72148	N	MRI LUMBAR SPINE W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	000	999	-
72149	N	MRI LUMBAR SPINE W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
72156	N	MRI NECK SPINE W/O & W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
72157	N	MRI CHEST SPINE W/O & W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
72158	N	MRI LUMBAR SPINE W/O & W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
72159	E	MR ANGIO SPINE W/O&W/DYE	-	-	-	Not Allowed	000	-	-	-	000	999	-
72170	N	X-RAY EXAM OF PELVIS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	000	999	-
72190	N	X-RAY EXAM OF PELVIS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	000	999	-
72191	N	CT ANGIOGRAPH PELV W/O&W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	000	999	-
72192	N	CT PELVIS W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	000	999	-
72193	N	CT PELVIS W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	000	999	-
72194	N	CT PELVIS W/O & W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	000	999	-
72195	N	MRI PELVIS W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	000	999	-
72196	N	MRI PELVIS W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
72197	N	MRI PELVIS W/O & W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
72198	E	MR ANGIO PELVIS W/O & W/DYE	-	-	-	Not Allowed	000	-	-	-	000	999	-
72200	N	X-RAY EXAM SI JOINTS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	000	999	-
72202	N	X-RAY EXAM SI JOINTS 3/> VWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	000	999	-
72220	N	X-RAY EXAM SACRUM TAILBONE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
72240	N	MYELOGRAPHY NECK SPINE	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	000	999	-
72255	N	MYELOGRAPHY THORACIC SPINE	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	000	999	-
72265	N	MYELOGRAPHY L-S SPINE	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	000	999	-
72270	N	MYELOGRAPHY 2/> SPINE REGIONS	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	000	999	-
72285	N	DISCOGRAPHY CERV/THOR SPINE	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
72295	N	X-RAY OF LOWER SPINE DISK	-	05431	21.0527	Bundled, sometimes payable	1278	-	-	-	000	999	-
73000	N	X-RAY EXAM OF COLLAR BONE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73010	N	X-RAY EXAM OF SHOULDER BLADE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	000	999	-
73020	N	X-RAY EXAM OF SHOULDER	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73030	N	X-RAY EXAM OF SHOULDER	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73040	N	CONTRAST X-RAY OF SHOULDER	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
73050	N	X-RAY EXAM OF SHOULDERS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73060	N	X-RAY EXAM OF HUMERUS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73070	N	X-RAY EXAM OF ELBOW	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73080	N	X-RAY EXAM OF ELBOW	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73085	N	CONTRAST X-RAY OF ELBOW	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
73090	N	X-RAY EXAM OF FOREARM	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73092	N	X-RAY EXAM OF ARM INFANT	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	000	999	-
73100	N	X-RAY EXAM OF WRIST	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73110	N	X-RAY EXAM OF WRIST	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73115	N	CONTRAST X-RAY OF WRIST	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
73120	N	X-RAY EXAM OF HAND	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	000	999	-
73130	N	X-RAY EXAM OF HAND	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73140	N	X-RAY EXAM OF FINGER(S)	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	000	999	-
73200	N	CT UPPER EXTREMITY W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	000	999	-
73201	N	CT UPPER EXTREMITY W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
73202	N	CT UPPR EXTREMITY W/O&W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	000	999	-
73206	N	CT ANGIO UPR EXTRM W/O&W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	000	999	-
73218	N	MRI UPPER EXTREMITY W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	000	999	-
73219	N	MRI UPPER EXTREMITY W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
73220	N	MRI UPPR EXTREMITY W/O&W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	000	999	-
73221	N	MRI JOINT UPR EXTREM W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
73222	N	MRI JOINT UPR EXTREM W/DYE	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	-	000	999	-
73223	N	MRI JOINT UPR EXTR W/O&W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
73225	E	MR ANGIO UPR EXTR W/O&W/DYE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
73501	N	X-RAY EXAM HIP UNI 1 VIEW	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73502	N	X-RAY EXAM HIP UNI 2-3 VIEWS	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73503	N	X-RAY EXAM HIP UNI 4/> VIEWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
73521	N	X-RAY EXAM HIPS BI 2 VIEWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
73522	N	X-RAY EXAM HIPS BI 3-4 VIEWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
73523	S	X-RAY EXAM HIPS BI 5/> VIEWS	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
73525	N	CONTRAST X-RAY OF HIP	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
73551	N	X-RAY EXAM OF FEMUR 1	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73552	N	X-RAY EXAM OF FEMUR 2/>	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73560	N	X-RAY EXAM OF KNEE 1 OR 2	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73562	N	X-RAY EXAM OF KNEE 3	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73564	N	X-RAY EXAM KNEE 4 OR MORE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
73565	N	X-RAY EXAM OF KNEES	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73580	N	CONTRAST X-RAY OF KNEE JOINT	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
73590	N	X-RAY EXAM OF LOWER LEG	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73592	N	X-RAY EXAM OF LEG INFANT	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	002	-
73600	N	X-RAY EXAM OF ANKLE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73610	N	X-RAY EXAM OF ANKLE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73615	N	CONTRAST X-RAY OF ANKLE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
73620	N	X-RAY EXAM OF FOOT	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73630	N	X-RAY EXAM OF FOOT	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73650	N	X-RAY EXAM OF HEEL	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73660	N	X-RAY EXAM OF TOE(S)	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
73700	N	CT LOWER EXTREMITY W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
73701	N	CT LOWER EXTREMITY W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
73702	N	CT LWR EXTREMITY W/O&W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
73706	N	CT ANGIO LWR EXTR W/O&W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
73718	N	MRI LOWER EXTREMITY W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
73719	N	MRI LOWER EXTREMITY W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
73720	N	MRI LWR EXTREMITY W/O&W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
73721	N	MRI JNT OF LWR EXTRE W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
73722	N	MRI JOINT OF LWR EXTR W/DYE	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	-	000	999	-
73723	N	MRI JOINT LWR EXTR W/O&W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
73725	M	MR ANG LWR EXT W OR W/O DYE	-	-	-	Fee Schedule	465	-	-	-	-	000	999	-
74018	N	X-RAY EXAM ABDOMEN 1 VIEW	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
74019	N	X-RAY EXAM ABDOMEN 2 VIEWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
74021	N	X-RAY EXAM ABDOMEN 3+ VIEWS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
74022	N	X-RAY EXAM COMPLETE ABDOMEN	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
74150	N	CT ABDOMEN W/O DYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
74160	N	CT ABDOMEN W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74170	N	CT ABDOMEN W/O & W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74174	S	CT ANGIO ABD&PELV W/O&W/DYE	-	05572	4.1933	APC	255	-	-	-	-	000	999	-
74175	N	CT ANGIO ABDOM W/O & W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74176	N	CT ABD & PELVIS W/O CONTRAST	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
74177	N	CT ABD & PELV W/CONTRAST	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
74178	N	CT ABD & PELV 1/> REGNS	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
74181	N	MRI ABDOMEN W/O DYE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
74182	N	MRI ABDOMEN W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
74183	N	MRI ABDOMEN W/O & W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
74185	M	MRI ANGIO ABDOM W ORW/O DYE	-	-	-	Fee Schedule	467	-	-	-	-	000	999	-
74190	N	X-RAY EXAM OF PERITONEUM	-	05524	6.0153	Bundled, sometimes payable	365	-	-	-	-	000	999	-
74210	N	X-RAY XM PHRN&CRV ESOPH C+	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74220	N	X-RAY XM ESOPHAGUS 1CNTRST	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
74221	N	X-RAY XM ESOPHAGUS 2CNTRST	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74230	N	X-RAY XM SWLNG FUNCJ C+	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74235	N	REMOVE ESOPHAGUS OBSTRUCTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
74240	N	X-RAY XM UPR GI TRC 1CNTRST	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74246	N	X-RAY XM UPR GI TRC 2CNTRST	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74248	N	X-RAY SM INT F-THRU STD	-	-	-	Bundled	000	-	-	-	-	000	999	-
74250	N	X-RAY XM SM INT 1CNTRST STD	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74251	N	X-RAY XM SM INT 2CNTRST STD	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74261	N	CT COLONOGRAPHY DX	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
74262	N	CT COLONOGRAPHY DX W/DYE	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74263	E	CT COLONOGRAPHY SCREENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
74270	N	X-RAY XM COLON 1CNTRST STD	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74280	N	X-RAY XM COLON 2CNTRST STD	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74283	S	THER NMA RDCTJ INTUS/OBSTR CJ	-	05571	2.0034	APC	122	-	-	-	-	000	999	-
74290	N	CONTRAST X-RAY GALLBLADDER	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
74300	N	X-RAY BILE DUCTS/PANCREAS	-	-	-	Bundled	000	-	-	-	-	000	999	-
74301	N	X-RAYS AT SURGERY ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
74328	N	X-RAY BILE DUCT ENDOSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
74329	N	X-RAY FOR PANCREAS ENDOSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
74330	N	X-RAY BILE/PANC ENDOSCOPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
74340	N	X-RAY GUIDE FOR GI TUBE	-	-	-	Bundled	000	-	-	-	-	000	999	-
74355	N	X-RAY GUIDE INTESTINAL TUBE	-	-	-	Bundled	000	-	-	-	-	000	999	-
74360	N	X-RAY GUIDE GI DILATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
74363	N	X-RAY BILE DUCT DILATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
74400	S	UROGRAPHY IV +-KUB TOMOG	-	05571	2.0034	APC	122	-	-	-	-	000	999	-
74410	S	UROGRAPHY NFS DRIP&/BOLUS	-	05571	2.0034	APC	122	-	-	-	-	000	999	-
74415	S	UROGRAPHY NFS DRIP&/BLS W/NF	-	05571	2.0034	APC	122	-	-	-	-	000	999	-
74420	S	UROGRAPHY RTRGR +-KUB	-	05572	4.1933	APC	255	-	-	-	-	000	999	-
74425	N	UROGRAPHY ANTEGRADE RS&I	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
74430	N	CONTRAST X-RAY BLADDER	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
74440	N	X-RAY MALE GENITAL TRACT	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
74445	N	X-RAY EXAM OF PENIS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
74450	N	X-RAY URETHRA/BLADDER	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
74455	N	X-RAY URETHRA/BLADDER	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
74470	N	X-RAY EXAM OF KIDNEY LESION	-	05524	6.0153	Bundled, sometimes payable	365	-	-	-	-	000	999	-
74485	N	DILATION URTR/URT RS&I	-	05373	22.2089	Bundled, sometimes payable	1349	-	-	-	-	000	999	-
74712	S	MRI FETAL SINGL/1ST GESTATION	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
74713	N	MRI FETAL EA ADDL GESTATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
74740	N	X-RAY FEMALE GENITAL TRACT	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
74742	N	X-RAY FALLOPIAN TUBE	-	-	-	Bundled	000	-	-	-	-	000	999	-
74775	S	X-RAY EXAM OF PERINEUM	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
75557	N	CARDIAC MRI FOR MORPH	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
75559	N	CARDIAC MRI W/STRESS IMG	-	05524	6.0153	Bundled, sometimes payable	365	-	-	-	-	000	999	-
75561	N	CARDIAC MRI FOR MORPH W/DYE	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
75563	N	CARD MRI W/STRESS IMG & DYE	-	05573	8.7304	Bundled, sometimes payable	530	-	-	-	-	000	999	-
75565	N	CARD MRI VELOC FLOW MAPPING	-	-	-	Bundled	000	-	-	-	-	000	999	-
75571	N	CT HRT W/O DYE W/CA TEST	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
75572	S	CT HRT W/3D IMAGE	-	05571	2.0034	APC	122	-	-	-	-	000	999	-
75573	S	CT HRT C+ STRUX CGEN HRT DS	-	05571	2.0034	APC	122	-	-	-	-	000	999	-
75574	S	CT ANGIO HRT W/3D IMAGE	-	05571	2.0034	APC	122	-	-	-	-	000	999	-
75580	S	N-INVAS EST C FFR SW ALY CTA	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
75600	N	CONTRAST EXAM THORACIC AORTA	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75605	N	CONTRAST EXAM THORACIC AORTA	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
75625	N	CONTRAST EXAM ABDOMINL AORTA	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75630	N	X-RAY AORTA LEG ARTERIES	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75635	N	CT ANGIO ABDOMINAL ARTERIES	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
75705	N		ARTERY X-RAYS SPINE	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
75710	N		ARTERY X-RAYS ARM/LEG	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75716	N		ARTERY X-RAYS ARMS/LEGS	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75726	N		ARTERY X-RAYS ABDOMEN	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
75731	N		ARTERY X-RAYS ADRENAL GLAND	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75733	N		ARTERY X-RAYS ADRENALS	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75736	N		ARTERY X-RAYS PELVIS	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
75741	N		ARTERY X-RAYS LUNG	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75743	N		ARTERY X-RAYS LUNGS	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75746	N		ARTERY X-RAYS LUNG	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75756	N		ARTERY X-RAYS CHEST	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75774	N		ARTERY X-RAY EACH VESSEL	-	-	-	Bundled	000	-	-	-	-	000	999	-
75801	N		LYMPH VESSEL X-RAY ARM/LEG	-	05181	6.8498	Bundled, sometimes payable	416	-	-	-	-	000	999	-
75803	N		LYMPH VESSEL X-RAY ARMS/LEGS	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-
75805	N		LYMPH VESSEL X-RAY TRUNK	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75807	N		LYMPH VESSEL X-RAY TRUNK	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75809	N		NONVASCULAR SHUNT X-RAY	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
75810	N		VEIN X-RAY SPLEEN/LIVER	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75820	N		VEIN X-RAY ARM/LEG	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-
75822	N		VEIN X-RAY ARMS/LEGS	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-
75825	N		VEIN X-RAY TRUNK	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75827	N		VEIN X-RAY CHEST	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-
75831	N		VEIN X-RAY KIDNEY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75833	N		VEIN X-RAY KIDNEYS	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75840	N		VEIN X-RAY ADRENAL GLAND	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75842	N		VEIN X-RAY ADRENAL GLANDS	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
75860	N		VEIN X-RAY NECK	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75870	N		VEIN X-RAY SKULL	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75872	N		VEIN X-RAY SKULL EPIDURAL	-	05181	6.8498	Bundled, sometimes payable	416	-	-	-	-	000	999	-
75880	N		VEIN X-RAY EYE SOCKET	-	05181	6.8498	Bundled, sometimes payable	416	-	-	-	-	000	999	-
75885	N		VEIN X-RAY LIVER W/HEMODYNAM	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75887	N		VEIN X-RAY LIVER W/O HEMODYN	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75889	N		VEIN X-RAY LIVER W/HEMODYNAM	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75891	N		VEIN X-RAY LIVER	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75893	N		VENOUS SAMPLING BY CATHETER	-	05184	59.9199	Bundled, sometimes payable	3638	-	-	-	-	000	999	-
75894	N		X-RAYS TRANSCATH THERAPY	-	-	-	Bundled	000	-	-	-	-	000	999	-
75898	N		FOLLOW-UP ANGIOGRAPHY	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
75901	N		REMOVE CVA DEVICE OBSTRUCT	-	-	-	Bundled	000	-	-	-	-	000	999	-
75902	N		REMOVE CVA LUMEN OBSTRUCT	-	-	-	Bundled	000	-	-	-	-	000	999	-
75956	C		XRAY ENDOVASC THOR AO REPR	-	-	-	IP Only	000	-	-	-	-	000	999	-
75957	C		XRAY ENDOVASC THOR AO REPR	-	-	-	IP Only	000	-	-	-	-	000	999	-
75958	C		XRAY PLACE PROX EXT THOR AO	-	-	-	IP Only	000	-	-	-	-	000	999	-
75959	C		XRAY PLACE DIST EXT THOR AO	-	-	-	IP Only	000	-	-	-	-	000	999	-
75970	N		VASCULAR BIOPSY	-	-	-	Bundled	000	-	-	-	-	000	999	-
75984	N		XRAY CONTROL CATHETER CHANGE	-	-	-	Bundled	000	-	-	-	-	000	999	-
75989	N		ABSCESS DRAINAGE UNDER X-RAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
76000	S		FLUOROSCOPY <1 HR PHYS/QHP	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
76010	N		X-RAY NOSE TO RECTUM	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
76080	N		X-RAY EXAM OF FISTULA	-	05524	6.0153	Bundled, sometimes payable	365	-	-	-	-	000	999	-
76098	N		X-RAY EXAM SURGICAL SPECIMEN	-	05524	6.0153	Bundled, sometimes payable	365	-	-	-	-	000	999	-
76100	N		X-RAY EXAM OF BODY SECTION	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76120	N		CINE/VIDEO X-RAYS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76125	N		CINE/VIDEO X-RAYS ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
76140	E		X-RAY CONSULTATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
76145	S		MED PHYSIC DOS EVAL RAD EXPS	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
76376	N		3D RENDER W/INTRP POSTPROCES	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
76377	N		3D RENDER W/INTRP POSTPROCES	-	-	-	Bundled	000	-	-	-	-	000	999	-
76380	N		CAT SCAN FOLLOW-UP STUDY	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
76390	E		MR SPECTROSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
76391	N		MR ELASTOGRAPHY	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
76496	N		UNLISTED FLUOROSCOPIC PX	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
76497	N		UNLISTED CT PROCEDURE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
76498	S		UNLISTED MR PROCEDURE	-	05521	0.9908	APC	060	-	-	-	-	000	999	-
76499	N		UNLISTED DX RADIOGRAPHIC PX	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
76506	N		ECHO EXAM OF HEAD	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76510	N		OPH US DX B-SCAN&QUAN A-SCAN	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
76511	N		OPH US DX QUAN A-SCAN ONLY	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76512	N		OPH US DX B-SCAN	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76513	N		OPH US DX ANT SGM US UNI/BI	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76514	N		ECHO EXAM OF EYE THICKNESS	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
76516	N		ECHO EXAM OF EYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76519	N		ECHO EXAM OF EYE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76529	N		ECHO EXAM OF EYE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
76536	N		US EXAM OF HEAD AND NECK	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76604	N		US EXAM CHEST	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76641	N		ULTRASOUND BREAST COMPLETE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76642	N		ULTRASOUND BREAST LIMITED	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
76700	N		US EXAM ABDOM COMPLETE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76705	N		ECHO EXAM OF ABDOMEN	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76706	S		US ABDL AORTA SCREEN AAA	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
76770	N		US EXAM ABDO BACK WALL COMP	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76775	N		US EXAM ABDO BACK WALL LIM	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76776	N		US EXAM K TRANSPL W/DOPPLER	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76800	N		US EXAM SPINAL CANAL	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76801	S		OB US < 14 WKS SINGLE FETUS	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
76802	N		OB US < 14 WKS ADDL FETUS	-	-	-	Bundled	000	-	-	-	-	000	999	-
76805	S		OB US >= 14 WKS SNGL FETUS	-	05522	1.1988	APC	073	-	-	-	-	010	065	-
76810	N		OB US >= 14 WKS ADDL FETUS	-	-	-	Bundled	000	-	-	-	-	010	065	-
76811	S		OB US DETAILED SNGL FETUS	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
76812	N		OB US DETAILED ADDL FETUS	-	-	-	Bundled	000	-	-	-	-	000	999	-
76813	N		OB US NUCHAL MEAS 1 GEST	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76814	N		OB US NUCHAL MEAS ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
76815	N		OB US LIMITED FETUS(S)	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	010	065	-
76816	N		OB US FOLLOW-UP PER FETUS	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	010	065	-
76817	N		TRANSVAGINAL US OBSTETRIC	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76818	S		FETAL BIOPHYS PROFILE W/NST	-	05522	1.1988	APC	073	-	-	-	-	010	065	-
76819	S		FETAL BIOPHYS PROFIL W/O NST	-	05522	1.1988	APC	073	-	-	-	-	010	065	-
76820	N		UMBILICAL ARTERY ECHO	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76821	N		MIDDLE CEREBRAL ARTERY ECHO	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76825	S		ECHO EXAM OF FETAL HEART	-	05524	6.0153	APC	365	-	-	-	-	010	065	-
76826	S		ECHO EXAM OF FETAL HEART	-	05523	2.6718	APC	162	-	-	-	-	010	065	-
76827	N		ECHO EXAM OF FETAL HEART	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	010	065	-
76828	N		ECHO EXAM OF FETAL HEART	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	010	065	-
76830	S		TRANSVAGINAL US NON-OB	-	05522	1.1988	APC	073	-	-	-	-	010	999	-
76831	N		ECHO EXAM UTERUS	-	05523	2.6718	Bundled, sometimes payable	162	2.6718	-	-	-	000	999	-
76856	N		US EXAM PELVIC COMPLETE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76857	N		US EXAM PELVIC LIMITED	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76870	N		US EXAM SCROTUM	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
76872	S		US TRANSRECTAL	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
76873	S		ECHOGRAP TRANS R PROS STUDY	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
76881	S		US COMPL JOINT R-T W/IMG	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
76882	N		US LMTD JT/FCL EVL NVASC XTR	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient		Sole Comm.		Non-sole Comm.		Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Prior Auth. Required	Passport				
76883	N	US NRV&ACC STRUX 1XTR COMPRE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-	
76885	N	US EXAM INFANT HIPS DYNAMIC	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	000	-	
76886	N	US EXAM INFANT HIPS STATIC	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	000	-	
76932	N	ECHO GUIDE FOR HEART BIOPSY	-	-	-	Bundled	000	-	-	-	-	000	999	-	
76936	S	ECHO GUIDE FOR ARTERY REPAIR	-	05722	3.4225	APC	208	-	-	-	-	000	999	-	
76937	N	US GUIDE VASCULAR ACCESS	-	-	-	Bundled	000	-	-	-	-	000	999	-	
76940	N	US GUIDE TISSUE ABLATION	-	-	-	Bundled	000	-	-	-	-	000	999	-	
76941	N	ECHO GUIDE FOR TRANSFUSION	-	-	-	Bundled	000	-	-	-	-	010	065	-	
76942	N	ECHO GUIDE FOR BIOPSY	-	-	-	Bundled	000	-	-	-	-	000	999	-	
76945	N	ECHO GUIDE VILLUS SAMPLING	-	-	-	Bundled	000	-	-	-	-	010	065	-	
76946	N	ECHO GUIDE FOR AMNIOCENTESIS	-	-	-	Bundled	000	-	-	-	-	010	065	-	
76948	N	ECHO GUIDE OVA ASPIRATION	-	-	-	Bundled	000	-	-	-	-	010	065	-	
76965	N	ECHO GUIDANCE RADIOTHERAPY	-	-	-	Bundled	000	-	-	-	-	000	999	-	
76975	N	GI ENDOSCOPIC ULTRASOUND	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-	
76977	S	US BONE DENSITY MEASURE	-	05522	1.1988	APC	073	-	-	-	-	000	999	-	
76978	S	US TRGT DYN MBUBB 1ST LES	-	05571	2.0034	APC	122	-	-	-	-	000	999	-	
76979	N	US TRGT DYN MBUBB EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-	
76981	N	USE PARENCHYMA	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-	
76982	N	USE 1ST TARGET LESION	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-	
76983	N	USE EA ADDL TARGET LESION	-	-	-	Bundled	000	-	-	-	-	000	999	-	
76984	C	DX INTRAOP THORACIC AORTA US	-	-	-	IP Only	000	-	-	-	-	000	999	-	
76987	C	DX INTRAOP EPICAR CAR US CHD	-	-	-	IP Only	000	-	-	-	-	000	999	-	
76988	C	DX NTROP EPCR US CHD IMG ACQ	-	-	-	IP Only	000	-	-	-	-	000	999	-	
76989	C	DX INTRAOP EPCAR US CHD I&R	-	-	-	IP Only	000	-	-	-	-	000	999	-	
76998	N	US GUIDE INTRAOP	-	-	-	Bundled	000	-	-	-	-	000	999	-	
76999	N	ECHO EXAMINATION PROCEDURE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-	
77001	N	FLUOROGUIDE FOR VEIN DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-	
77002	N	NEEDLE LOCALIZATION BY XRAY	-	-	-	Bundled	000	-	-	-	-	000	999	-	
77003	N	FLUOROGUIDE FOR SPINE INJECT	-	-	-	Bundled	000	-	-	-	-	000	999	-	
77011	N	CT SCAN FOR LOCALIZATION	-	-	-	Bundled	000	-	-	-	-	000	999	-	
77012	N	CT SCAN FOR NEEDLE BIOPSY	-	-	-	Bundled	000	-	-	-	-	000	999	-	
77013	N	CT GUIDE FOR TISSUE ABLATION	-	-	-	Bundled	000	-	-	-	-	000	999	-	
77014	N	CT SCAN FOR THERAPY GUIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-	
77021	N	MRI GUIDANCE NDL PLMT RS&I	-	-	-	Bundled	000	-	-	-	-	000	999	-	
77022	N	MRI GDN PARNCHYMA TISS ABLTJ	-	-	-	Bundled	000	-	-	-	-	000	999	-	
77046	N	MRI BREAST C- UNILATERAL	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-	
77047	N	MRI BREAST C- BILATERAL	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-	
77048	E	MRI BREAST C-+ W/CAD UNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-	
77049	E	MRI BREAST C-+ W/CAD BI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-	
77053	N	X-RAY OF MAMMARY DUCT	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-	
77054	N	X-RAY OF MAMMARY DUCTS	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-	
77061	E	BREAST TOMOSYNTHESIS UNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-	
77062	E	BREAST TOMOSYNTHESIS BI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-	
77063	M	BREAST TOMOSYNTHESIS BI	-	-	-	Fee Schedule	070	-	-	-	-	000	999	-	
77065	M	DX MAMMO INCL CAD UNI	-	-	-	Fee Schedule	167	-	-	-	-	000	999	-	
77066	M	DX MAMMO INCL CAD BI	-	-	-	Fee Schedule	210	-	-	-	-	000	999	-	
77067	M	SCR MAMMO BI INCL CAD	-	-	-	Fee Schedule	171	-	-	-	-	000	999	-	
77071	N	X-RAY STRESS VIEW	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-	
77072	N	X-RAYS FOR BONE AGE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-	
77073	N	X-RAYS BONE LENGTH STUDIES	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-	
77074	N	X-RAYS BONE SURVEY LIMITED	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-	
77075	N	X-RAYS BONE SURVEY COMPLETE	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-	
77076	N	X-RAYS BONE SURVEY INFANT	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	001	-	
77077	N	JOINT SURVEY SINGLE VIEW	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-	
77078	S	CT BONE DENSITY AXIAL	-	05521	0.9908	APC	060	-	-	-	-	000	999	-	
77080	S	DXA BONE DENSITY AXIAL	-	05522	1.1988	APC	073	-	-	-	-	000	999	-	

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 Outpatient Prospective Payment System Services
 Proposed July 1, 2024**

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
77081	S		DXA BONE DENSITY/PERIPHERAL	-	05521	0.9908	APC	060	-	-	-	-	000	999	-
77084	S		MAGNETIC IMAGE BONE MARROW	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
77085	N		DXA BONE DENSITY STUDY	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
77086	N		FRACTURE ASSESSMENT VIA DXA	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
77089	E		TBS DXA CAL W/I&R FX RISK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
77090	S		TBS TECHL PREP&TRANSMIS DATA	-	05521	0.9908	APC	060	-	-	-	-	000	999	-
77091	S		TBS TECHL CALCULATION ONLY	-	05521	0.9908	APC	060	-	-	-	-	000	999	-
77092	E		TBS I&R FX RSK QHP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
77261	E		RADIATION THERAPY PLANNING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
77262	E		RADIATION THERAPY PLANNING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
77263	E		RADIATION THERAPY PLANNING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
77280	S		SET RADIATION THERAPY FIELD	-	05611	1.4795	APC	090	-	-	-	-	000	999	-
77285	S		SET RADIATION THERAPY FIELD	-	05612	4.0289	APC	245	-	-	-	-	000	999	-
77290	S		SET RADIATION THERAPY FIELD	-	05612	4.0289	APC	245	-	-	-	-	000	999	-
77293	N		RESPIRATOR MOTION MGMT SIMUL	-	-	-	Bundled	000	-	-	-	-	000	999	-
77295	S		3-D RADIOTHERAPY PLAN	-	05613	15.1085	APC	917	-	-	-	-	000	999	-
77299	S		UNLISTED PX THER RAD TX PLNG	-	05611	1.4795	APC	090	-	-	-	-	000	999	-
77300	S		RADIATION THERAPY DOSE PLAN	-	05611	1.4795	APC	090	-	-	-	-	000	999	-
77301	S		RADIOTHERAPY DOSE PLAN IMRT	-	05613	15.1085	APC	917	-	-	-	-	000	999	-
77306	S		TELETHX ISODOSE PLAN SIMPLE	-	05612	4.0289	APC	245	-	-	-	-	000	999	-
77307	S		TELETHX ISODOSE PLAN CPLX	-	05612	4.0289	APC	245	-	-	-	-	000	999	-
77316	S		BRACHYTX ISODOSE PLAN SIMPLE	-	05612	4.0289	APC	245	-	-	-	-	000	999	-
77317	S		BRACHYTX ISODOSE INTERMED	-	05612	4.0289	APC	245	-	-	-	-	000	999	-
77318	S		BRACHYTX ISODOSE COMPLEX	-	05612	4.0289	APC	245	-	-	-	-	000	999	-
77321	S		SPECIAL TELETX PORT PLAN	-	05612	4.0289	APC	245	-	-	-	-	000	999	-
77331	S		SPECIAL RADIATION DOSIMETRY	-	05611	1.4795	APC	090	-	-	-	-	000	999	-
77332	S		RADIATION TREATMENT AID(S)	-	05611	1.4795	APC	090	-	-	-	-	000	999	-
77333	S		RADIATION TREATMENT AID(S)	-	05611	1.4795	APC	090	-	-	-	-	000	999	-
77334	S		RADIATION TREATMENT AID(S)	-	05612	4.0289	APC	245	-	-	-	-	000	999	-
77336	S		RADIATION PHYSICS CONSULT	-	05611	1.4795	APC	090	-	-	-	-	000	999	-
77338	S		DESIGN MLC DEVICE FOR IMRT	-	05612	4.0289	APC	245	-	-	-	-	000	999	-
77370	S		RADIATION PHYSICS CONSULT	-	05611	1.4795	APC	090	-	-	-	-	000	999	-
77371	N		SRS MULTISOURCE	-	05627	84.9104	Bundled, sometimes payable	5156	-	-	-	-	000	999	-
77372	N		SRS LINEAR BASED	-	05627	84.9104	Bundled, sometimes payable	5156	-	-	-	-	000	999	-
77373	S		SBRT DELIVERY	-	05626	19.4562	APC	1181	-	-	-	-	000	999	-
77385	S		NTSTY MODUL RAD TX DLVR SMLP	-	05623	6.4186	APC	390	-	-	-	-	000	999	-
77386	S		NTSTY MODUL RAD TX DLVR CPLX	-	05623	6.4186	APC	390	-	-	-	-	000	999	-
77387	N		GUIDANCE FOR RADJ TX DLVR	-	-	-	Bundled	000	-	-	-	-	000	999	-
77399	S		UNLISTED PX MED RADJ PHYSICS	-	05611	1.4795	APC	090	-	-	-	-	000	999	-
77401	S		RADIATION TREATMENT DELIVERY	-	05621	1.3075	APC	079	-	-	-	-	000	999	-
77402	S		RADIATION TREATMENT DELIVERY	-	05621	1.3075	APC	079	-	-	-	-	000	999	-
77407	S		RADIATION TREATMENT DELIVERY	-	05622	2.9304	APC	178	-	-	-	-	000	999	-
77412	S		RADIATION TREATMENT DELIVERY	-	05622	2.9304	APC	178	-	-	-	-	000	999	-
77417	N		RADIOLOGY PORT IMAGES(S)	-	-	-	Bundled	000	-	-	-	-	000	999	-
77423	S		NEUTRON BEAM TX COMPLEX	-	05623	6.4186	APC	390	-	-	-	Y	000	999	-
77424	N		IO RAD TX DELIVERY BY X-RAY	-	05627	84.9104	Bundled, sometimes payable	5156	-	-	-	-	000	999	-
77425	N		IO RAD TX DELIVER BY ELCTRNS	-	05627	84.9104	Bundled, sometimes payable	5156	-	-	-	-	000	999	-
77427	M		RADIATION TX MANAGEMENT X5	-	-	-	Fee Schedule	252	-	-	-	-	000	999	-
77431	M		RADIATION THERAPY MANAGEMENT	-	-	-	Fee Schedule	141	-	-	-	-	000	999	-
77432	M		STEREOTACTIC RADIATION TRMT	-	-	-	Fee Schedule	560	-	-	-	-	000	999	-
77435	N		SBRT MANAGEMENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
77469	E		IO RADIATION TX MANAGEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
77470	S		SPECIAL RADIATION TREATMENT	-	05623	6.4186	APC	390	-	-	-	-	000	999	-
77499	M		UNLISTED PX THER RAD TX MGMT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
77520	S		PROTON TRMT SIMPLE W/O COMP	-	05623	6.4186	APC	390	-	-	-	-	000	999	-
77522	S		PROTON TRMT SIMPLE W/COMP	-	05625	15.4680	APC	939	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
77523	S	PROTON TRMT INTERMEDIATE	-	05625	15.4680	APC	939	-	-	-	-	000	999	-
77525	S	PROTON TREATMENT COMPLEX	-	05625	15.4680	APC	939	-	-	-	-	000	999	-
77600	S	HYPERTHERMIA TREATMENT	-	05622	2.9304	APC	178	-	-	-	-	000	999	-
77605	S	HYPERTHERMIA TREATMENT	-	05624	7.8177	APC	475	-	-	-	-	000	999	-
77610	S	HYPERTHERMIA TREATMENT	-	05623	6.4186	APC	390	-	-	-	-	000	999	-
77615	S	HYPERTHERMIA TREATMENT	-	05623	6.4186	APC	390	-	-	-	-	000	999	-
77620	S	HYPERTHERMIA TREATMENT	-	05623	6.4186	APC	390	-	-	-	-	000	999	-
77750	S	INFUSE RADIOACTIVE MATERIALS	-	05622	2.9304	APC	178	-	-	-	-	000	999	-
77761	S	APPLY INTRCAV RADIAT SIMPLE	-	05623	6.4186	APC	390	-	-	-	-	000	999	-
77762	S	APPLY INTRCAV RADIAT INTERM	-	05623	6.4186	APC	390	-	-	-	-	000	999	-
77763	S	APPLY INTRCAV RADIAT COMPL	-	05624	7.8177	APC	475	-	-	-	-	000	999	-
77767	S	HDR RDNCL SKN SURF BRACHYTX	-	05622	2.9304	APC	178	-	-	-	-	000	999	-
77768	S	HDR RDNCL SKN SURF BRACHYTX	-	05622	2.9304	APC	178	-	-	-	-	000	999	-
77770	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	7.8177	APC	475	-	-	-	-	000	999	-
77771	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	7.8177	APC	475	-	-	-	-	000	999	-
77772	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	7.8177	APC	475	-	-	-	-	000	999	-
77778	S	APPLY INTERSTIT RADIAT COMPL	-	05624	7.8177	APC	475	-	-	-	-	000	999	-
77789	S	APPLY SURF LDR RADIONUCLIDE	-	05621	1.3075	APC	079	-	-	-	-	000	999	-
77790	N	RADIATION HANDLING	-	-	-	Bundled	000	-	-	-	-	000	999	-
77799	S	UNLISTED PX CLIN BRACHYTX	-	05621	1.3075	APC	079	-	-	-	-	000	999	-
78012	S	THYROID UPTAKE MEASUREMENT	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78013	S	THYROID IMAGING W/BLOOD FLOW	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78014	S	THYROID IMAGING W/BLOOD FLOW	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78015	S	THYROID MET IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78016	S	THYROID MET IMAGING/STUDIES	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78018	S	THYROID MET IMAGING BODY	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78020	N	THYROID MET UPTAKE	-	-	-	Bundled	000	-	-	-	-	000	999	-
78070	S	PARATHYROID PLANAR IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78071	S	PARATHYRD PLANAR W/WO SUBTRJ	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78072	S	PARATHYRD PLANAR W/SPECT&CT	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78075	S	ADRENAL CORTEX & MEDULLA IMG	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78099	S	UNLISTED ENDOCRINE PX DX NUC	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78102	S	BONE MARROW IMAGING LTD	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78103	S	BONE MARROW IMAGING MULT	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78104	S	BONE MARROW IMAGING BODY	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78110	S	PLASMA VOLUME SINGLE	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78111	S	PLASMA VOLUME MULTIPLE	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78120	S	RED CELL MASS SINGLE	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78121	S	RED CELL MASS MULTIPLE	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78122	S	BLOOD VOLUME	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78130	S	RED CELL SURVIVAL STUDY	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78140	S	RED CELL SEQUESTRATION	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78185	S	SPLEEN IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78191	S	PLATELET SURVIVAL	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78195	S	LYMPH SYSTEM IMAGING	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78199	S	UNLSTD HEMATOP RET/ENDO LYMP	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78201	S	LIVER IMAGING	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78202	S	LIVER IMAGING WITH FLOW	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78215	S	LIVER AND SPLEEN IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78216	S	LIVER & SPLEEN IMAGE/FLOW	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78226	S	HEPATOBILIARY SYSTEM IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78227	S	HEPATOBIL SYST IMAGE W/DRUG	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78230	S	SALIVARY GLAND IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78231	S	SERIAL SALIVARY IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78232	S	SALIVARY GLAND FUNCTION EXAM	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78258	S	ESOPHAGEAL MOTILITY STUDY	-	05591	4.4972	APC	273	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
78261	S		GASTRIC MUCOSA IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78262	S		GASTROESOPHAGEAL REFLUX EXAM	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78264	S		GASTRIC EMPTYING IMAG STUDY	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78265	S		GASTRIC EMPTYING IMAG STUDY	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78266	S		GASTRIC EMPTYING IMAG STUDY	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78267	Q		BREATH TST ATTAIN/ANAL C-14	-	-	-	Medicare	018	011	011	-	-	000	999	-
78268	Q		BREATH TEST ANALYSIS C-14	-	-	-	Medicare	157	098	094	-	-	000	999	-
78278	S		ACUTE GI BLOOD LOSS IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78282	S		GI PROTEIN LOSS EXAM	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78290	S		MECKELS DIVERT EXAM	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78291	S		LEVEEN/SHUNT PATENCY EXAM	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78299	S		UNLISTED GI PX DX NUC MED	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78300	S		BONE IMAGING LIMITED AREA	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78305	S		BONE IMAGING MULTIPLE AREAS	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78306	S		BONE IMAGING WHOLE BODY	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78315	S		BONE IMAGING 3 PHASE	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78350	E		BONE MINERAL SINGLE PHOTON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
78351	E		BONE MINERAL DUAL PHOTON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
78399	S		UNLISTED MUSCSKEL PX DX NUC	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78414	S		NON-IMAGING HEART FUNCTION	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78428	S		CARDIAC SHUNT IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78429	S		MYOCDR IMG PET 1 STD W/CT	-	05594	17.0584	APC	1013	-	-	-	-	000	999	-
78430	S		MYOCDR IMG PET RST/STRS W/CT	-	05594	17.0584	APC	1013	-	-	-	-	000	999	-
78431	S		MYOCDR IMG PET RST&STRS CT	-	01522	0.0000	APC	2251	-	-	-	-	000	999	-
78432	S		MYOCDR IMG PET 2RTRACER	-	01520	0.0000	APC	2751	-	-	-	-	000	999	-
78433	S		MYOCDR IMG PET 2RTRACER CT	-	01521	0.0000	APC	2751	-	-	-	-	000	999	-
78434	N		AQMBF PET REST & RX STRESS	-	-	-	Bundled	000	-	-	-	-	000	999	-
78445	S		VASCULAR FLOW IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78451	S		HT MUSCLE IMAGE SPECT SING	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78452	S		HT MUSCLE IMAGE SPECT MULT	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78453	S		HT MUSCLE IMAGE PLANAR SING	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78454	S		HT MUSC IMAGE PLANAR MULT	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78456	S		ACUTE VENOUS THROMBUS IMAGE	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78457	S		VENOUS THROMBOSIS IMAGING	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78458	S		VEN THROMBOSIS IMAGES BILAT	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78459	S		MYOCDR IMG PET SINGLE STUDY	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78466	S		HEART INFARCT IMAGE	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78468	S		HEART INFARCT IMAGE (EF)	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78469	S		HEART INFARCT IMAGE (3D)	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78472	S		GATED HEART PLANAR SINGLE	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78473	S		GATED HEART MULTIPLE	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78481	S		HEART FIRST PASS SINGLE	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78483	S		HEART FIRST PASS MULTIPLE	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78491	S		MYOCDR IMG PET 1STD RST/STRS	-	05594	17.0584	APC	1036	-	-	-	-	000	999	-
78492	S		MYOCDR IMG PET MLT RST&STRS	-	05594	17.0584	APC	1036	-	-	-	-	000	999	-
78494	S		HEART IMAGE SPECT	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78496	N		HEART FIRST PASS ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
78499	S		UNLISTED CV PX DX NUC MED	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78579	S		LUNG VENTILATION IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78580	S		LUNG PERFUSION IMAGING	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78582	S		LUNG VENTILAT&PERFUS IMAGING	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78597	S		LUNG PERFUSION DIFFERENTIAL	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78598	S		LUNG PERF&VENTILAT DIFERENTL	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78599	S		UNLISTED RESP PX DX NUC MED	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78600	S		BRAIN IMAGE < 4 VIEWS	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78601	S		BRAIN IMAGE W/FLOW < 4 VIEWS	-	05591	4.4972	APC	273	-	-	-	-	000	999	-

Montana Healthcare Programs Fee Schedule Outpatient Prospective Payment System Services Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
78605	S	BRAIN IMAGE 4+ VIEWS	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78606	S	BRAIN IMAGE W/FLOW 4 + VIEWS	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78608	S	BRAIN IMAGING (PET)	-	05594	17.0584	APC	1036	-	-	-	-	000	999	-
78609	E	BRAIN IMAGING (PET)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
78610	S	BRAIN FLOW IMAGING ONLY	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78630	S	CEREBROSPINAL FLUID SCAN	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78635	S	CSF VENTRICULOGRAPHY	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78645	S	CSF SHUNT EVALUATION	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78650	S	CSF LEAKAGE IMAGING	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78660	S	NUCLEAR EXAM OF TEAR FLOW	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78699	S	UNLISTED NRVS SYS PX DX NUC	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78700	S	KIDNEY IMAGING MORPHOL	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78701	S	KIDNEY IMAGING WITH FLOW	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78707	S	K FLOW/FUNCT IMAGE W/O DRUG	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78708	S	K FLOW/FUNCT IMAGE W/DRUG	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78709	S	K FLOW/FUNCT IMAGE MULTIPLE	-	05592	5.8936	APC	358	-	-	-	-	000	999	-
78725	S	KIDNEY FUNCTION STUDY	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78730	N	URINARY BLADDER RETENTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
78740	S	URETERAL REFLUX STUDY	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78761	S	TESTICULAR IMAGING W/FLOW	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78799	S	UNLISTED GU PX DX NUC MED	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78800	S	RP LOCLZJ TUM 1 AREA 1 D IMG	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78801	S	RP LOCLZJ TUM 2+AREA 1+D IMG	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
78802	S	RP LOCLZJ TUM WHBDY 1 D IMG	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78803	S	RP LOCLZJ TUM SPECT 1 AREA	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78804	S	RP LOCLZJ TUM WHBDY 2+D IMG	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78808	N	IV INJ RA DRUG DX STUDY	-	05591	4.4972	Bundled, sometimes payable	273	-	-	-	-	000	999	-
78811	S	PET IMAGE LTD AREA	-	05593	15.4829	APC	940	-	-	-	-	000	999	-
78812	S	PET IMAGE SKULL-THIGH	-	05594	17.0584	APC	1036	-	-	-	-	000	999	-
78813	S	PET IMAGE FULL BODY	-	05594	17.0584	APC	1036	-	-	-	-	000	999	-
78814	S	PET IMAGE W/CT LMTD	-	05594	17.0584	APC	1036	-	-	-	-	000	999	-
78815	S	PET IMAGE W/CT SKULL-THIGH	-	05594	17.0584	APC	1036	-	-	-	-	000	999	-
78816	S	PET IMAGE W/CT FULL BODY	-	05594	17.0584	APC	1036	-	-	-	-	000	999	-
78830	S	RP LOCLZJ TUM SPECT W/CT 1	-	05593	15.4829	APC	893	-	-	-	-	000	999	-
78831	S	RP LOCLZJ TUM SPECT 2 AREAS	-	05593	15.4829	APC	893	-	-	-	-	000	999	-
78832	S	RP LOCLZJ TUM SPECT W/CT 2	-	05594	17.0584	APC	1013	-	-	-	-	000	999	-
78835	N	RP QUAN MEAS SINGLE AREA	-	-	-	Bundled	000	-	-	-	-	000	999	-
78999	S	UNLISTED MISC PX DX NUC MED	-	05591	4.4972	APC	273	-	-	-	-	000	999	-
79005	S	NUCLEAR RX ORAL ADMIN	-	05661	2.7127	APC	165	-	-	-	-	000	999	-
79101	S	NUCLEAR RX IV ADMIN	-	05661	2.7127	APC	165	-	-	-	-	000	999	-
79200	S	NUCLEAR RX INTRACAV ADMIN	-	05661	2.7127	APC	165	-	-	-	-	000	999	-
79300	S	NUCLR RX INTERSTIT COLLOID	-	05661	2.7127	APC	165	-	-	-	-	000	999	-
79403	S	HEMATOPOIETIC NUCLEAR TX	-	05661	2.7127	APC	165	-	-	-	-	000	999	-
79440	S	NUCLEAR RX INTRA-ARTICULAR	-	05661	2.7127	APC	165	-	-	-	-	000	999	-
79445	S	NUCLEAR RX INTRA-ARTERIAL	-	05661	2.7127	APC	165	-	-	-	-	000	999	-
79999	S	RP THERAPY UNLISTED PX	-	05661	2.7127	APC	165	-	-	-	-	000	999	-
80047	Q	METABOLIC PANEL IONIZED CA	-	-	-	Medicare	023	014	014	-	-	000	999	-
80048	Q	METABOLIC PANEL TOTAL CA	-	-	-	Medicare	014	009	008	-	-	000	999	-
80050	Q	GENERAL HEALTH PANEL	-	-	-	Fee Schedule	052	-	-	-	-	000	999	-
80051	Q	ELECTROLYTE PANEL	-	-	-	Medicare	012	007	007	-	-	000	999	-
80053	Q	COMPREENH METABOLIC PANEL	-	-	-	Medicare	018	011	011	-	-	000	999	-
80055	Q	OBSTETRIC PANEL	-	-	-	Medicare	080	049	048	-	-	010	065	-
80061	Q	LIPID PANEL	-	-	-	Medicare	022	014	013	-	-	000	999	-
80069	Q	RENAL FUNCTION PANEL	-	-	-	Medicare	014	009	009	-	-	000	999	-
80074	Q	ACUTE HEPATITIS PANEL	-	-	-	Medicare	079	049	048	-	-	000	999	-
80076	Q	HEPATIC FUNCTION PANEL	-	-	-	Medicare	014	008	008	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
									Hospital Lab	Fees					
80081	Q	OBSTETRIC PANEL	-	-	-	Medicare	125	077	075	-	-	000	999	-	
80143	Q	DRUG ASSAY ACETAMINOPHEN	-	-	-	Medicare	031	019	019	-	-	000	999	-	
80145	Q	DRUG ASSAY ADALIMUMAB	-	-	-	Medicare	064	040	039	-	-	000	999	-	
80150	Q	ASSAY OF AMIKACIN	-	-	-	Medicare	025	016	015	-	-	000	999	-	
80151	Q	DRUG ASSAY AMIODARONE	-	-	-	Medicare	031	019	019	-	-	000	999	-	
80155	Q	DRUG ASSAY CAFFEINE	-	-	-	Medicare	064	040	039	-	-	000	999	-	
80156	Q	ASSAY CARBAMAZEPINE TOTAL	-	-	-	Medicare	024	015	015	-	-	000	999	-	
80157	Q	ASSAY CARBAMAZEPINE FREE	-	-	-	Medicare	022	014	013	-	-	000	999	-	
80158	Q	DRUG ASSAY CYCLOSPORINE	-	-	-	Medicare	030	019	018	-	-	000	999	-	
80159	Q	DRUG ASSAY CLOZAPINE	-	-	-	Medicare	034	021	020	-	-	000	999	-	
80161	Q	ASY CARBAMAZEPIN 10,11-EPXID	-	-	-	Medicare	031	019	019	-	-	000	999	-	
80162	Q	ASSAY OF DIGOXIN TOTAL	-	-	-	Medicare	022	014	013	-	-	000	999	-	
80163	Q	ASSAY OF DIGOXIN FREE	-	-	-	Medicare	022	014	013	-	-	000	999	-	
80164	Q	ASSAY DIPROPYLACETIC ACD TOT	-	-	-	Medicare	023	014	014	-	-	000	999	-	
80165	Q	DIPROPYLACETIC ACID FREE	-	-	-	Medicare	023	014	014	-	-	000	999	-	
80167	Q	DRUG ASSAY FELBAMATE	-	-	-	Medicare	031	019	019	-	-	000	999	-	
80168	Q	ASSAY OF ETHOSUXIMIDE	-	-	-	Medicare	027	017	016	-	-	000	999	-	
80169	Q	DRUG ASSAY EVEROLIMUS	-	-	-	Medicare	023	014	014	-	-	000	999	-	
80170	Q	ASSAY OF GENTAMICIN	-	-	-	Medicare	027	017	016	-	-	000	999	-	
80171	Q	DRUG SCREEN QUANT GABAPENTIN	-	-	-	Medicare	036	022	022	-	-	000	999	-	
80173	Q	ASSAY OF HALOPERIDOL	-	-	-	Medicare	026	016	016	-	-	000	999	-	
80175	Q	DRUG SCREEN QUAN LAMOTRIGINE	-	-	-	Medicare	022	014	013	-	-	000	999	-	
80176	Q	ASSAY OF LIDOCAINE	-	-	-	Medicare	024	015	015	-	-	000	999	-	
80177	Q	DRUG SCRAN QUAN LEVETIRACETAM	-	-	-	Medicare	022	014	013	-	-	000	999	-	
80178	Q	ASSAY OF LITHIUM	-	-	-	Medicare	011	007	007	-	-	000	999	-	
80179	Q	DRUG ASSAY SALICYLATE	-	-	-	Medicare	031	019	019	-	-	000	999	-	
80180	Q	DRUG SCRAN QUAN MYCOPHENOLATE	-	-	-	Medicare	030	019	018	-	-	000	999	-	
80181	Q	DRUG ASSAY FLECAINIDE	-	-	-	Medicare	031	019	019	-	-	000	999	-	
80183	Q	DRUG SCRAN QUANT OXCARBAZEPIN	-	-	-	Medicare	022	014	013	-	-	000	999	-	
80184	Q	ASSAY OF PHENOBARBITAL	-	-	-	Medicare	026	016	015	-	-	000	999	-	
80185	Q	ASSAY OF PHENYTOIN TOTAL	-	-	-	Medicare	022	014	013	-	-	000	999	-	
80186	Q	ASSAY OF PHENYTOIN FREE	-	-	-	Medicare	023	014	014	-	-	000	999	-	
80187	Q	DRUG ASSAY POSACONAZOLE	-	-	-	Medicare	045	028	027	-	-	000	999	-	
80188	Q	ASSAY OF PRIMIDONE	-	-	-	Medicare	028	017	017	-	-	000	999	-	
80189	Q	DRUG ASSAY ITRACONAZOLE	-	-	-	Medicare	045	028	027	-	-	000	999	-	
80190	Q	ASSAY OF PROCAINAMIDE	-	-	-	Medicare	100	062	060	-	-	000	999	-	
80192	Q	ASSAY OF PROCAINAMIDE	-	-	-	Medicare	028	017	017	-	-	000	999	-	
80193	Q	DRUG ASSAY LEFLUNOMIDE	-	-	-	Medicare	064	040	039	-	-	000	999	-	
80194	Q	ASSAY OF QUINIDINE	-	-	-	Medicare	024	015	015	-	-	000	999	-	
80195	Q	ASSAY OF SIROLIMUS	-	-	-	Medicare	023	014	014	-	-	000	999	-	
80197	Q	ASSAY OF TACROLIMUS	-	-	-	Medicare	023	014	014	-	-	000	999	-	
80198	Q	ASSAY OF THEOPHYLLINE	-	-	-	Medicare	024	015	014	-	-	000	999	-	
80199	Q	DRUG SCREEN QUANT TIAGABINE	-	-	-	Medicare	045	028	027	-	-	000	999	-	
80200	Q	ASSAY OF TOBRAMYCIN	-	-	-	Medicare	027	017	016	-	-	000	999	-	
80201	Q	ASSAY OF TOPIRAMATE	-	-	-	Medicare	020	012	012	-	-	000	999	-	
80202	Q	ASSAY OF VANCOMYCIN	-	-	-	Medicare	023	014	014	-	-	000	999	-	
80203	Q	DRUG SCREEN QUANT ZONISAMIDE	-	-	-	Medicare	022	014	013	-	-	000	999	-	
80204	Q	DRUG ASSAY METHOTREXATE	-	-	-	Medicare	064	040	039	-	-	000	999	-	
80210	Q	DRUG ASSAY RUFINAMIDE	-	-	-	Medicare	045	028	027	-	-	000	999	-	
80220	Q	DRUG ASY HYDROXYCHLOROQUINE	-	-	-	Medicare	031	019	019	-	-	000	999	-	
80230	Q	DRUG ASSAY INFlixIMAB	-	-	-	Medicare	064	040	039	-	-	000	999	-	
80235	Q	DRUG ASSAY LACOSAMIDE	-	-	-	Medicare	045	028	027	-	-	000	999	-	
80280	Q	DRUG ASSAY VEDOLIZUMAB	-	-	-	Medicare	064	040	039	-	-	000	999	-	
80285	Q	DRUG ASSAY VORICONAZOLE	-	-	-	Medicare	045	028	027	-	-	000	999	-	
80299	Q	QUANTITATIVE ASSAY DRUG	-	-	-	Medicare	031	019	019	-	-	000	999	-	
80305	Q	DRUG TEST PRSMV DIR OPT OBS	-	-	-	Medicare	021	013	013	-	-	000	999	-	

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
80306	Q	DRUG TEST PRSMV INSTRMNT	-	-	-	Medicare	029	018	017	-	-	000	999	-
80307	Q	DRUG TEST PRSMV CHEM ANALYZR	-	-	-	Medicare	104	064	062	-	-	000	999	-
80320	E	DRUG SCREEN QUANTALCOHOLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80321	E	ALCOHOLS BIOMARKERS 1OR 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80322	E	ALCOHOLS BIOMARKERS 3/MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80323	E	ALKALOIDS NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80324	E	DRUG SCREEN AMPHETAMINES 1/2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80325	E	AMPHETAMINES 3OR 4	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80326	E	AMPHETAMINES 5 OR MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80327	E	ANABOLIC STEROID 1 OR 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80328	E	ANABOLIC STEROID 3 OR MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80329	E	ANALGESICS NON-OPIOID 1 OR 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80330	E	ANALGESICS NON-OPIOID 3-5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80331	E	ANALGESICS NON-OPIOID 6/MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80332	E	ANTIDEPRESSANTS CLASS 1 OR 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80333	E	ANTIDEPRESSANTS CLASS 3-5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80334	E	ANTIDEPRESSANTS CLASS 6/MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80335	E	ANTIDEPRESSANT TRICYCLIC 1/2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80336	E	ANTIDEPRESSANT TRICYCLIC 3-5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80337	E	TRICYCLIC & CYCLICALS 6/MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80338	E	ANTIDEPRESSANT NOT SPECIFIED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80339	E	ANTIEPILEPTICS NOS 1-3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80340	E	ANTIEPILEPTICS NOS 4-6	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80341	E	ANTIEPILEPTICS NOS 7/MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80342	E	ANTIPSYCHOTICS NOS 1-3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80343	E	ANTIPSYCHOTICS NOS 4-6	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80344	E	ANTIPSYCHOTICS NOS 7/MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80345	E	DRUG SCREENING BARBITURATES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80346	E	BENZODIAZEPINES1-12	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80347	E	BENZODIAZEPINES 13 OR MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80348	E	DRUG SCREENING BUPRENORPHINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80349	E	CANNABINOIDS NATURAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80350	E	CANNABINOIDS SYNTHETIC 1-3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80351	E	CANNABINOIDS SYNTHETIC 4-6	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80352	E	CANNABINOID SYNTHETIC 7/MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80353	E	DRUG SCREENING COCAINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80354	E	DRUG SCREENING FENTANYL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80355	E	GABAPENTIN NON-BLOOD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80356	E	HEROIN METABOLITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80357	E	KETAMINE AND NORKETAMINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80358	E	DRUG SCREENING METHADONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80359	E	METHYLENEDIOXYAMPHETAMINES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80360	E	METHYLPHENIDATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80361	E	OPIATES 1 OR MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80362	E	OPIOIDS & OPIATE ANALOGS 1/2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80363	E	OPIOIDS & OPIATE ANALOGS 3/4	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80364	E	OPIOID & OPIATE ANALOG 5/MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80365	E	DRUG SCREENING OXYCODONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80366	E	DRUG SCREENING PREGABALIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80367	E	DRUG SCREENING PROPOXYPHENE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80368	E	SEDATIVE HYPNOTICS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80369	E	SKELETAL MUSCLE RELAXANT 1/2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80370	E	SKEL MUSC RELAXANT 3 OR MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80371	E	STIMULANTS SYNTHETIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80372	E	DRUG SCREENING TAPENTADOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80373	E	DRUG SCREENING TRAMADOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
80374	E	STEREISOISOMER ANALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80375	E	DRUG/SUBSTANCE NOS 1-3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80376	E	DRUG/SUBSTANCE NOS 4-6	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80377	E	DRUG/SUBSTANCE NOS 7/MORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
80400	Q	ACTH STIMULATION PANEL	-	-	-	Medicare	054	034	033	-	-	000	999	-
80402	Q	ACTH STIMULATION PANEL	-	-	-	Medicare	145	090	087	-	-	000	999	-
80406	Q	ACTH STIMULATION PANEL	-	-	-	Medicare	130	081	078	-	-	000	999	-
80408	Q	ALDOSTERONE SUPPRESSION EVAL	-	-	-	Medicare	209	130	126	-	-	000	999	-
80410	Q	CALCITONIN STIMUL PANEL	-	-	-	Medicare	134	083	080	-	-	000	999	-
80412	Q	CRH STIMULATION PANEL	-	-	-	Medicare	1336	828	802	-	-	000	999	-
80414	Q	TESTOSTERONE RESPONSE PANEL	-	-	-	Medicare	086	053	052	-	-	000	999	-
80415	Q	TOT ESTRADIOL RESPONSE PANEL	-	-	-	Medicare	093	058	056	-	-	000	999	-
80416	Q	RENIN STIMULATION PANEL	-	-	-	Medicare	349	216	209	-	-	000	999	-
80417	Q	RENIN STIMULATION PANEL	-	-	-	Medicare	073	045	044	-	-	000	999	-
80418	Q	PITUITARY EVALUATION PANEL	-	-	-	Medicare	966	599	579	-	-	000	999	-
80420	Q	DEXAMETHASONE PANEL	-	-	-	Medicare	270	167	162	-	-	000	999	-
80422	Q	GLUCAGON TOLERANCE PANEL	-	-	-	Medicare	077	048	046	-	-	000	999	-
80424	Q	GLUCAGON TOLERANCE PANEL	-	-	-	Medicare	084	052	051	-	-	000	999	-
80426	Q	GONADOTROPIN HORMONE PANEL	-	-	-	Medicare	247	153	148	-	-	000	999	-
80428	Q	GROWTH HORMONE PANEL	-	-	-	Medicare	111	069	067	-	-	000	999	-
80430	Q	GROWTH HORMONE PANEL	-	-	-	Medicare	216	134	129	-	-	000	999	-
80432	Q	INSULIN SUPPRESSION PANEL	-	-	-	Medicare	276	171	166	-	-	000	999	-
80434	Q	INSULIN TOLERANCE PANEL	-	-	-	Medicare	475	295	285	-	-	000	999	-
80435	Q	INSULIN TOLERANCE PANEL	-	-	-	Medicare	172	106	103	-	-	000	999	-
80436	Q	METRAPONE PANEL	-	-	-	Medicare	152	094	091	-	-	000	999	-
80438	Q	TRH STIMULATION PANEL	-	-	-	Medicare	084	052	050	-	-	000	999	-
80439	Q	TRH STIMULATION PANEL	-	-	-	Medicare	112	069	067	-	-	000	999	-
80503	N	PATH CLIN CONSLTJ SF 5-20	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
80504	N	PATH CLIN CONSLTJ MOD 21-40	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
80505	N	PATH CLIN CONSLTJ HIGH 41-60	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
80506	N	PATH CLIN CONSLTJ PROLNG SVC	-	-	-	Bundled	000	-	-	-	-	000	999	-
81000	Q	URINALYSIS NONAUTO W/SCOPE	-	-	-	Medicare	007	004	004	-	-	000	999	-
81001	Q	URINALYSIS AUTO W/SCOPE	-	-	-	Medicare	005	003	003	-	-	000	999	-
81002	Q	URINALYSIS NONAUTO W/O SCOPE	-	-	-	Medicare	006	004	003	-	-	000	999	-
81003	Q	URINALYSIS AUTO W/O SCOPE	-	-	-	Medicare	004	002	002	-	-	000	999	-
81005	Q	URINALYSIS	-	-	-	Medicare	004	002	002	-	-	000	999	-
81007	Q	URINE SCREEN FOR BACTERIA	-	-	-	Medicare	050	031	030	-	-	000	999	-
81015	Q	MICROSCOPIC EXAM OF URINE	-	-	-	Medicare	005	003	003	-	-	000	999	-
81020	Q	URINALYSIS GLASS TEST	-	-	-	Medicare	008	005	005	-	-	000	999	-
81025	Q	URINE PREGNANCY TEST	-	-	-	Medicare	014	009	009	-	-	000	999	-
81050	Q	URINALYSIS VOLUME MEASURE	-	-	-	Medicare	006	004	004	-	-	000	999	-
81099	N	UNLISTED URINALYSIS PX	-	-	-	Bundled	000	-	-	-	-	000	999	-
81105	Q	HPA-1 GENOTYPING	-	-	-	Medicare	204	126	122	-	-	000	999	-
81106	Q	HPA-2 GENOTYPING	-	-	-	Medicare	204	126	122	-	-	000	999	-
81107	Q	HPA-3 GENOTYPING	-	-	-	Medicare	204	126	122	-	-	000	999	-
81108	Q	HPA-4 GENOTYPING	-	-	-	Medicare	204	126	122	-	-	000	999	-
81109	Q	HPA-5 GENOTYPING	-	-	-	Medicare	204	126	122	-	-	000	999	-
81110	Q	HPA-6 GENOTYPING	-	-	-	Medicare	204	126	122	-	-	000	999	-
81111	Q	HPA-9 GENOTYPING	-	-	-	Medicare	204	126	122	-	-	000	999	-
81112	Q	HPA-15 GENOTYPING	-	-	-	Medicare	204	126	122	-	-	000	999	-
81120	Q	IDH1 COMMON VARIANTS	-	-	-	Medicare	322	200	193	-	-	000	999	-
81121	Q	IDH2 COMMON VARIANTS	-	-	-	Medicare	493	306	296	-	-	000	999	-
81161	Q	DMD DUP/DELET ANALYSIS	-	-	-	Medicare	465	288	279	-	-	000	999	-
81162	Q	BRCA1&2 GEN FULL SEQ DUP/DEL	-	-	-	Medicare	3041	1886	1825	Y	-	000	999	-
81163	Q	BRCA1&2 GENE FULL SEQ ALYS	-	-	-	Medicare	780	484	468	Y	-	000	999	-
81164	Q	BRCA1&2 GEN FUL DUP/DEL ALYS	-	-	-	Medicare	974	604	584	Y	-	000	999	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
81165	Q	BRCA1 GENE FULL SEQ ALYS	-	-	-	Medicare	471	292	283	Y	-	000	999	-
81166	Q	BRCA1 GENE FULL DUP/DEL ALYS	-	-	-	Medicare	502	311	301	Y	-	000	999	-
81167	Q	BRCA2 GENE FULL DUP/DEL ALYS	-	-	-	Medicare	471	292	283	Y	-	000	999	-
81168	Q	CCND1/IGH TRANSLOCATION ALYS	-	-	-	Medicare	346	214	207	-	-	000	999	-
81170	Q	ABL1 GENE	-	-	-	Medicare	500	310	300	-	-	000	999	-
81171	Q	AFF2 GEN ALY DETC ABNL ALLEL	-	-	-	Medicare	228	142	137	-	-	000	999	-
81172	Q	AFF2 GEN ALYS CHARAC ALLELES	-	-	-	Medicare	458	284	275	-	-	000	999	-
81173	Q	AR GENE FULL GENE SEQUENCE	-	-	-	Medicare	502	311	301	-	-	000	999	-
81174	Q	AR GENE KNOWN FAMIL VARIANT	-	-	-	Medicare	309	191	185	-	-	000	999	-
81175	Q	ASXL1 FULL GENE SEQUENCE	-	-	-	Medicare	1128	699	677	-	-	000	999	-
81176	Q	ASXL1 GENE TARGET SEQ ALYS	-	-	-	Medicare	403	250	242	-	-	000	999	-
81177	Q	ATN1 GENE DETC ABNOR ALLELES	-	-	-	Medicare	228	142	137	-	-	000	999	-
81178	Q	ATXN1 GENE DETC ABNOR ALLELE	-	-	-	Medicare	228	142	137	-	-	000	999	-
81179	Q	ATXN2 GENE DETC ABNOR ALLELE	-	-	-	Medicare	228	142	137	-	-	000	999	-
81180	Q	ATXN3 GENE DETC ABNOR ALLELE	-	-	-	Medicare	228	142	137	-	-	000	999	-
81181	Q	ATXN7 GENE DETC ABNOR ALLELE	-	-	-	Medicare	228	142	137	-	-	000	999	-
81182	Q	ATXN8OS GEN DETC ABNOR ALLEL	-	-	-	Medicare	228	142	137	-	-	000	999	-
81183	Q	ATXN10 GENE DETC ABNOR ALLEL	-	-	-	Medicare	228	142	137	-	-	000	999	-
81184	Q	CACNA1A GEN DETC ABNOR ALLEL	-	-	-	Medicare	228	142	137	-	-	000	999	-
81185	Q	CACNA1A GENE FULL GENE SEQ	-	-	-	Medicare	1410	874	846	-	-	000	999	-
81186	Q	CACNA1A GEN KNOWN FAMIL VRNT	-	-	-	Medicare	309	191	185	-	-	000	999	-
81187	Q	CNBP GENE DETC ABNOR ALLELE	-	-	-	Medicare	228	142	137	-	-	000	999	-
81188	Q	CSTB GENE DETC ABNOR ALLELE	-	-	-	Medicare	228	142	137	-	-	000	999	-
81189	Q	CSTB GENE FULL GENE SEQUENCE	-	-	-	Medicare	458	284	275	-	-	000	999	-
81190	Q	CSTB GENE KNOWN FAMIL VRNT	-	-	-	Medicare	309	191	185	-	-	000	999	-
81191	Q	NTRK1 TRANSLOCATION ANALYSIS	-	-	-	Medicare	346	214	207	-	-	000	999	-
81192	Q	NTRK2 TRANSLOCATION ANALYSIS	-	-	-	Medicare	346	214	207	-	-	000	999	-
81193	Q	NTRK3 TRANSLOCATION ANALYSIS	-	-	-	Medicare	346	214	207	-	-	000	999	-
81194	Q	NTRK TRANSLOCATION ANALYSIS	-	-	-	Medicare	864	536	518	-	-	000	999	-
81200	Q	ASPA GENE	-	-	-	Medicare	079	049	047	-	-	000	999	-
81201	Q	APC GENE FULL SEQUENCE	-	-	-	Medicare	1300	806	780	-	-	000	999	-
81202	Q	APC GENE KNOWN FAM VARIANTS	-	-	-	Medicare	467	289	280	-	-	000	999	-
81203	Q	APC GENE DUP/DELET VARIANTS	-	-	-	Medicare	333	207	200	-	-	000	999	-
81204	Q	AR GENE CHARAC ALLELES	-	-	-	Medicare	228	142	137	-	-	000	999	-
81205	Q	BCKDHB GENE	-	-	-	Medicare	158	098	095	-	-	000	999	-
81206	Q	BCR/ABL1 GENE MAJOR BP	-	-	-	Medicare	273	169	164	-	-	000	999	-
81207	Q	BCR/ABL1 GENE MINOR BP	-	-	-	Medicare	241	150	145	-	-	000	999	-
81208	Q	BCR/ABL1 GENE OTHER BP	-	-	-	Medicare	358	222	215	-	-	000	999	-
81209	Q	BLM GENE	-	-	-	Medicare	066	041	039	-	-	000	999	-
81210	Q	BRAF GENE	-	-	-	Medicare	292	181	175	-	-	000	999	-
81212	Q	BRCA1&2 185&5385&6174 VRNT	-	-	-	Medicare	733	455	440	Y	-	000	999	-
81215	Q	BRCA1 GENE KNOWN FAMIL VRNT	-	-	-	Medicare	625	388	375	Y	-	000	999	-
81216	Q	BRCA2 GENE FULL SEQ ALYS	-	-	-	Medicare	309	191	185	Y	-	000	999	-
81217	Q	BRCA2 GENE KNOWN FAMIL VRNT	-	-	-	Medicare	625	388	375	Y	-	000	999	-
81218	Q	CEBPA GENE FULL SEQUENCE	-	-	-	Medicare	403	250	242	-	-	000	999	-
81219	Q	CALR GENE COM VARIANTS	-	-	-	Medicare	203	126	122	-	-	000	999	-
81220	Q	CFTR GENE COM VARIANTS	-	-	-	Medicare	928	575	557	-	-	000	999	-
81221	Q	CFTR GENE KNOWN FAM VARIANTS	-	-	-	Medicare	162	100	097	-	-	000	999	-
81222	Q	CFTR GENE DUP/DELET VARIANTS	-	-	-	Medicare	725	450	435	-	-	000	999	-
81223	Q	CFTR GENE FULL SEQUENCE	-	-	-	Medicare	832	516	499	-	-	000	999	-
81224	Q	CFTR GENE INTRON POLY T	-	-	-	Medicare	281	174	169	-	-	000	999	-
81225	Q	CYP2C19 GENE COM VARIANTS	-	-	-	Medicare	486	301	291	Y	-	000	999	PA applies to under 18 with mental health DX only

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
81226	Q	CYP2D6 GENE COM VARIANTS	-	-	-	Medicare	752	466	451	Y	-	000	999	PA applies to under 18 with mental health DX only
81227	Q	CYP2C9 GENE COM VARIANTS	-	-	-	Medicare	291	181	175	-	-	000	999	-
81228	Q	CYTOG ALYS CHRML ABNR CGH	-	-	-	Medicare	1500	930	900	-	-	000	999	-
81229	Q	CYTOG ALYS CHRML ABNR SNP CGH	-	-	-	Medicare	1933	1199	1160	-	-	000	999	-
81230	Q	CYP3A4 GENE COMMON VARIANTS	-	-	-	Medicare	291	181	175	-	-	000	999	-
81231	Q	CYP3A5 GENE COMMON VARIANTS	-	-	-	Medicare	291	181	175	-	-	000	999	-
81232	Q	DPYD GENE COMMON VARIANTS	-	-	-	Medicare	291	181	175	-	-	000	999	-
81233	Q	BTK GENE COMMON VARIANTS	-	-	-	Medicare	292	181	175	-	-	000	999	-
81234	Q	DMPK GENE DETC ABNOR ALLELE	-	-	-	Medicare	228	142	137	-	-	000	999	-
81235	Q	EGFR GENE COM VARIANTS	-	-	-	Medicare	541	335	325	-	-	000	999	-
81236	Q	EZH2 GENE FULL GENE SEQUENCE	-	-	-	Medicare	471	292	283	-	-	000	999	-
81237	Q	EZH2 GENE COMMON VARIANTS	-	-	-	Medicare	292	181	175	-	-	000	999	-
81238	Q	F9 FULL GENE SEQUENCE	-	-	-	Medicare	1000	620	600	-	-	000	999	-
81239	Q	DMPK GENE CHARAC ALLELES	-	-	-	Medicare	458	284	275	-	-	000	999	-
81240	Q	F2 GENE	-	-	-	Medicare	109	068	066	-	-	000	999	-
81241	Q	F5 GENE	-	-	-	Medicare	122	076	073	-	-	000	999	-
81242	Q	FANCC GENE	-	-	-	Medicare	061	038	037	-	-	000	999	-
81243	Q	FMR1 GEN ALY DETC ABNL ALLEL	-	-	-	Medicare	095	059	057	-	-	000	999	-
81244	Q	FMR1 GEN ALYS CHARAC ALLELES	-	-	-	Medicare	075	046	045	-	-	000	999	-
81245	Q	FLT3 GENE	-	-	-	Medicare	276	171	166	-	-	000	999	-
81246	Q	FLT3 GENE ANALYSIS	-	-	-	Medicare	138	086	083	-	-	000	999	-
81247	Q	G6PD GENE ALYS CMN VARIANT	-	-	-	Medicare	291	181	175	-	-	000	999	-
81248	Q	G6PD KNOWN FAMILIAL VARIANT	-	-	-	Medicare	625	388	375	-	-	000	999	-
81249	Q	G6PD FULL GENE SEQUENCE	-	-	-	Medicare	1000	620	600	-	-	000	999	-
81250	Q	G6PC GENE	-	-	-	Medicare	097	060	058	-	-	000	999	-
81251	Q	GBA GENE	-	-	-	Medicare	079	049	047	-	-	000	999	-
81252	Q	GJB2 GENE FULL SEQUENCE	-	-	-	Medicare	169	104	101	-	-	000	999	-
81253	Q	GJB2 GENE KNOWN FAM VARIANTS	-	-	-	Medicare	103	064	062	-	-	000	999	-
81254	Q	GJB6 GENE COM VARIANTS	-	-	-	Medicare	058	036	035	-	-	000	999	-
81255	Q	HEXA GENE	-	-	-	Medicare	086	053	051	-	-	000	999	-
81256	Q	HFE GENE	-	-	-	Medicare	109	068	065	-	-	000	999	-
81257	Q	HBA1/HBA2 GENE	-	-	-	Medicare	170	106	102	-	-	000	999	-
81258	Q	HBA1/HBA2 GENE FAM VRNT	-	-	-	Medicare	625	388	375	-	-	000	999	-
81259	Q	HBA1/HBA2 FULL GENE SEQUENCE	-	-	-	Medicare	1000	620	600	-	-	000	999	-
81260	Q	IKBKAP GENE	-	-	-	Medicare	066	041	039	-	-	000	999	-
81261	Q	IGH GENE REARRANGE AMP METH	-	-	-	Medicare	330	205	198	-	-	000	999	-
81262	Q	IGH GENE REARRANG DIR PROBE	-	-	-	Medicare	114	071	069	-	-	000	999	-
81263	Q	IGH VARI REGIONAL MUTATION	-	-	-	Medicare	491	304	295	-	-	000	999	-
81264	Q	IGK REARRANGEABN CLONAL POP	-	-	-	Medicare	288	178	173	-	-	000	999	-
81265	Q	STR MARKERS SPECIMEN ANAL	-	-	-	Medicare	388	241	233	-	-	000	999	-
81266	Q	STR MARKERS SPEC ANAL ADDL	-	-	-	Medicare	508	315	305	-	-	000	999	-
81267	Q	CHIMERISM ANAL NO CELL SELEC	-	-	-	Medicare	346	214	207	-	-	000	999	-
81268	Q	CHIMERISM ANAL W/CELL SELECT	-	-	-	Medicare	435	269	261	-	-	000	999	-
81269	Q	HBA1/HBA2 GENE DUP/DEL VRNTS	-	-	-	Medicare	337	209	202	-	-	000	999	-
81270	Q	JAK2 GENE	-	-	-	Medicare	153	095	092	-	-	000	999	-
81271	Q	HTT GENE DETC ABNOR ALLELES	-	-	-	Medicare	228	142	137	-	-	000	999	-
81272	Q	KIT GENE TARGETED SEQ ANALYS	-	-	-	Medicare	549	340	330	-	-	000	999	-
81273	Q	KIT GENE ANALYS D816 VARIANT	-	-	-	Medicare	208	129	125	-	-	000	999	-
81274	Q	HTT GENE CHARAC ALLELES	-	-	-	Medicare	458	284	275	-	-	000	999	-
81275	Q	KRAS GENE VARIANTS EXON 2	-	-	-	Medicare	322	200	193	-	-	000	999	-
81276	Q	KRAS GENE ADDL VARIANTS	-	-	-	Medicare	322	200	193	-	-	000	999	-
81277	Q	CYTOGENOMIC NEO MICRORA ALYS	-	-	-	Medicare	1933	1199	1160	-	-	000	999	-
81278	Q	IGH@/BCL2 TRANSLOCATION ALYS	-	-	-	Medicare	346	214	207	-	-	000	999	-

Montana Healthcare Programs Fee Schedule

Outpatient Prospective Payment System Services

Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Non-sole			Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
81279	Q	JAK2 GENE TRGT SEQUENCE ALYS	-	-	-	Medicare	309	191	185	-	-	000	999	-
81283	Q	IFNL3 GENE	-	-	-	Medicare	122	076	073	-	-	000	999	-
81284	Q	FXN GENE DETC ABNOR ALLELES	-	-	-	Medicare	228	142	137	-	-	000	999	-
81285	Q	FXN GENE CHARAC ALLELES	-	-	-	Medicare	458	284	275	-	-	000	999	-
81286	Q	FXN GENE FULL GENE SEQUENCE	-	-	-	Medicare	458	284	275	-	-	000	999	-
81287	Q	MGMT GENE PRMTR MTHYLTN ALYS	-	-	-	Medicare	208	129	125	-	-	000	999	-
81288	Q	MLH1 GENE	-	-	-	Medicare	321	199	192	-	-	000	999	-
81289	Q	FXN GENE KNOWN FAMIL VARIANT	-	-	-	Medicare	309	191	185	-	-	000	999	-
81290	Q	MCOLN1 GENE	-	-	-	Medicare	066	041	039	-	-	000	999	-
														PA applies to under 18 with mental health DX only
81291	Q	MTHFR GENE	-	-	-	Medicare	109	068	065	Y	-	000	999	-
81292	Q	MLH1 GENE FULL SEQ	-	-	-	Medicare	1126	698	675	-	-	000	999	-
81293	Q	MLH1 GENE KNOWN VARIANTS	-	-	-	Medicare	552	342	331	-	-	000	999	-
81294	Q	MLH1 GENE DUP/DELETE VARIANT	-	-	-	Medicare	337	209	202	-	-	000	999	-
81295	Q	MSH2 GENE FULL SEQ	-	-	-	Medicare	636	394	382	-	-	000	999	-
81296	Q	MSH2 GENE KNOWN VARIANTS	-	-	-	Medicare	563	349	338	-	-	000	999	-
81297	Q	MSH2 GENE DUP/DELETE VARIANT	-	-	-	Medicare	356	220	213	-	-	000	999	-
81298	Q	MSH6 GENE FULL SEQ	-	-	-	Medicare	1070	663	642	-	-	000	999	-
81299	Q	MSH6 GENE KNOWN VARIANTS	-	-	-	Medicare	513	318	308	-	-	000	999	-
81300	Q	MSH6 GENE DUP/DELETE VARIANT	-	-	-	Medicare	397	246	238	-	-	000	999	-
81301	Q	MICROSATELLITE INSTABILITY	-	-	-	Medicare	581	360	349	-	-	000	999	-
81302	Q	MECP2 GENE FULL SEQ	-	-	-	Medicare	880	545	528	-	-	000	999	-
81303	Q	MECP2 GENE KNOWN VARIANT	-	-	-	Medicare	200	124	120	-	-	000	999	-
81304	Q	MECP2 GENE DUP/DELET VARIANT	-	-	-	Medicare	250	155	150	-	-	000	999	-
81305	Q	MYD88 GENE P.LEU265PRO VRNT	-	-	-	Medicare	292	181	175	-	-	000	999	-
81306	Q	NUDT15 GENE COMMON VARIANTS	-	-	-	Medicare	486	301	291	-	-	000	999	-
81307	Q	PALB2 GENE FULL GENE SEQ	-	-	-	Medicare	1128	699	677	-	-	000	999	-
81308	Q	PALB2 GENE KNOWN FAMIL VRNT	-	-	-	Medicare	502	311	301	-	-	000	999	-
81309	Q	PIK3CA GENE TRGT SEQ ALYS	-	-	-	Medicare	458	284	275	-	-	000	999	-
81310	Q	NPM1 GENE	-	-	-	Medicare	411	255	247	-	-	000	999	-
81311	Q	NRAS GENE VARIANTS EXON 2&3	-	-	-	Medicare	493	306	296	-	-	000	999	-
81312	Q	PABPN1 GENE DETC ABNOR ALLEL	-	-	-	Medicare	228	142	137	-	-	000	999	-
81313	Q	PCA3/KLK3 ANTIGEN	-	-	-	Medicare	425	264	255	-	-	000	999	-
81314	Q	PDGFRA GENE	-	-	-	Medicare	549	340	330	-	-	000	999	-
81315	Q	PML/RARALPHA COM BREAKPOINTS	-	-	-	Medicare	346	214	207	-	-	000	999	-
81316	Q	PML/RARALPHA 1 BREAKPOINT	-	-	-	Medicare	346	214	207	-	-	000	999	-
81317	Q	PMS2 GENE FULL SEQ ANALYSIS	-	-	-	Medicare	1128	699	677	-	-	000	999	-
81318	Q	PMS2 KNOWN FAMILIAL VARIANTS	-	-	-	Medicare	552	342	331	-	-	000	999	-
81319	Q	PMS2 GENE DUP/DELET VARIANTS	-	-	-	Medicare	339	210	204	-	-	000	999	-
81320	Q	PLCG2 GENE COMMON VARIANTS	-	-	-	Medicare	486	301	291	-	-	000	999	-
81321	Q	PTEN GENE FULL SEQUENCE	-	-	-	Medicare	1000	620	600	-	-	000	999	-
81322	Q	PTEN GENE KNOWN FAM VARIANT	-	-	-	Medicare	078	048	047	-	-	000	999	-
81323	Q	PTEN GENE DUP/DELET VARIANT	-	-	-	Medicare	500	310	300	-	-	000	999	-
81324	Q	PMP22 GENE DUP/DELET	-	-	-	Medicare	1264	784	758	-	-	000	999	-
81325	Q	PMP22 GENE FULL SEQUENCE	-	-	-	Medicare	1283	795	770	-	-	000	999	-
81326	Q	PMP22 GENE KNOWN FAM VARIANT	-	-	-	Medicare	078	048	047	-	-	000	999	-
81327	Q	SEPT9 GEN PRMTR MTHYLTN ALYS	-	-	-	Medicare	320	198	192	-	-	000	999	-
81328	Q	SLCO1B1 GENE COM VARIANTS	-	-	-	Medicare	291	181	175	-	-	000	999	-
81329	Q	SMN1 GENE DOS/DELETION ALYS	-	-	-	Medicare	228	142	137	-	-	000	999	-
81330	Q	SMPD1 GENE COMMON VARIANTS	-	-	-	Medicare	078	049	047	-	-	000	999	-
81331	Q	SNRPN/UBE3A GENE	-	-	-	Medicare	085	053	051	-	-	000	999	-
81332	Q	SERPINA1 GENE	-	-	-	Medicare	073	045	044	-	-	000	999	-
81333	Q	TGFB1 GENE COMMON VARIANTS	-	-	-	Medicare	228	142	137	-	-	000	999	-
81334	Q	RUNX1 GENE TARGETED SEQ ALYS	-	-	-	Medicare	549	340	330	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
81335	Q	TPMT GENE COM VARIANTS	-	-	-	Medicare	291	181	175	-	-	000	999	-
81336	Q	SMN1 GENE FULL GENE SEQUENCE	-	-	-	Medicare	502	311	301	-	-	000	999	-
81337	Q	SMN1 GEN NOWN FAMIL SEQ VRNT	-	-	-	Medicare	309	191	185	-	-	000	999	-
81338	Q	MPL GENE COMMON VARIANTS	-	-	-	Medicare	251	155	150	-	-	000	999	-
81339	Q	MPL GENE SEQ ALYS EXON 10	-	-	-	Medicare	309	191	185	-	-	000	999	-
81340	Q	TRB@ GENE REARRANGE AMPLIFY	-	-	-	Medicare	348	216	209	-	-	000	999	-
81341	Q	TRB@ GENE REARRANGE DIRPROBE	-	-	-	Medicare	083	051	050	-	-	000	999	-
81342	Q	TRG GENE REARRANGEMENT ANAL	-	-	-	Medicare	336	208	201	-	-	000	999	-
81343	Q	PPP2R2B GEN DETC ABNOR ALLEL	-	-	-	Medicare	228	142	137	-	-	000	999	-
81344	Q	TBP GENE DETC ABNOR ALLELES	-	-	-	Medicare	228	142	137	-	-	000	999	-
81345	Q	TERT GENE TARGETED SEQ ALYS	-	-	-	Medicare	309	191	185	-	-	000	999	-
81346	Q	TYMS GENE COM VARIANTS	-	-	-	Medicare	291	181	175	-	-	000	999	-
81347	Q	SF3B1 GENE COMMON VARIANTS	-	-	-	Medicare	322	200	193	-	-	000	999	-
81348	Q	SRSF2 GENE COMMON VARIANTS	-	-	-	Medicare	292	181	175	-	-	000	999	-
81349	E	CYTOG ALYS CHRML ABNR LW-PS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81350	Q	UGT1A1 GENE COMMON VARIANTS	-	-	-	Medicare	390	242	234	-	-	000	999	-
81351	Q	TP53 GENE FULL GENE SEQUENCE	-	-	-	Medicare	1070	663	642	-	-	000	999	-
81352	Q	TP53 GENE TRGT SEQUENCE ALYS	-	-	-	Medicare	549	340	330	-	-	000	999	-
81353	Q	TP53 GENE KNOWN FAMIL VRNT	-	-	-	Medicare	513	318	308	-	-	000	999	-
81355	Q	VKORC1 GENE	-	-	-	Medicare	147	091	088	-	-	000	999	-
81357	Q	U2AF1 GENE COMMON VARIANTS	-	-	-	Medicare	322	200	193	-	-	000	999	-
81360	Q	ZRSR2 GENE COMMON VARIANTS	-	-	-	Medicare	322	200	193	-	-	000	999	-
81361	Q	HBB GENE COM VARIANTS	-	-	-	Medicare	291	181	175	-	-	000	999	-
81362	Q	HBB GENE KNOWN FAM VARIANT	-	-	-	Medicare	625	388	375	-	-	000	999	-
81363	Q	HBB GENE DUP/DEL VARIANTS	-	-	-	Medicare	337	209	202	-	-	000	999	-
81364	Q	HBB FULL GENE SEQUENCE	-	-	-	Medicare	541	335	325	-	-	000	999	-
81370	Q	HLA I & II TYPING LR	-	-	-	Medicare	670	416	402	-	-	000	999	-
81371	Q	HLA I & II TYPE VERIFY LR	-	-	-	Medicare	674	418	405	-	-	000	999	-
81372	Q	HLA I TYPING COMPLETE LR	-	-	-	Medicare	673	417	404	-	-	000	999	-
81373	Q	HLA I TYPING 1 LOCUS LR	-	-	-	Medicare	212	132	127	-	-	000	999	-
81374	Q	HLA I TYPING 1 ANTIGEN LR	-	-	-	Medicare	124	077	074	-	-	000	999	-
81375	Q	HLA II TYPING AG EQUIV LR	-	-	-	Medicare	368	228	221	-	-	000	999	-
81376	Q	HLA II TYPING 1 LOCUS LR	-	-	-	Medicare	204	126	122	-	-	000	999	-
81377	Q	HLA II TYPE 1 AG EQUIV LR	-	-	-	Medicare	158	098	095	-	-	000	999	-
81378	Q	HLA I & II TYPING HR	-	-	-	Medicare	576	357	346	-	-	000	999	-
81379	Q	HLA I TYPING COMPLETE HR	-	-	-	Medicare	559	347	335	-	-	000	999	-
81380	Q	HLA I TYPING 1 LOCUS HR	-	-	-	Medicare	295	183	177	-	-	000	999	-
81381	Q	HLA I TYPING 1 ALLELE HR	-	-	-	Medicare	283	176	170	-	-	000	999	-
81382	Q	HLA II TYPING 1 LOC HR	-	-	-	Medicare	206	128	124	-	-	000	999	-
81383	Q	HLA II TYPING 1 ALLELE HR	-	-	-	Medicare	182	113	109	-	-	000	999	-
81400	Q	MOPATH PROCEDURE LEVEL 1	-	-	-	Medicare	107	066	064	-	-	000	999	-
81401	Q	MOPATH PROCEDURE LEVEL 2	-	-	-	Medicare	228	142	137	Y	-	000	999	PA applies to under 18 with mental health DX only
81402	Q	MOPATH PROCEDURE LEVEL 3	-	-	-	Medicare	251	155	150	-	-	000	999	-
81403	Q	MOPATH PROCEDURE LEVEL 4	-	-	-	Medicare	309	191	185	-	-	000	999	-
81404	Q	MOPATH PROCEDURE LEVEL 5	-	-	-	Medicare	458	284	275	-	-	000	999	-
81405	Q	MOPATH PROCEDURE LEVEL 6	-	-	-	Medicare	502	311	301	-	-	000	999	-
81406	Q	MOPATH PROCEDURE LEVEL 7	-	-	-	Medicare	471	292	283	-	-	000	999	-
81407	Q	MOPATH PROCEDURE LEVEL 8	-	-	-	Medicare	1410	874	846	-	-	000	999	-
81408	Q	MOPATH PROCEDURE LEVEL 9	-	-	-	Medicare	3333	2067	2000	-	-	000	999	-
81410	Q	AORTIC DYSFUNCTION/DILATION	-	-	-	Medicare	840	521	504	-	-	000	999	-
81411	Q	AORTIC DYSFUNCTION/DILATION	-	-	-	Medicare	2250	1395	1350	-	-	000	999	-
81412	Q	ASHKENAZI JEWISH ASSOC DIS	-	-	-	Medicare	4081	2530	2449	-	-	000	999	-
81413	Q	CAR ION CHNNLPATH INC 10 GNS	-	-	-	Medicare	975	604	585	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
81414	Q	CAR ION CHNNLPATH INC 2 GNS	-	-	-	Medicare	975	604	585	-	-	000	999	-
81415	Q	EXOME SEQUENCE ANALYSIS	-	-	-	Medicare	7967	4939	4780	Y	-	000	999	-
81416	Q	EXOME SEQUENCE ANALYSIS	-	-	-	Medicare	20000	12400	12000	Y	-	000	999	-
81417	Q	EXOME RE-EVALUATION	-	-	-	Medicare	533	331	320	-	-	000	999	-
81418	E	RX METAB GEN SEQ ALYS PNL 6	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81419	Q	EPILEPSY GEN SEQ ALYS PANEL	-	-	-	Medicare	4081	2530	2449	-	-	000	999	-
81420	Q	FETAL CHRMOML ANEUPLOIDY	-	-	-	Medicare	1265	784	759	-	-	010	061	-
81422	Q	FETAL CHRMOML MICRODEL TJ	-	-	-	Medicare	1265	784	759	-	-	000	999	-
81425	Q	GENOME SEQUENCE ANALYSIS	-	-	-	Medicare	8385	5199	5031	-	-	000	999	-
81426	Q	GENOME SEQUENCE ANALYSIS	-	-	-	Medicare	4517	2800	2710	-	-	000	999	-
81427	Q	GENOME RE-EVALUATION	-	-	-	Medicare	3896	2416	2338	-	-	000	999	-
81430	Q	HEARING LOSS SEQUENCE ANALYS	-	-	-	Medicare	2708	1679	1625	-	-	000	999	-
81431	Q	HEARING LOSS DUP/DEL ANALYS	-	-	-	Medicare	1133	702	680	-	-	000	999	-
81432	Q	HRDTRY BRST CA-RLATD DSORDRS	-	-	-	Medicare	1132	702	679	-	-	000	999	-
81433	Q	HRDTRY BRST CA-RLATD DSORDRS	-	-	-	Medicare	732	454	439	-	-	000	999	-
81434	Q	HEREDITARY RETINAL DISORDERS	-	-	-	Medicare	997	618	598	-	-	000	999	-
81435	Q	HEREDITARY COLON CA DSORDRS	-	-	-	Medicare	975	604	585	-	-	000	999	-
81436	Q	HEREDITARY COLON CA DSORDRS	-	-	-	Medicare	975	604	585	-	-	000	999	-
81437	Q	HEREDTRY NURONDCRN TUM DSRDR	-	-	-	Medicare	732	454	439	-	-	000	999	-
81438	Q	HEREDTRY NURONDCRN TUM DSRDR	-	-	-	Medicare	732	454	439	-	-	000	999	-
81439	Q	HRDTRY CARDMPY PY GENE PANEL	-	-	-	Medicare	975	604	585	-	-	000	999	-
81440	Q	MITOCHONDRIAL GENE	-	-	-	Medicare	5540	3435	3324	-	-	000	999	-
81441	E	IBMFS SEQ ALYS PNL 30 GENES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81442	Q	NOONAN SPECTRUM DISORDERS	-	-	-	Medicare	3573	2215	2144	-	-	000	999	-
81443	Q	GENETIC TSTG SEVERE INH COND	-	-	-	Medicare	4081	2530	2449	-	-	000	999	-
81445	Q	SO NEO GSAP 5-50DNA/DNA&RNA	-	-	-	Medicare	997	618	598	-	-	000	999	-
81448	Q	HRDTRY PERPH NEURPHY PANEL	-	-	-	Medicare	975	604	585	-	-	000	999	-
81449	E	SO NEO GSAP 5-50 RNA ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81450	Q	HL NEO GSAP 5-50DNA/DNA&RNA	-	-	-	Medicare	1266	785	760	-	-	000	999	-
81451	E	HL NEO GSAP 5-50 RNA ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81455	Q	SO/HL 51>GSAP DNA/DNA&RNA	-	-	-	Medicare	4866	3017	2920	-	-	000	999	-
81456	E	SO/HL 51>GSAP RNA ALYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81457	E	SO NEO GSAP DNA MCRSTL INS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81458	E	SO GSAP DNA CPY NMBR&MCRSTL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81459	E	SO NEO GSAP DNA/DNA&RNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81460	Q	WHOLE MITOCHONDRIAL GENOME	-	-	-	Medicare	2145	1330	1287	-	-	000	999	-
81462	E	SO GSAP CLL FR DNA/DNA&RNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81463	E	SO GSAP CL FR CPY NMBR&MCRST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81464	E	SO GSAP CLL FR MCRSTL INS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81465	Q	WHOLE MITOCHONDRIAL GENOME	-	-	-	Medicare	1560	967	936	-	-	000	999	-
81470	Q	X-LINKED INTELLECTUAL DBLT	-	-	-	Medicare	1523	944	914	-	-	000	999	-
81471	Q	X-LINKED INTELLECTUAL DBLT	-	-	-	Medicare	1523	944	914	-	-	000	999	-
81479	N	UNLISTED MOLECULAR PATHOLOGY	-	-	-	Bundled	000	-	-	Y	-	000	999	PA applies to under 18 with mental health DX only
81490	Q	AUTOIMMUNE RA ALYS 12 BMRK	-	-	-	Medicare	1401	869	841	-	-	000	999	-
81493	Q	COR ARTERY DISEASE MRNA	-	-	-	Medicare	1750	1085	1050	-	-	000	999	-
81500	Q	ONCO (OVAR) TWO PROTEINS	-	-	-	Medicare	434	269	261	-	-	000	999	-
81503	Q	ONCO (OVAR) FIVE PROTEINS	-	-	-	Medicare	1495	927	897	-	-	000	999	-
81504	Q	ONCOLOGY TISSUE OF ORIGIN	-	-	-	Medicare	867	537	520	-	-	000	999	-
81506	E	ENDO ASSAY SEVEN ANAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
81507	Q	FETAL ANEUPLOIDY TRISOM RISK	-	-	-	Medicare	1325	822	795	-	-	010	061	-
81508	E	FTL CGEN ABNOR TWO PROTEINS	-	-	-	Not Allowed	000	-	-	-	-	010	061	-
81509	E	FTL CGEN ABNOR 3 PROTEINS	-	-	-	Not Allowed	000	-	-	-	-	010	061	-
81510	E	FTL CGEN ABNOR THREE ANAL	-	-	-	Not Allowed	000	-	-	-	-	010	061	-

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Montana Healthcare Programs Fee Schedule

Outpatient Prospective Payment System Services

Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees					
81511	E	FTL CGEN ABNOR FOUR ANAL	-	-	-	Not Allowed	000	-	-	-	010	061	-
81512	E	FTL CGEN ABNOR FIVE ANAL	-	-	-	Not Allowed	000	-	-	-	010	061	-
81513	Q	NFCT DS BV RNA VAG FLU ALG	-	-	-	Medicare	238	147	143	-	000	999	-
81514	Q	NFCT DS BV&VAGINITIS DNA ALG	-	-	-	Medicare	438	272	263	-	000	999	-
81517	Q	LIVER DS ALYS 3 BMRK SRM ALG	-	-	-	Medicare	839	520	503	-	000	999	-
81518	Q	ONC BRST MRNA 11 GENES	-	-	-	Medicare	6455	4002	3873	-	000	999	-
81519	Q	ONCOLOGY BREAST MRNA	-	-	-	Medicare	6455	4002	3873	-	000	999	-
81520	Q	ONC BREAST MRNA 58 GENES	-	-	-	Medicare	4184	2594	2510	-	000	999	-
81521	Q	ONC BREAST MRNA 70 GENES	-	-	-	Medicare	6455	4002	3873	-	000	999	-
81522	Q	ONC BREAST MRNA 12 GENES	-	-	-	Medicare	6455	4002	3873	-	000	999	-
81523	Q	ONC BRST MRNA 70 CNT 31 GENE	-	-	-	Medicare	6455	4002	3873	-	000	999	-
81525	Q	ONCOLOGY COLON MRNA	-	-	-	Medicare	5193	3220	3116	-	000	999	-
81528	Q	ONCOLOGY COLORECTAL SCR	-	-	-	Medicare	848	526	509	-	045	999	-
81529	Q	ONC CUTAN MLNMA MRNA 31 GENE	-	-	-	Medicare	11988	7433	7193	-	000	999	-
81535	Q	ONCOLOGY GYNECOLOGIC	-	-	-	Medicare	966	599	579	-	000	999	-
81536	Q	ONCOLOGY GYNECOLOGIC	-	-	-	Medicare	296	183	178	-	000	999	-
81538	Q	ONCOLOGY LUNG	-	-	-	Medicare	4785	2967	2871	-	000	999	-
81539	Q	ONCOLOGY PROSTATE PROB SCORE	-	-	-	Medicare	1267	785	760	-	000	999	-
81540	Q	ONCOLOGY TUM UNKNOWN ORIGIN	-	-	-	Medicare	6250	3875	3750	-	000	999	-
81541	Q	ONC PROSTATE MRNA 46 GENES	-	-	-	Medicare	6455	4002	3873	-	000	999	-
81542	Q	ONC PROSTATE MRNA 22 CNT GEN	-	-	-	Medicare	6455	4002	3873	-	000	999	-
81546	Q	ONC THYR MRNA 10,196 GEN ALG	-	-	-	Medicare	6000	3720	3600	-	000	999	-
81551	Q	ONC PROSTATE 3 GENES	-	-	-	Medicare	3383	2098	2030	-	000	999	-
81552	Q	ONC UVEAL MLNMA MRNA 15 GENE	-	-	-	Medicare	12960	8035	7776	-	000	999	-
81554	Q	PULM DS IPF MRNA 190 GEN ALG	-	-	-	Medicare	9167	5683	5500	-	000	999	-
81560	Q	TRNSPLJ PD LVR&BWL CD154+CLL	-	-	-	Medicare	1068	662	641	-	000	999	-
81595	Q	CARDIOLOGY HRT TRNSPL MRNA	-	-	-	Medicare	5400	3348	3240	-	000	999	-
81596	Q	NFCT DS CHRNC HCV 6 ASSAYS	-	-	-	Medicare	120	075	072	-	000	999	-
81599	E	UNLISTED MAAA	-	-	-	Not Allowed	000	-	-	-	000	999	-
82009	Q	TEST FOR ACETONE/KETONES	-	-	-	Medicare	008	005	005	-	000	999	-
82010	Q	ACETONE ASSAY	-	-	-	Medicare	014	008	008	-	000	999	-
82013	Q	ACETYLCHOLINESTERASE ASSAY	-	-	-	Medicare	020	013	012	-	000	999	-
82016	Q	ACYLCARNITINES QUAL	-	-	-	Medicare	027	017	016	-	000	999	-
82017	Q	ACYLCARNITINES QUANT	-	-	-	Medicare	028	017	017	-	000	999	-
82024	Q	ASSAY OF ACTH	-	-	-	Medicare	064	040	039	-	000	999	-
82030	Q	ASSAY OF ADP & AMP	-	-	-	Medicare	043	027	026	-	000	999	-
82040	Q	ASSAY OF SERUM ALBUMIN	-	-	-	Medicare	008	005	005	-	000	999	-
82042	Q	OTHER SOURCE ALBUMIN QUAN EA	-	-	-	Medicare	013	008	008	-	000	999	-
82043	Q	UR ALBUMIN QUANTITATIVE	-	-	-	Medicare	010	006	006	-	000	999	-
82044	Q	UR ALBUMIN SEMIQUANTITATIVE	-	-	-	Medicare	010	006	006	-	000	999	-
82045	Q	ALBUMIN ISCHEMIA MODIFIED	-	-	-	Medicare	057	035	034	-	000	999	-
82075	Q	ASSAY OF BREATH ETHANOL	-	-	-	Medicare	050	031	030	-	000	999	-
82077	Q	ASSAY SPEC XCP UR&BREATH IA	-	-	-	Medicare	029	018	017	-	000	999	-
82085	Q	ASSAY OF ALDOLASE	-	-	-	Medicare	016	010	010	-	000	999	-
82088	Q	ASSAY OF ALDOSTERONE	-	-	-	Medicare	068	042	041	-	000	999	-
82103	Q	ALPHA-1-ANTITRYPSIN TOTAL	-	-	-	Medicare	022	014	013	-	000	999	-
82104	Q	ALPHA-1-ANTITRYPSIN PHENO	-	-	-	Medicare	024	015	014	-	000	999	-
82105	Q	ALPHA-FETOPROTEIN SERUM	-	-	-	Medicare	028	017	017	-	000	999	-
82106	Q	ALPHA-FETOPROTEIN AMNIOTIC	-	-	-	Medicare	028	018	017	-	000	999	-
82107	Q	ALPHA-FETOPROTEIN L3	-	-	-	Medicare	107	067	064	-	000	999	-
82108	Q	ASSAY OF ALUMINUM	-	-	-	Medicare	042	026	025	-	000	999	-
82120	Q	AMINES VAGINAL FLUID QUAL	-	-	-	Medicare	010	006	006	-	000	999	-
82127	Q	AMINO ACID SINGLE QUAL	-	-	-	Medicare	024	015	014	-	000	999	-
82128	Q	AMINO ACIDS MULT QUAL	-	-	-	Medicare	023	014	014	-	000	999	-
82131	Q	AMINO ACIDS SINGLE QUANT	-	-	-	Medicare	038	024	023	-	000	999	-
82135	Q	ASSAY AMINOLEVULINIC ACID	-	-	-	Medicare	027	017	016	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
82136	Q	AMINO ACIDS QUANT 2-5	-	-	-	Medicare	033	020	020	-	-	000	999	-
82139	Q	AMINO ACIDS QUAN 6 OR MORE	-	-	-	Medicare	028	017	017	-	-	000	999	-
82140	Q	ASSAY OF AMMONIA	-	-	-	Medicare	024	015	015	-	-	000	999	-
82143	Q	AMNIOTIC FLUID SCAN	-	-	-	Medicare	016	010	009	-	-	000	999	-
82150	Q	ASSAY OF AMYLASE	-	-	-	Medicare	011	007	006	-	-	000	999	-
82154	Q	ANDROSTANEDIOL GLUCURONIDE	-	-	-	Medicare	048	030	029	-	-	000	999	-
82157	Q	ASSAY OF ANDROSTENEDIONE	-	-	-	Medicare	049	030	029	-	-	000	999	-
82160	Q	ASSAY OF ANDROSTERONE	-	-	-	Medicare	043	026	026	-	-	000	999	-
82163	Q	ASSAY OF ANGIOTENSIN II	-	-	-	Medicare	034	021	021	-	-	000	999	-
82164	Q	ANGIOTENSIN I ENZYME TEST	-	-	-	Medicare	024	015	015	-	-	000	999	-
82166	Q	ASSAY ANTI-MULLERIAN HORM	-	-	-	Medicare	064	040	039	-	-	000	999	-
82172	Q	ASSAY OF APOLIPOPROTEIN	-	-	-	Medicare	035	022	021	-	-	000	999	-
82175	Q	ASSAY OF ARSENIC	-	-	-	Medicare	032	020	019	-	-	000	999	-
82180	Q	ASSAY OF ASCORBIC ACID	-	-	-	Medicare	016	010	010	-	-	000	999	-
82190	Q	ATOMIC ABSORPTION	-	-	-	Medicare	027	016	016	-	-	000	999	-
82232	Q	ASSAY OF BETA-2 PROTEIN	-	-	-	Medicare	027	017	016	-	-	000	999	-
82239	Q	BILE ACIDS TOTAL	-	-	-	Medicare	029	018	017	-	-	000	999	-
82240	Q	BILE ACIDS CHOLYLGLYCINE	-	-	-	Medicare	044	027	027	-	-	000	999	-
82247	Q	BILIRUBIN TOTAL	-	-	-	Medicare	008	005	005	-	-	000	999	-
82248	Q	BILIRUBIN DIRECT	-	-	-	Medicare	008	005	005	-	-	000	999	-
82252	Q	FECAL BILIRUBIN TEST	-	-	-	Medicare	008	005	005	-	-	000	999	-
82261	Q	ASSAY OF BIOTINIDASE	-	-	-	Medicare	028	017	017	-	-	000	999	-
82270	Q	OCCULT BLOOD FECES	-	-	-	Medicare	007	005	004	-	-	000	999	-
82271	Q	OCCULT BLOOD OTHER SOURCES	-	-	-	Medicare	009	005	005	-	-	000	999	-
82272	Q	OCCULT BLD FECES 1-3 TESTS	-	-	-	Medicare	007	004	004	-	-	000	999	-
82274	Q	ASSAY TEST FOR BLOOD FECAL	-	-	-	Medicare	027	016	016	-	-	000	999	-
82286	Q	ASSAY OF BRADYKININ	-	-	-	Medicare	009	005	005	-	-	000	999	-
82300	Q	ASSAY OF CADMIUM	-	-	-	Medicare	039	024	024	-	-	000	999	-
82306	Q	VITAMIN D 25 HYDROXY	-	-	-	Medicare	049	031	030	-	-	000	999	-
82308	Q	ASSAY OF CALCITONIN	-	-	-	Medicare	045	028	027	-	-	000	999	-
82310	Q	ASSAY OF CALCIUM	-	-	-	Medicare	009	005	005	-	-	000	999	-
82330	Q	ASSAY OF CALCIUM	-	-	-	Medicare	023	014	014	-	-	000	999	-
82331	Q	CALCIUM INFUSION TEST	-	-	-	Medicare	022	014	013	-	-	000	999	-
82340	Q	ASSAY OF CALCIUM IN URINE	-	-	-	Medicare	010	006	006	-	-	000	999	-
82355	Q	CALCULUS ANALYSIS QUAL	-	-	-	Medicare	019	012	012	-	-	000	999	-
82360	Q	CALCULUS ASSAY QUANT	-	-	-	Medicare	021	013	013	-	-	000	999	-
82365	Q	CALCULUS SPECTROSCOPY	-	-	-	Medicare	022	013	013	-	-	000	999	-
82370	Q	X-RAY ASSAY CALCULUS	-	-	-	Medicare	021	013	013	-	-	000	999	-
82373	Q	ASSAY C-D TRANSFER MEASURE	-	-	-	Medicare	030	019	018	-	-	000	999	-
82374	Q	ASSAY BLOOD CARBON DIOXIDE	-	-	-	Medicare	008	005	005	-	-	000	999	-
82375	Q	ASSAY CARBOXYHB QUANT	-	-	-	Medicare	021	013	012	-	-	000	999	-
82376	Q	ASSAY CARBOXYHB QUAL	-	-	-	Medicare	023	015	014	-	-	000	999	-
82378	Q	CARCINOEMBRYONIC ANTIGEN	-	-	-	Medicare	032	020	019	-	-	000	999	-
82379	Q	ASSAY OF CARNITINE	-	-	-	Medicare	028	017	017	-	-	000	999	-
82380	Q	ASSAY OF CAROTENE	-	-	-	Medicare	015	010	009	-	-	000	999	-
82382	Q	ASSAY URINE CATECHOLAMINES	-	-	-	Medicare	046	028	027	-	-	000	999	-
82383	Q	ASSAY BLOOD CATECHOLAMINES	-	-	-	Medicare	048	030	029	-	-	000	999	-
82384	Q	ASSAY THREE CATECHOLAMINES	-	-	-	Medicare	042	026	025	-	-	000	999	-
82387	Q	ASSAY OF CATHEPSIN-D	-	-	-	Medicare	030	019	018	-	-	000	999	-
82390	Q	ASSAY OF CERULOPLASMIN	-	-	-	Medicare	018	011	011	-	-	000	999	-
82397	Q	CHEMILUMINESCENT ASSAY	-	-	-	Medicare	024	015	014	-	-	000	999	-
82415	Q	ASSAY OF CHLORAMPHENICOL	-	-	-	Medicare	021	013	013	-	-	000	999	-
82435	Q	ASSAY OF BLOOD CHLORIDE	-	-	-	Medicare	008	005	005	-	-	000	999	-
82436	Q	ASSAY OF URINE CHLORIDE	-	-	-	Medicare	010	006	006	-	-	000	999	-
82438	Q	ASSAY OTHER FLUID CHLORIDES	-	-	-	Medicare	008	005	005	-	-	000	999	-
82441	Q	TEST FOR CHLOROHYDROCARBONS	-	-	-	Medicare	010	006	006	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees					
82465	Q	ASSAY BLD/SERUM CHOLESTEROL	-	-	-	Medicare	007	004	004	-	-	000	999	-	
82480	Q	ASSAY SERUM CHOLINESTERASE	-	-	-	Medicare	013	008	008	-	-	000	999	-	
82482	Q	ASSAY RBC CHOLINESTERASE	-	-	-	Medicare	016	010	010	-	-	000	999	-	
82485	Q	ASSAY CHONDROITIN SULFATE	-	-	-	Medicare	034	021	021	-	-	000	999	-	
82495	Q	ASSAY OF CHROMIUM	-	-	-	Medicare	034	021	020	-	-	000	999	-	
82507	Q	ASSAY OF CITRATE	-	-	-	Medicare	046	029	028	-	-	000	999	-	
82523	Q	COLLAGEN CROSSLINKS	-	-	-	Medicare	031	019	019	-	-	000	999	-	
82525	Q	ASSAY OF COPPER	-	-	-	Medicare	021	013	012	-	-	000	999	-	
82528	Q	ASSAY OF CORTICOSTERONE	-	-	-	Medicare	038	023	023	-	-	000	999	-	
82530	Q	CORTISOL FREE	-	-	-	Medicare	028	017	017	-	-	000	999	-	
82533	Q	TOTAL CORTISOL	-	-	-	Medicare	027	017	016	-	-	000	999	-	
82540	Q	ASSAY OF CREATINE	-	-	-	Medicare	008	005	005	-	-	000	999	-	
82542	Q	COL CHROMOTOGRAPHY QUAL/QUAN	-	-	-	Medicare	040	025	024	-	-	000	999	-	
82550	Q	ASSAY OF CK (CPK)	-	-	-	Medicare	011	007	007	-	-	000	999	-	
82552	Q	ASSAY OF CPK IN BLOOD	-	-	-	Medicare	022	014	013	-	-	000	999	-	
82553	Q	CREATINE MB FRACTION	-	-	-	Medicare	019	012	012	-	-	000	999	-	
82554	Q	CREATINE ISOFORMS	-	-	-	Medicare	020	012	012	-	-	000	999	-	
82565	Q	ASSAY OF CREATININE	-	-	-	Medicare	009	005	005	-	-	000	999	-	
82570	Q	ASSAY OF URINE CREATININE	-	-	-	Medicare	009	005	005	-	-	000	999	-	
82575	Q	CREATININE CLEARANCE TEST	-	-	-	Medicare	016	010	009	-	-	000	999	-	
82585	Q	ASSAY OF CRYOFIBRINOGEN	-	-	-	Medicare	024	015	014	-	-	000	999	-	
82595	Q	ASSAY OF CRYOGLOBULIN	-	-	-	Medicare	011	007	006	-	-	000	999	-	
82600	Q	ASSAY OF CYANIDE	-	-	-	Medicare	032	020	019	-	-	000	999	-	
82607	Q	VITAMIN B-12	-	-	-	Medicare	025	016	015	-	-	000	999	-	
82608	Q	B-12 BINDING CAPACITY	-	-	-	Medicare	024	015	014	-	-	000	999	-	
82610	Q	CYSTATIN C	-	-	-	Medicare	031	019	019	-	-	000	999	-	
82615	Q	TEST FOR URINE CYSTINES	-	-	-	Medicare	016	010	010	-	-	000	999	-	
82626	Q	DEHYDROEPIANDROSTERONE	-	-	-	Medicare	042	026	025	-	-	000	999	-	
82627	Q	DEHYDROEPIANDROSTERONE	-	-	-	Medicare	037	023	022	-	-	000	999	-	
82633	Q	DESOXYCORTICOSTERONE	-	-	-	Medicare	052	032	031	-	-	000	999	-	
82634	Q	DEOXYCORTISOL	-	-	-	Medicare	049	030	029	-	-	000	999	-	
82638	Q	ASSAY OF DIBUCAINE NUMBER	-	-	-	Medicare	020	013	012	-	-	000	999	-	
82642	Q	DIHYDROTOSTERONE	-	-	-	Medicare	049	030	029	-	-	000	999	-	
82652	Q	VIT D 1 25-DIHYDROXY	-	-	-	Medicare	064	040	039	-	-	000	999	-	
82653	Q	EL-1 FECAL QUANTITATIVE	-	-	-	Medicare	038	024	023	-	-	000	999	-	
82656	Q	EL-1 FECAL QUAL/SEMIQ	-	-	-	Medicare	019	012	012	-	-	000	999	-	
82657	Q	ENZYME CELL ACTIVITY	-	-	-	Medicare	037	023	022	-	-	000	999	-	
82658	Q	ENZYME CELL ACTIVITY RA	-	-	-	Medicare	073	045	044	-	-	000	999	-	
82664	Q	ELECTROPHORETIC TEST	-	-	-	Medicare	103	064	062	-	-	000	999	-	
82668	Q	ASSAY OF ERYTHROPOIETIN	-	-	-	Medicare	031	019	019	-	-	000	999	-	
82670	Q	ASSAY OF TOTAL ESTRADIOL	-	-	-	Medicare	047	029	028	-	-	000	999	-	
82671	Q	ASSAY OF ESTROGENS	-	-	-	Medicare	054	033	032	-	-	000	999	-	
82672	Q	ASSAY OF ESTROGEN	-	-	-	Medicare	036	022	022	-	-	000	999	-	
82677	Q	ASSAY OF ESTRIBL	-	-	-	Medicare	040	025	024	-	-	000	999	-	
82679	Q	ASSAY OF ESTRONE	-	-	-	Medicare	042	026	025	-	-	000	999	-	
82681	Q	ASSAY DIR MEAS FR ESTRADIOL	-	-	-	Medicare	047	029	028	-	-	000	999	-	
82693	Q	ASSAY OF ETHYLENE GLYCOL	-	-	-	Medicare	025	015	015	-	-	000	999	-	
82696	Q	ASSAY OF ETIOCHOLANOLONE	-	-	-	Medicare	044	027	026	-	-	000	999	-	
82705	Q	FATS/LIPIDS FECES QUAL	-	-	-	Medicare	009	005	005	-	-	000	999	-	
82710	Q	FATS/LIPIDS FECES QUANT	-	-	-	Medicare	028	017	017	-	-	000	999	-	
82715	Q	ASSAY OF FECAL FAT	-	-	-	Medicare	038	024	023	-	-	000	999	-	
82725	Q	ASSAY OF BLOOD FATTY ACIDS	-	-	-	Medicare	031	019	019	-	-	000	999	-	
82726	Q	LONG CHAIN FATTY ACIDS	-	-	-	Medicare	033	020	020	-	-	000	999	-	
82728	Q	ASSAY OF FERRITIN	-	-	-	Medicare	023	014	014	-	-	000	999	-	
82731	Q	ASSAY OF FETAL FIBRONECTIN	-	-	-	Medicare	107	067	064	-	-	010	061	-	
82735	Q	ASSAY OF FLUORIDE	-	-	-	Medicare	031	019	019	-	-	000	999	-	

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
82746	Q	ASSAY OF FOLIC ACID SERUM	-	-	-	Medicare	025	015	015	-	-	000	999	-
82747	Q	ASSAY OF FOLIC ACID RBC	-	-	-	Medicare	029	018	018	-	-	000	999	-
82757	Q	ASSAY OF SEMEN FRUCTOSE	-	-	-	Medicare	029	018	017	-	-	000	999	-
82759	Q	ASSAY OF RBC GALACTOKINASE	-	-	-	Medicare	036	022	021	-	-	000	999	-
82760	Q	ASSAY OF GALACTOSE	-	-	-	Medicare	019	012	011	-	-	000	999	-
82775	Q	ASSAY GALACTOSE TRANSFERASE	-	-	-	Medicare	035	022	021	-	-	000	999	-
82776	Q	GALACTOSE TRANSFERASE TEST	-	-	-	Medicare	020	012	012	-	-	000	999	-
82777	Q	GALECTIN-3	-	-	-	Medicare	074	046	044	-	-	000	999	-
82784	Q	ASSAY IGA/IGD/IGG/IGM EACH	-	-	-	Medicare	016	010	009	-	-	000	999	-
82785	Q	ASSAY OF IGE	-	-	-	Medicare	027	017	016	-	-	000	999	-
82787	Q	IGG 1 2 3 OR 4 EACH	-	-	-	Medicare	013	008	008	-	-	000	999	-
82800	Q	BLOOD PH	-	-	-	Medicare	018	011	011	-	-	000	999	-
82803	Q	BLOOD GASES ANY COMBINATION	-	-	-	Medicare	043	027	026	-	-	000	999	-
82805	Q	BLOOD GASES W/O2 SATURATION	-	-	-	Medicare	131	081	079	-	-	000	999	-
82810	Q	BLOOD GASES O2 SAT ONLY	-	-	-	Medicare	016	010	010	-	-	000	999	-
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY	-	-	-	Medicare	022	014	013	-	-	000	999	-
82930	Q	GASTRIC ANALY W/PH EA SPEC	-	-	-	Medicare	011	007	007	-	-	000	999	-
82938	Q	GASTRIN TEST	-	-	-	Medicare	029	018	018	-	-	000	999	-
82941	Q	ASSAY OF GASTRIN	-	-	-	Medicare	029	018	018	-	-	000	999	-
82943	Q	ASSAY OF GLUCAGON	-	-	-	Medicare	024	015	014	-	-	000	999	-
82945	Q	GLUCOSE OTHER FLUID	-	-	-	Medicare	007	004	004	-	-	000	999	-
82946	Q	GLUCAGON TOLERANCE TEST	-	-	-	Medicare	030	018	018	-	-	000	999	-
82947	Q	ASSAY GLUCOSE BLOOD QUANT	-	-	-	Medicare	007	004	004	-	-	000	999	-
82948	Q	REAGENT STRIP/BLOOD GLUCOSE	-	-	-	Medicare	008	005	005	-	-	000	999	-
82950	Q	GLUCOSE TEST	-	-	-	Medicare	008	005	005	-	-	000	999	-
82951	Q	GLUCOSE TOLERANCE TEST (GTT)	-	-	-	Medicare	021	013	013	-	-	000	999	-
82952	Q	GTT-ADDED SAMPLES	-	-	-	Medicare	007	004	004	-	-	000	999	-
82955	Q	ASSAY OF G6PD ENZYME	-	-	-	Medicare	016	010	010	-	-	000	999	-
82960	Q	TEST FOR G6PD ENZYME	-	-	-	Medicare	010	006	006	-	-	000	999	-
82962	Q	GLUCOSE BLOOD TEST	-	-	-	Medicare	005	003	003	-	-	000	999	-
82963	Q	ASSAY OF GLUCOSIDASE	-	-	-	Medicare	036	022	021	-	-	000	999	-
82965	Q	ASSAY OF GDH ENZYME	-	-	-	Medicare	022	014	013	-	-	000	999	-
82977	Q	ASSAY OF GGT	-	-	-	Medicare	012	007	007	-	-	000	999	-
82978	Q	ASSAY OF GLUTATHIONE	-	-	-	Medicare	026	016	015	-	-	000	999	-
82979	Q	ASSAY RBC GLUTATHIONE	-	-	-	Medicare	016	010	009	-	-	000	999	-
82985	Q	ASSAY OF GLYCATED PROTEIN	-	-	-	Medicare	028	017	017	-	-	000	999	-
83001	Q	ASSAY OF GONADOTROPIN (FSH)	-	-	-	Medicare	031	019	019	-	-	000	999	-
83002	Q	ASSAY OF GONADOTROPIN (LH)	-	-	-	Medicare	031	019	019	-	-	000	999	-
83003	Q	ASSAY GROWTH HORMONE (HGH)	-	-	-	Medicare	028	017	017	-	-	000	999	-
83006	Q	GROWTH STIMULATION GENE 2	-	-	-	Medicare	126	078	076	-	-	000	999	-
83009	Q	H PYLORI (C-13) BLOOD	-	-	-	Medicare	112	070	067	-	-	000	999	-
83010	Q	ASSAY OF HAPTOGLOBIN QUANT	-	-	-	Medicare	021	013	013	-	-	000	999	-
83012	Q	ASSAY OF HAPTOGLOBINS	-	-	-	Medicare	045	028	027	-	-	000	999	-
83013	Q	H PYLORI (C-13) BREATH	-	-	-	Medicare	112	070	067	-	-	000	999	-
83014	Q	H PYLORI DRUG ADMIN	-	-	-	Medicare	013	008	008	-	-	000	999	-
83015	Q	HEAVY METAL QUAL ANY ANAL	-	-	-	Medicare	035	022	021	-	-	000	999	-
83018	Q	HEAVY METAL QUANT EACH NES	-	-	-	Medicare	037	023	022	-	-	000	999	-
83020	Q	HEMOGLOBIN ELECTROPHORESIS	-	-	-	Medicare	021	013	013	-	-	000	999	-
83021	Q	HEMOGLOBIN CHROMOTOGRAPHY	-	-	-	Medicare	030	019	018	-	-	000	999	-
83026	Q	HEMOGLOBIN COPPER SULFATE	-	-	-	Medicare	007	004	004	-	-	000	999	-
83030	Q	HEMOGLOBIN F FETAL CHEMICAL	-	-	-	Medicare	018	011	011	-	-	000	999	-
83033	Q	HEMOGLOBIN FTL F ASSAY QUAL	-	-	-	Medicare	013	008	008	-	-	000	999	-
83036	Q	HEMOGLOBIN GLYCOSYLATED A1C	-	-	-	Medicare	016	010	010	-	-	000	999	-
83037	E	HB GLYCOSYLATED A1C HOME DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
83045	Q	HGB METHEMOGLOBIN QUAL	-	-	-	Medicare	011	007	006	-	-	000	999	-
83050	Q	HGB METHEMOGLOBIN QUAN	-	-	-	Medicare	014	008	008	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
83051	Q	HEMOGLOBIN PLASMA	-	-	-	Medicare	012	008	007	-	-	000	999	-
83060	Q	HGB SULFHEMOGLOBIN QUAN	-	-	-	Medicare	015	009	009	-	-	000	999	-
83065	Q	HEMOGLOBIN THERMOLABILE	-	-	-	Medicare	015	009	009	-	-	000	999	-
83068	Q	HEMOGLOBIN UNSTABLE SCREEN	-	-	-	Medicare	016	010	009	-	-	000	999	-
83069	Q	HEMOGLOBIN URINE	-	-	-	Medicare	007	004	004	-	-	000	999	-
83070	Q	ASSAY OF HEMOSIDERIN QUAL	-	-	-	Medicare	008	005	005	-	-	000	999	-
83080	Q	ASSAY OF B HEXOSAMINIDASE EA	-	-	-	Medicare	028	017	017	-	-	000	999	-
83088	Q	ASSAY OF HISTAMINE	-	-	-	Medicare	049	031	030	-	-	000	999	-
83090	Q	ASSAY OF HOMOCYSTEINE	-	-	-	Medicare	030	019	018	-	-	000	999	-
83150	Q	ASSAY OF HOMOVANILLIC ACID	-	-	-	Medicare	037	023	022	-	-	000	999	-
83491	Q	ASY HYDROXYCORTICOSTEROIDS17	-	-	-	Medicare	030	018	018	-	-	000	999	-
83497	Q	ASSAY OF 5-HIAA	-	-	-	Medicare	022	013	013	-	-	000	999	-
83498	Q	ASY HYDROXYPROGESTERONE 17-D	-	-	-	Medicare	045	028	027	-	-	000	999	-
83500	Q	ASSAY FREE HYDROXYPROLINE	-	-	-	Medicare	038	023	023	-	-	000	999	-
83505	Q	ASSAY TOTAL HYDROXYPROLINE	-	-	-	Medicare	041	025	024	-	-	000	999	-
83516	Q	IMMUNOASSAY NONANTIBODY	-	-	-	Medicare	019	012	012	-	-	000	999	-
83518	Q	IMMUNOASSAY DIPSTICK	-	-	-	Medicare	016	010	010	-	-	000	999	-
83519	Q	RIA NONANTIBODY	-	-	-	Medicare	031	019	018	-	-	000	999	-
83520	Q	IMMUNOASSAY QUANT NOS NONAB	-	-	-	Medicare	029	018	017	-	-	000	999	-
83521	Q	IG LIGHT CHAINS FREE EACH	-	-	-	Medicare	029	018	017	-	-	000	999	-
83525	Q	ASSAY OF INSULIN	-	-	-	Medicare	019	012	011	-	-	000	999	-
83527	Q	ASSAY OF INSULIN	-	-	-	Medicare	022	013	013	-	-	000	999	-
83528	Q	ASSAY OF INTRINSIC FACTOR	-	-	-	Medicare	033	020	020	-	-	000	999	-
83529	Q	ASSAY OF INTERLEUKIN-6 (IL-6)	-	-	-	Medicare	029	018	017	-	-	000	999	-
83540	Q	ASSAY OF IRON	-	-	-	Medicare	011	007	006	-	-	000	999	-
83550	Q	IRON BINDING TEST	-	-	-	Medicare	015	009	009	-	-	000	999	-
83570	Q	ASSAY OF IDH ENZYME	-	-	-	Medicare	015	009	009	-	-	000	999	-
83582	Q	ASSAY OF KETOGENIC STEROIDS	-	-	-	Medicare	026	016	015	-	-	000	999	-
83586	Q	ASSAY 17- KETOSTEROIDS	-	-	-	Medicare	021	013	013	-	-	000	999	-
83593	Q	FRACTIONATION KETOSTEROIDS	-	-	-	Medicare	048	029	029	-	-	000	999	-
83605	Q	ASSAY OF LACTIC ACID	-	-	-	Medicare	019	012	012	-	-	000	999	-
83615	Q	LACTATE (LD) (LDH) ENZYME	-	-	-	Medicare	010	006	006	-	-	000	999	-
83625	Q	ASSAY OF LDH ENZYMES	-	-	-	Medicare	021	013	013	-	-	000	999	-
83630	Q	LACTOFERRIN FECAL (QUAL)	-	-	-	Medicare	033	020	020	-	-	000	999	-
83631	Q	LACTOFERRIN FECAL (QUANT)	-	-	-	Medicare	033	020	020	-	-	000	999	-
83632	Q	PLACENTAL LACTOGEN	-	-	-	Medicare	034	021	020	-	-	000	999	-
83633	Q	TEST URINE FOR LACTOSE	-	-	-	Medicare	019	012	011	-	-	000	999	-
83655	Q	ASSAY OF LEAD	-	-	-	Medicare	020	013	012	-	-	000	999	-
83661	Q	L/S RATIO FETAL LUNG	-	-	-	Medicare	037	023	022	-	-	000	999	-
83662	Q	FOAM STABILITY FETAL LUNG	-	-	-	Medicare	032	020	019	-	-	000	999	-
83663	Q	FLUORO POLARIZE FETAL LUNG	-	-	-	Medicare	032	020	019	-	-	000	999	-
83664	Q	LAMELLAR BDY FETAL LUNG	-	-	-	Medicare	032	020	019	-	-	000	999	-
83670	Q	ASSAY OF LAP ENZYME	-	-	-	Medicare	016	010	010	-	-	000	999	-
83690	Q	ASSAY OF LIPASE	-	-	-	Medicare	011	007	007	-	-	000	999	-
83695	Q	ASSAY OF LIPOPROTEIN(A)	-	-	-	Medicare	024	015	014	-	-	000	999	-
83698	Q	ASSAY LIPOPROTEIN PLA2	-	-	-	Medicare	077	048	046	-	-	000	999	-
83700	Q	LIOPRO BLD ELECTROPHORETIC	-	-	-	Medicare	019	012	011	-	-	000	999	-
83701	Q	LIOPROTEIN BLD HR FRACTION	-	-	-	Medicare	056	035	034	-	-	000	999	-
83704	Q	LIOPROTEIN BLD QUAN PART	-	-	-	Medicare	057	035	034	-	-	000	999	-
83718	Q	ASSAY OF LIPOPROTEIN	-	-	-	Medicare	014	008	008	-	-	000	999	-
83719	Q	ASSAY OF BLOOD LIPOPROTEIN	-	-	-	Medicare	021	013	013	-	-	000	999	-
83721	Q	ASSAY OF BLOOD LIPOPROTEIN	-	-	-	Medicare	018	011	011	-	-	000	999	-
83722	Q	LIOPRTN DIR MEAS SD LDL CHL	-	-	-	Medicare	057	035	034	-	-	000	999	-
83727	Q	ASSAY OF LRH HORMONE	-	-	-	Medicare	029	018	017	-	-	000	999	-
83735	Q	ASSAY OF MAGNESIUM	-	-	-	Medicare	011	007	007	-	-	000	999	-
83775	Q	ASSAY MALATE DEHYDROGENASE	-	-	-	Medicare	012	008	007	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Comm.					
83785	Q	ASSAY OF MANGANESE	-	-	-	Medicare	044	028	027	-	-	000	999	-
83789	Q	MASS SPECTROMETRY QUAL/QUAN	-	-	-	Medicare	040	025	024	-	-	000	999	-
83825	Q	ASSAY OF MERCURY	-	-	-	Medicare	027	017	016	-	-	000	999	-
83835	Q	ASSAY OF METANEPHRINES	-	-	-	Medicare	028	018	017	-	-	000	999	-
83857	Q	ASSAY OF METHHEMALBUMIN	-	-	-	Medicare	018	011	011	-	-	000	999	-
83861	Q	MICROFLUID ANALY TEARS	-	-	-	Medicare	037	023	022	-	-	000	999	-
83864	Q	MUCOPOLYSACCHARIDES	-	-	-	Medicare	048	029	029	-	-	000	999	-
83872	Q	ASSAY SYNOVIAL FLUID MUCIN	-	-	-	Medicare	010	006	006	-	-	000	999	-
83873	Q	ASSAY OF CSF PROTEIN	-	-	-	Medicare	029	018	017	-	-	000	999	-
83874	Q	ASSAY OF MYOGLOBIN	-	-	-	Medicare	022	013	013	-	-	000	999	-
83876	Q	ASSAY MYELOPEROXIDASE	-	-	-	Medicare	085	053	051	-	-	000	999	-
83880	Q	ASSAY OF NATRIURETIC PEPTIDE	-	-	-	Medicare	065	041	039	-	-	000	999	-
83883	Q	ASSAY NEPHELOMETRY NOT SPEC	-	-	-	Medicare	023	014	014	-	-	000	999	-
83885	Q	ASSAY OF NICKEL	-	-	-	Medicare	041	025	025	-	-	000	999	-
83915	Q	ASSAY OF NUCLEOTIDASE	-	-	-	Medicare	019	012	011	-	-	000	999	-
83916	Q	OLIGOCLONAL BANDS	-	-	-	Medicare	046	028	027	-	-	000	999	-
83918	Q	ORGANIC ACIDS TOTAL QUANT	-	-	-	Medicare	039	024	024	-	-	000	999	-
83919	Q	ORGANIC ACIDS QUAL EACH	-	-	-	Medicare	027	017	016	-	-	000	999	-
83921	Q	ORGANIC ACID SINGLE QUANT	-	-	-	Medicare	035	022	021	-	-	000	999	-
83930	Q	ASSAY OF BLOOD OSMOLALITY	-	-	-	Medicare	011	007	007	-	-	000	999	-
83935	Q	ASSAY OF URINE OSMOLALITY	-	-	-	Medicare	011	007	007	-	-	000	999	-
83937	Q	ASSAY OF OSTEOCALCIN	-	-	-	Medicare	050	031	030	-	-	000	999	-
83945	Q	ASSAY OF OXALATE	-	-	-	Medicare	024	015	014	-	-	000	999	-
83950	Q	ONCOPROTEIN HER-2/NEU	-	-	-	Medicare	107	067	064	-	-	000	999	-
83951	Q	ONCOPROTEIN DCP	-	-	-	Medicare	107	067	064	-	-	000	999	-
83970	Q	ASSAY OF PARATHORMONE	-	-	-	Medicare	069	043	041	-	-	000	999	-
83986	Q	ASSAY PH BODY FLUID NOS	-	-	-	Medicare	006	004	004	-	-	000	999	-
83987	Q	EXHALED BREATH CONDENSATE	-	-	-	Medicare	006	004	004	-	-	000	999	-
83992	E	ASSAY FOR PHENCYCLIDINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
83993	Q	ASSAY FOR CALPROTECTIN FECAL	-	-	-	Medicare	033	020	020	-	-	000	999	-
84030	Q	ASSAY OF BLOOD PKU	-	-	-	Medicare	009	006	006	-	-	000	999	-
84035	Q	ASSAY OF PHENYLKETONES	-	-	-	Medicare	007	004	004	-	-	000	999	-
84060	Q	ASSAY ACID PHOSPHATASE	-	-	-	Medicare	013	008	008	-	-	000	999	-
84066	Q	ASSAY PROSTATE PHOSPHATASE	-	-	-	Medicare	016	010	010	-	-	000	999	-
84075	Q	ASSAY ALKALINE PHOSPHATASE	-	-	-	Medicare	009	005	005	-	-	000	999	-
84078	Q	ASSAY ALKALINE PHOSPHATASE	-	-	-	Medicare	014	009	008	-	-	000	999	-
84080	Q	ASSAY ALKALINE PHOSPHATASES	-	-	-	Medicare	025	015	015	-	-	000	999	-
84081	Q	ASSAY PHOSPHATIDYLGLYCEROL	-	-	-	Medicare	028	017	017	-	-	000	999	-
84085	Q	ASSAY OF RBC PG6D ENZYME	-	-	-	Medicare	016	010	009	-	-	000	999	-
84087	Q	ASSAY PHOSPHOHEXOSE ENZYMES	-	-	-	Medicare	018	011	011	-	-	000	999	-
84100	Q	ASSAY OF PHOSPHORUS	-	-	-	Medicare	008	005	005	-	-	000	999	-
84105	Q	ASSAY OF URINE PHOSPHORUS	-	-	-	Medicare	010	006	006	-	-	000	999	-
84106	Q	TEST FOR PORPHOBILINOGEN	-	-	-	Medicare	010	006	006	-	-	000	999	-
84110	Q	ASSAY OF PORPHOBILINOGEN	-	-	-	Medicare	014	009	008	-	-	000	999	-
84112	Q	VAL AMNIOTIC FLUID PROTEIN	-	-	-	Medicare	164	101	098	-	-	010	061	-
84119	Q	TEST URINE FOR PORPHYRINS	-	-	-	Medicare	022	014	013	-	-	000	999	-
84120	Q	ASSAY OF URINE PORPHYRINS	-	-	-	Medicare	025	015	015	-	-	000	999	-
84126	Q	ASSAY OF FECES PORPHYRINS	-	-	-	Medicare	065	040	039	-	-	000	999	-
84132	Q	ASSAY OF SERUM POTASSIUM	-	-	-	Medicare	008	005	005	-	-	000	999	-
84133	Q	ASSAY OF URINE POTASSIUM	-	-	-	Medicare	008	005	005	-	-	000	999	-
84134	Q	ASSAY OF PREALBUMIN	-	-	-	Medicare	024	015	015	-	-	000	999	-
84135	Q	ASSAY OF PREGNANEDIOL	-	-	-	Medicare	035	022	021	-	-	000	999	-
84138	Q	ASSAY OF PREGNANETRIOL	-	-	-	Medicare	035	022	021	-	-	000	999	-
84140	Q	ASSAY OF PREGNENOLONE	-	-	-	Medicare	034	021	021	-	-	000	999	-
84143	Q	ASSAY OF 17-HYDROXYPREGNENO	-	-	-	Medicare	038	024	023	-	-	000	999	-
84144	Q	ASSAY OF PROGESTERONE	-	-	-	Medicare	035	022	021	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
84145	Q	PROCALCITONIN (PCT)	-	-	-	Medicare	045	028	027	-	-	000	999	-
84146	Q	ASSAY OF PROLACTIN	-	-	-	Medicare	032	020	019	-	-	000	999	-
84150	Q	ASSAY OF PROSTAGLANDIN	-	-	-	Medicare	070	043	042	-	-	000	999	-
84152	Q	ASSAY OF PSA COMPLEXED	-	-	-	Medicare	031	019	018	-	-	000	999	-
84153	Q	ASSAY OF PSA TOTAL	-	-	-	Medicare	031	019	018	-	-	000	999	-
84154	Q	ASSAY OF PSA FREE	-	-	-	Medicare	031	019	018	-	-	000	999	-
84155	Q	ASSAY OF PROTEIN SERUM	-	-	-	Medicare	006	004	004	-	-	000	999	-
84156	Q	ASSAY OF PROTEIN URINE	-	-	-	Medicare	006	004	004	-	-	000	999	-
84157	Q	ASSAY OF PROTEIN OTHER	-	-	-	Medicare	007	004	004	-	-	000	999	-
84160	Q	ASSAY OF PROTEIN ANY SOURCE	-	-	-	Medicare	009	006	006	-	-	000	999	-
84163	Q	PAPPA SERUM	-	-	-	Medicare	025	016	015	-	-	010	061	-
84165	Q	PROTEIN E-PHORESIS SERUM	-	-	-	Medicare	018	011	011	-	-	000	999	-
84166	Q	PROTEIN E-PHORESIS/URINE/CSF	-	-	-	Medicare	030	018	018	-	-	000	999	-
84181	Q	WESTERN BLOT TEST	-	-	-	Medicare	028	018	017	-	-	000	999	-
84182	Q	PROTEIN WESTERN BLOT TEST	-	-	-	Medicare	049	030	029	-	-	000	999	-
84202	Q	ASSAY RBC PROTOPORPHYRIN	-	-	-	Medicare	024	015	014	-	-	000	999	-
84203	Q	TEST RBC PROTOPORPHYRIN	-	-	-	Medicare	016	010	010	-	-	000	999	-
84206	Q	ASSAY OF PROINSULIN	-	-	-	Medicare	044	028	027	-	-	000	999	-
84207	Q	ASSAY OF VITAMIN B-6	-	-	-	Medicare	047	029	028	-	-	000	999	-
84210	Q	ASSAY OF PYRUVATE	-	-	-	Medicare	024	015	014	-	-	000	999	-
84220	Q	ASSAY OF PYRUVATE KINASE	-	-	-	Medicare	016	010	009	-	-	000	999	-
84228	Q	ASSAY OF QUININE	-	-	-	Medicare	019	012	012	-	-	000	999	-
84233	Q	ASSAY OF ESTROGEN	-	-	-	Medicare	146	091	088	-	-	000	999	-
84234	Q	ASSAY OF PROGESTERONE	-	-	-	Medicare	108	067	065	-	-	000	999	-
84235	Q	ASSAY OF ENDOCRINE HORMONE	-	-	-	Medicare	119	074	071	-	-	000	999	-
84238	Q	ASSAY NONENDOCRINE RECEPTOR	-	-	-	Medicare	061	038	037	-	-	000	999	-
84244	Q	ASSAY OF RENIN	-	-	-	Medicare	037	023	022	-	-	000	999	-
84252	Q	ASSAY OF VITAMIN B-2	-	-	-	Medicare	034	021	020	-	-	000	999	-
84255	Q	ASSAY OF SELENIUM	-	-	-	Medicare	043	026	026	-	-	000	999	-
84260	Q	ASSAY OF SEROTONIN	-	-	-	Medicare	052	032	031	-	-	000	999	-
84270	Q	ASSAY OF SEX HORMONE GLOBUL	-	-	-	Medicare	036	022	022	-	-	000	999	-
84275	Q	ASSAY OF SIALIC ACID	-	-	-	Medicare	022	014	013	-	-	000	999	-
84285	Q	ASSAY OF SILICA	-	-	-	Medicare	042	026	025	-	-	000	999	-
84295	Q	ASSAY OF SERUM SODIUM	-	-	-	Medicare	008	005	005	-	-	000	999	-
84300	Q	ASSAY OF URINE SODIUM	-	-	-	Medicare	008	005	005	-	-	000	999	-
84302	Q	ASSAY OF SWEAT SODIUM	-	-	-	Medicare	008	005	005	-	-	000	999	-
84305	Q	ASSAY OF SOMATOMEDIN	-	-	-	Medicare	035	022	021	-	-	000	999	-
84307	Q	ASSAY OF SOMATOSTATIN	-	-	-	Medicare	030	019	018	-	-	000	999	-
84311	Q	SPECTROPHOTOMETRY	-	-	-	Medicare	014	008	008	-	-	000	999	-
84315	Q	BODY FLUID SPECIFIC GRAVITY	-	-	-	Medicare	005	003	003	-	-	000	999	-
84375	Q	CHROMATOGRAM ASSAY SUGARS	-	-	-	Medicare	065	040	039	-	-	000	999	-
84376	Q	SUGARS SINGLE QUAL	-	-	-	Medicare	009	006	006	-	-	000	999	-
84377	Q	SUGARS MULTIPLE QUAL	-	-	-	Medicare	009	006	006	-	-	000	999	-
84378	Q	SUGARS SINGLE QUANT	-	-	-	Medicare	019	012	012	-	-	000	999	-
84379	Q	SUGARS MULTIPLE QUANT	-	-	-	Medicare	019	012	012	-	-	000	999	-
84392	Q	ASSAY OF URINE SULFATE	-	-	-	Medicare	009	006	005	-	-	000	999	-
84402	Q	ASSAY OF FREE TESTOSTERONE	-	-	-	Medicare	042	026	025	-	-	000	999	-
84403	Q	ASSAY OF TOTAL TESTOSTERONE	-	-	-	Medicare	043	027	026	-	-	000	999	-
84410	Q	TESTOSTERONE BIOAVAILABLE	-	-	-	Medicare	085	053	051	-	-	000	999	-
84425	Q	ASSAY OF VITAMIN B-1	-	-	-	Medicare	035	022	021	-	-	000	999	-
84430	Q	ASSAY OF THIOCYANATE	-	-	-	Medicare	019	012	012	-	-	000	999	-
84431	Q	THROMBOXANE URINE	-	-	-	Medicare	059	036	035	-	-	000	999	-
84432	Q	ASSAY OF THYROGLOBULIN	-	-	-	Medicare	027	017	016	-	-	000	999	-
84433	Q	ASY THIOPURIN S-MTHYLTRNSFRS	-	-	-	Medicare	037	023	022	-	-	000	999	-
84436	Q	ASSAY OF TOTAL THYROXINE	-	-	-	Medicare	011	007	007	-	-	000	999	-
84437	Q	ASSAY OF NEONATAL THYROXINE	-	-	-	Medicare	011	007	006	-	-	000	999	-

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								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
84439	Q	ASSAY OF FREE THYROXINE	-	-	-	Medicare	015	009	009	-	-	000	999	-
84442	Q	ASSAY OF THYROID ACTIVITY	-	-	-	Medicare	025	015	015	-	-	000	999	-
84443	Q	ASSAY THYROID STIM HORMONE	-	-	-	Medicare	028	017	017	-	-	000	999	-
84445	Q	ASSAY OF TSI GLOBULIN	-	-	-	Medicare	085	053	051	-	-	000	999	-
84446	Q	ASSAY OF VITAMIN E	-	-	-	Medicare	024	015	014	-	-	000	999	-
84449	Q	ASSAY OF TRANSCORTIN	-	-	-	Medicare	030	019	018	-	-	000	999	-
84450	Q	TRANSFERASE (AST) (SGOT)	-	-	-	Medicare	009	005	005	-	-	000	999	-
84460	Q	ALANINE AMINO (ALT) (SGPT)	-	-	-	Medicare	009	005	005	-	-	000	999	-
84466	Q	ASSAY OF TRANSFERRIN	-	-	-	Medicare	021	013	013	-	-	000	999	-
84478	Q	ASSAY OF TRIGLYCERIDES	-	-	-	Medicare	010	006	006	-	-	000	999	-
84479	Q	ASSAY OF THYROID (T3 OR T4)	-	-	-	Medicare	011	007	006	-	-	000	999	-
84480	Q	ASSAY TRIIODOTHYRONINE (T3)	-	-	-	Medicare	024	015	014	-	-	000	999	-
84481	Q	FREE ASSAY (FT-3)	-	-	-	Medicare	028	018	017	-	-	000	999	-
84482	Q	T3 REVERSE	-	-	-	Medicare	026	016	016	-	-	000	999	-
84484	Q	ASSAY OF TROPONIN QUANT	-	-	-	Medicare	021	013	012	-	-	000	999	-
84485	Q	ASSAY DUODENAL FLUID TRYPSIN	-	-	-	Medicare	012	007	007	-	-	000	999	-
84488	Q	TEST FECES FOR TRYPSIN	-	-	-	Medicare	012	008	007	-	-	000	999	-
84490	Q	ASSAY OF FECES FOR TRYPSIN	-	-	-	Medicare	017	010	010	-	-	000	999	-
84510	Q	ASSAY OF TYROSINE	-	-	-	Medicare	018	011	011	-	-	000	999	-
84512	Q	ASSAY OF TROPONIN QUAL	-	-	-	Medicare	017	010	010	-	-	000	999	-
84520	Q	ASSAY OF UREA NITROGEN	-	-	-	Medicare	007	004	004	-	-	000	999	-
84525	Q	UREA NITROGEN SEMI-QUANT	-	-	-	Medicare	009	005	005	-	-	000	999	-
84540	Q	ASSAY OF URINE/UREA-N	-	-	-	Medicare	009	006	006	-	-	000	999	-
84545	Q	UREA-N CLEARANCE TEST	-	-	-	Medicare	012	007	007	-	-	000	999	-
84550	Q	ASSAY OF BLOOD/URIC ACID	-	-	-	Medicare	008	005	005	-	-	000	999	-
84560	Q	ASSAY OF URINE/URIC ACID	-	-	-	Medicare	008	005	005	-	-	000	999	-
84577	Q	ASSAY OF FECES/UROBILINOGEN	-	-	-	Medicare	028	017	017	-	-	000	999	-
84578	Q	TEST URINE UROBILINOGEN	-	-	-	Medicare	007	005	004	-	-	000	999	-
84580	Q	ASSAY OF URINE UROBILINOGEN	-	-	-	Medicare	016	010	010	-	-	000	999	-
84583	Q	ASSAY OF URINE UROBILINOGEN	-	-	-	Medicare	010	006	006	-	-	000	999	-
84585	Q	ASSAY OF URINE VMA	-	-	-	Medicare	026	016	015	-	-	000	999	-
84586	Q	ASSAY OF VIP	-	-	-	Medicare	059	037	035	-	-	000	999	-
84588	Q	ASSAY OF VASOPRESSIN	-	-	-	Medicare	057	035	034	-	-	000	999	-
84590	Q	ASSAY OF VITAMIN A	-	-	-	Medicare	019	012	012	-	-	000	999	-
84591	Q	ASSAY OF NOS VITAMIN	-	-	-	Medicare	028	018	017	-	-	000	999	-
84597	Q	ASSAY OF VITAMIN K	-	-	-	Medicare	023	014	014	-	-	000	999	-
84600	Q	ASSAY OF VOLATILES	-	-	-	Medicare	029	018	017	-	-	000	999	-
84620	Q	XYLOSE TOLERANCE TEST	-	-	-	Medicare	022	013	013	-	-	000	999	-
84630	Q	ASSAY OF ZINC	-	-	-	Medicare	019	012	011	-	-	000	999	-
84681	Q	ASSAY OF C-PEPTIDE	-	-	-	Medicare	035	022	021	-	-	000	999	-
84702	Q	CHORIONIC GONADOTROPIN TEST	-	-	-	Medicare	025	016	015	-	-	000	999	-
84703	Q	CHORIONIC GONADOTROPIN ASSAY	-	-	-	Medicare	013	008	008	-	-	009	999	-
84704	Q	HCG FREE BETACHAIN TEST	-	-	-	Medicare	025	016	015	-	-	000	999	-
84830	Q	OVULATION TESTS	-	-	-	Medicare	021	013	013	-	-	000	999	-
84999	N	UNLISTED CHEMISTRY PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
85002	Q	BLEEDING TIME TEST	-	-	-	Medicare	008	005	005	-	-	000	999	-
85004	Q	AUTOMATED DIFF WBC COUNT	-	-	-	Medicare	011	007	006	-	-	000	999	-
85007	Q	BL SMEAR W/DIFF WBC COUNT	-	-	-	Medicare	006	004	004	-	-	000	999	-
85008	Q	BL SMEAR W/O DIFF WBC COUNT	-	-	-	Medicare	006	004	003	-	-	000	999	-
85009	Q	MANUAL DIFF WBC COUNT B-COAT	-	-	-	Medicare	008	005	005	-	-	000	999	-
85013	Q	SPUN MICROHEMATOCRIT	-	-	-	Medicare	012	007	007	-	-	000	999	-
85014	Q	HEMATOCRIT	-	-	-	Medicare	004	002	002	-	-	000	999	-
85018	Q	HEMOGLOBIN	-	-	-	Medicare	004	002	002	-	-	000	999	-
85025	Q	COMPLETE CBC W/AUTO DIFF WBC	-	-	-	Medicare	013	008	008	-	-	000	999	-
85027	Q	COMPLETE CBC AUTOMATED	-	-	-	Medicare	011	007	006	-	-	000	999	-
85032	Q	MANUAL CELL COUNT EACH	-	-	-	Medicare	007	004	004	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
85041	Q	AUTOMATED RBC COUNT	-	-	-	Medicare	005	003	003	-	-	000	999	-
85044	Q	MANUAL RETICULOCYTE COUNT	-	-	-	Medicare	007	004	004	-	-	000	999	-
85045	Q	AUTOMATED RETICULOCYTE COUNT	-	-	-	Medicare	007	004	004	-	-	000	999	-
85046	Q	RETICYTE/HGB CONCENTRATE	-	-	-	Medicare	009	006	006	-	-	000	999	-
85048	Q	AUTOMATED LEUKOCYTE COUNT	-	-	-	Medicare	004	003	003	-	-	000	999	-
85049	Q	AUTOMATED PLATELET COUNT	-	-	-	Medicare	007	005	004	-	-	000	999	-
85055	Q	RETICULATED PLATELET ASSAY	-	-	-	Medicare	060	037	036	-	-	000	999	-
85060	E	BLOOD SMEAR INTERPRETATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
85097	N	BONE MARROW INTERPRETATION	-	05674	9.3760	Bundled, sometimes payable	569	-	-	-	-	000	999	-
85130	Q	CHROMOGENIC SUBSTRATE ASSAY	-	-	-	Medicare	020	012	012	-	-	000	999	-
85170	Q	BLOOD CLOT RETRACTION	-	-	-	Medicare	027	017	016	-	-	000	999	-
85175	Q	BLOOD CLOT LYSIS TIME	-	-	-	Medicare	034	021	020	-	-	000	999	-
85210	Q	CLOT FACTOR II PROTHROM SPEC	-	-	-	Medicare	022	013	013	-	-	000	999	-
85220	Q	BLOOC CLOT FACTOR V TEST	-	-	-	Medicare	029	018	018	-	-	000	999	-
85230	Q	CLOT FACTOR VII PROCONVERTIN	-	-	-	Medicare	030	018	018	-	-	000	999	-
85240	Q	CLOT FACTOR VIII AHG 1 STAGE	-	-	-	Medicare	030	018	018	-	-	000	999	-
85244	Q	CLOT FACTOR VIII RELTD ANTGN	-	-	-	Medicare	034	021	020	-	-	000	999	-
85245	Q	CLOT FACTOR VIII VW RISTOCTN	-	-	-	Medicare	038	024	023	-	-	000	999	-
85246	Q	CLOT FACTOR VIII VW ANTIGEN	-	-	-	Medicare	038	024	023	-	-	000	999	-
85247	Q	CLOT FACTOR VIII MULTIMETRIC	-	-	-	Medicare	038	024	023	-	-	000	999	-
85250	Q	CLOT FACTOR IX PTC/CHRSTMAS	-	-	-	Medicare	032	020	019	-	-	000	999	-
85260	Q	CLOT FACTOR X STUART-POWER	-	-	-	Medicare	030	018	018	-	-	000	999	-
85270	Q	CLOT FACTOR XI PT A	-	-	-	Medicare	030	018	018	-	-	000	999	-
85280	Q	CLOT FACTOR XII HAGEMAN	-	-	-	Medicare	032	020	019	-	-	000	999	-
85290	Q	CLOT FACTOR XIII FIBRIN STAB	-	-	-	Medicare	027	017	016	-	-	000	999	-
85291	Q	CLOT FACTOR XIII FIBRIN SCR N	-	-	-	Medicare	015	009	009	-	-	000	999	-
85292	Q	CLOT FACTOR FLETCHER FACT	-	-	-	Medicare	032	020	019	-	-	000	999	-
85293	Q	CLOT FACTOR WGHT KININOGEN	-	-	-	Medicare	032	020	019	-	-	000	999	-
85300	Q	ANTITHROMBIN III ACTIVITY	-	-	-	Medicare	020	012	012	-	-	000	999	-
85301	Q	ANTITHROMBIN III ANTIGEN	-	-	-	Medicare	018	011	011	-	-	000	999	-
85302	Q	CLOT INHIBIT PROT C ANTIGEN	-	-	-	Medicare	020	012	012	-	-	000	999	-
85303	Q	CLOT INHIBIT PROT C ACTIVITY	-	-	-	Medicare	023	014	014	-	-	000	999	-
85305	Q	CLOT INHIBIT PROT S TOTAL	-	-	-	Medicare	019	012	012	-	-	000	999	-
85306	Q	CLOT INHIBIT PROT S FREE	-	-	-	Medicare	026	016	015	-	-	000	999	-
85307	Q	ASSAY ACTIVATED PROTEIN C	-	-	-	Medicare	026	016	015	-	-	000	999	-
85335	Q	FACTOR INHIBITOR TEST	-	-	-	Medicare	021	013	013	-	-	000	999	-
85337	Q	THROMBOMODULIN	-	-	-	Medicare	029	018	017	-	-	000	999	-
85345	Q	COAGULATION TIME LEE & WHITE	-	-	-	Medicare	008	005	005	-	-	000	999	-
85347	Q	COAGULATION TIME ACTIVATED	-	-	-	Medicare	007	004	004	-	-	000	999	-
85348	Q	COAGULATION TIME OTR METHOD	-	-	-	Medicare	007	005	004	-	-	000	999	-
85360	Q	EUGLOBULIN LYSIS	-	-	-	Medicare	014	009	008	-	-	000	999	-
85362	Q	FIBRIN DEGRADATION PRODUCTS	-	-	-	Medicare	011	007	007	-	-	000	999	-
85366	Q	FIBRINOGEN TEST	-	-	-	Medicare	134	083	080	-	-	000	999	-
85370	Q	FIBRINOGEN TEST	-	-	-	Medicare	021	013	012	-	-	000	999	-
85378	Q	FIBRIN DEGRADE SEMIQUANT	-	-	-	Medicare	016	010	010	-	-	000	999	-
85379	Q	FIBRIN DEGRADATION QUANT	-	-	-	Medicare	017	011	010	-	-	000	999	-
85380	Q	FIBRIN DEGRADJ D-DIMER	-	-	-	Medicare	017	011	010	-	-	000	999	-
85384	Q	FIBRINOGEN ACTIVITY	-	-	-	Medicare	016	010	010	-	-	000	999	-
85385	Q	FIBRINOGEN ANTIGEN	-	-	-	Medicare	024	015	014	-	-	000	999	-
85390	Q	FIBRINOLYSINS SCREEN I&R	-	-	-	Medicare	026	016	015	-	-	000	999	-
85396	N	CLOTTING ASSAY WHOLE BLOOD	-	-	-	Bundled	000	-	-	-	-	000	999	-
85397	Q	CLOTTING FUNCT ACTIVITY	-	-	-	Medicare	051	032	031	-	-	000	999	-
85400	Q	FIBRINOLYTIC PLASMIN	-	-	-	Medicare	013	008	008	-	-	000	999	-
85410	Q	FIBRINOLYTIC ANTIPLASMIN	-	-	-	Medicare	013	008	008	-	-	000	999	-
85415	Q	FIBRINOLYTIC PLASMINOGEN	-	-	-	Medicare	029	018	017	-	-	000	999	-
85420	Q	FIBRINOLYTIC PLASMINOGEN	-	-	-	Medicare	011	007	007	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
85421	Q	FIBRINOLYTIC PLASMINOGEN	-	-	-	Medicare	017	011	010	-	-	000	999	-
85441	Q	HEINZ BODIES DIRECT	-	-	-	Medicare	007	004	004	-	-	000	999	-
85445	Q	HEINZ BODIES INDUCED	-	-	-	Medicare	011	007	007	-	-	000	999	-
85460	Q	HEMOGLOBIN FETAL	-	-	-	Medicare	013	008	008	-	-	000	999	-
85461	Q	HEMOGLOBIN FETAL	-	-	-	Medicare	016	010	009	-	-	000	999	-
85475	Q	HEMOLYSIN ACID	-	-	-	Medicare	015	009	009	-	-	000	999	-
85520	Q	HEPARIN ASSAY	-	-	-	Medicare	022	014	013	-	-	000	999	-
85525	Q	HEPARIN NEUTRALIZATION	-	-	-	Medicare	020	012	012	-	-	000	999	-
85530	Q	HEPARIN-PROTAMINE TOLERANCE	-	-	-	Medicare	022	014	013	-	-	000	999	-
85536	Q	IRON STAIN PERIPHERAL BLOOD	-	-	-	Medicare	011	007	007	-	-	000	999	-
85540	Q	WBC ALKALINE PHOSPHATASE	-	-	-	Medicare	014	009	009	-	-	000	999	-
85547	Q	RBC MECHANICAL FRAGILITY	-	-	-	Medicare	014	009	009	-	-	000	999	-
85549	Q	MURAMIDASE	-	-	-	Medicare	031	019	019	-	-	000	999	-
85555	Q	RBC OSMOTIC FRAGILITY	-	-	-	Medicare	012	008	007	-	-	000	999	-
85557	Q	RBC OSMOTIC FRAGILITY	-	-	-	Medicare	022	014	013	-	-	000	999	-
85576	Q	BLOOD PLATELET AGGREGATION	-	-	-	Medicare	042	026	025	-	-	000	999	-
85597	Q	PHOSPHOLIPID PLTLT NEUTRALIZ	-	-	-	Medicare	030	019	018	-	-	000	999	-
85598	Q	HEXAGNAL PHOSPH PLTLT NEUTRL	-	-	-	Medicare	030	019	018	-	-	000	999	-
85610	Q	PROTHROMBIN TIME	-	-	-	Medicare	007	004	004	-	-	000	999	-
85611	Q	PROTHROMBIN TEST	-	-	-	Medicare	007	004	004	-	-	000	999	-
85612	Q	VIPER VENOM PROTHROMBIN TIME	-	-	-	Medicare	029	018	017	-	-	000	999	-
85613	Q	RUSSELL VIPER VENOM DILUTED	-	-	-	Medicare	016	010	010	-	-	000	999	-
85635	Q	REPTILASE TEST	-	-	-	Medicare	016	010	010	-	-	000	999	-
85651	Q	RBC SED RATE NONAUTOMATED	-	-	-	Medicare	007	004	004	-	-	000	999	-
85652	Q	RBC SED RATE AUTOMATED	-	-	-	Medicare	005	003	003	-	-	000	999	-
85660	Q	RBC SICKLE CELL TEST	-	-	-	Medicare	009	006	006	-	-	000	999	-
85670	Q	THROMBIN TIME PLASMA	-	-	-	Medicare	010	006	006	-	-	000	999	-
85675	Q	THROMBIN TIME TITER	-	-	-	Medicare	011	007	007	-	-	000	999	-
85705	Q	THROMBOPLASTIN INHIBITION	-	-	-	Medicare	016	010	010	-	-	000	999	-
85730	Q	THROMBOPLASTIN TIME PARTIAL	-	-	-	Medicare	010	006	006	-	-	000	999	-
85732	Q	THROMBOPLASTIN TIME PARTIAL	-	-	-	Medicare	011	007	006	-	-	000	999	-
85810	Q	BLOOD VISCOSITY EXAMINATION	-	-	-	Medicare	019	012	012	-	-	000	999	-
85999	N	UNLISTED HEMATOLOGY&COAGJ PX	-	-	-	Bundled	000	-	-	-	-	000	999	-
86000	Q	AGGLUTININS FEBRILE ANTIGEN	-	-	-	Medicare	012	007	007	-	-	000	999	-
86001	Q	ALLERGEN SPECIFIC IGG	-	-	-	Medicare	013	008	008	-	-	000	999	-
86003	Q	ALLG SPEC IGE CRUDE XTRC EA	-	-	-	Medicare	009	005	005	-	-	000	999	-
86005	Q	ALLG SPEC IGE MULTIALLG SCR	-	-	-	Medicare	013	008	008	-	-	000	999	-
86008	Q	ALLG SPEC IGE RECOMB EA	-	-	-	Medicare	030	019	018	-	-	000	999	-
86015	Q	ACTIN ANTIBODY EACH	-	-	-	Medicare	020	012	012	-	-	000	999	-
86021	Q	WBC ANTIBODY IDENTIFICATION	-	-	-	Medicare	025	016	015	-	-	000	999	-
86022	Q	PLATELET ANTIBODIES	-	-	-	Medicare	031	019	018	-	-	000	999	-
86023	Q	IMMUNOGLOBULIN ASSAY	-	-	-	Medicare	021	013	012	-	-	000	999	-
86036	Q	ANCA SCREEN EACH ANTIBODY	-	-	-	Medicare	020	012	012	-	-	000	999	-
86037	Q	ANCA TITER EACH ANTIBODY	-	-	-	Medicare	020	012	012	-	-	000	999	-
86038	Q	ANTINUCLEAR ANTIBODIES	-	-	-	Medicare	020	012	012	-	-	000	999	-
86039	Q	ANTINUCLEAR ANTIBODIES (ANA)	-	-	-	Medicare	019	012	011	-	-	000	999	-
86041	Q	ACETYLCHOLN RCPTR BNDNG ANTB	-	-	-	Medicare	031	019	018	-	-	000	999	-
86042	Q	ACETYLCHOLN RCPTR BLCKG ANTB	-	-	-	Medicare	031	019	018	-	-	000	999	-
86043	Q	ACETYLCHOLN RCPTR MODLG ANTB	-	-	-	Medicare	020	012	012	-	-	000	999	-
86051	Q	AQUAPORIN-4 ANTB ELISA	-	-	-	Medicare	019	012	012	-	-	000	999	-
86052	Q	AQUAPORIN-4 ANTB CBA EACH	-	-	-	Medicare	020	012	012	-	-	000	999	-
86053	Q	AQAPRN-4 ANTB FLO CYTMTRY EA	-	-	-	Medicare	063	039	038	-	-	000	999	-
86060	Q	ANTISTREPTOLYSIN O TITER	-	-	-	Medicare	012	008	007	-	-	000	999	-
86063	Q	ANTISTREPTOLYSIN O SCREEN	-	-	-	Medicare	010	006	006	-	-	000	999	-
86077	N	PHYS BLOOD BANK SERV XMATCH	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
86078	N	PHYS BLOOD BANK SERV REACTJ	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC 05671	APC Weight 0.5908	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
86079	N	PHYS BLOOD BANK SERV AUTHRJ	-			Bundled, sometimes payable	036	-	-	-	-	000	999	-
86140	Q	C-REACTIVE PROTEIN	-			Medicare	009	005	005	-	-	000	999	-
86141	Q	C-REACTIVE PROTEIN HS	-			Medicare	022	013	013	-	-	000	999	-
86146	Q	BETA-2 GLYCOPROTEIN ANTIBODY	-			Medicare	042	026	025	-	-	000	999	-
86147	Q	CARDIOLIPIN ANTIBODY EA IG	-			Medicare	042	026	025	-	-	000	999	-
86148	Q	ANTI-PHOSPHOLIPID ANTIBODY	-			Medicare	027	017	016	-	-	000	999	-
86152	Q	CELL ENUMERATION & ID	-			Medicare	418	259	251	-	-	000	999	-
86153	E	CELL ENUMERATION PHYS INTERP	-			Not Allowed	000	-	-	-	-	000	999	-
86155	Q	CHEMOTAXIS ASSAY	-			Medicare	027	017	016	-	-	000	999	-
86156	Q	COLD AGGLUTININ SCREEN	-			Medicare	013	008	008	-	-	000	999	-
86157	Q	COLD AGGLUTININ TITER	-			Medicare	013	008	008	-	-	000	999	-
86160	Q	COMPLEMENT ANTIGEN	-			Medicare	020	012	012	-	-	000	999	-
86161	Q	COMPLEMENT/FUNCTION ACTIVITY	-			Medicare	020	012	012	-	-	000	999	-
86162	Q	COMPLEMENT TOTAL (CH50)	-			Medicare	034	021	020	-	-	000	999	-
86171	Q	COMPLEMENT FIXATION EACH	-			Medicare	017	010	010	-	-	000	999	-
86200	Q	CCP ANTIBODY	-			Medicare	022	013	013	-	-	000	999	-
86215	Q	DEOXYRIBONUCLEASE ANTIBODY	-			Medicare	022	014	013	-	-	000	999	-
86225	Q	DNA ANTIBODY NATIVE	-			Medicare	023	014	014	-	-	000	999	-
86226	Q	DNA ANTIBODY SINGLE STRAND	-			Medicare	020	013	012	-	-	000	999	-
86231	Q	EMA EACH IG CLASS	-			Medicare	020	012	012	-	-	000	999	-
86235	Q	NUCLEAR ANTIGEN ANTIBODY	-			Medicare	030	019	018	-	-	000	999	-
86255	Q	FLUORESCENT ANTIBODY SCREEN	-			Medicare	020	012	012	-	-	000	999	-
86256	Q	FLUORESCENT ANTIBODY TITER	-			Medicare	020	012	012	-	-	000	999	-
86258	Q	DGP ANTIBODY EACH IG CLASS	-			Medicare	020	012	012	-	-	000	999	-
86277	Q	GROWTH HORMONE ANTIBODY	-			Medicare	026	016	016	-	-	000	999	-
86280	Q	HEMAGGLUTINATION INHIBITION	-			Medicare	014	008	008	-	-	000	999	-
86294	Q	IMMUNOASSAY TUMOR QUAL	-			Medicare	043	026	026	-	-	000	999	-
86300	Q	IMMUNOASSAY TUMOR CA 15-3	-			Medicare	035	022	021	-	-	000	999	-
86301	Q	IMMUNOASSAY TUMOR CA 19-9	-			Medicare	035	022	021	-	-	000	999	-
86304	Q	IMMUNOASSAY TUMOR CA 125	-			Medicare	035	022	021	-	-	000	999	-
86305	Q	HUMAN EPIDIDYMIS PROTEIN 4	-			Medicare	035	022	021	-	-	000	999	-
86308	Q	HETEROPHILE ANTIBODY SCREEN	-			Medicare	009	005	005	-	-	000	999	-
86309	Q	HETEROPHILE ANTIBODY TITER	-			Medicare	011	007	006	-	-	000	999	-
86310	Q	HETEROPHILE ANTIBODY ABSRBJ	-			Medicare	012	008	007	-	-	000	999	-
86316	Q	IMMUNOASSAY TUMOR OTHER	-			Medicare	035	022	021	-	-	000	999	-
86317	Q	IMMUNOASSAY INFECTIOUS AGENT	-			Medicare	025	015	015	-	-	000	999	-
86318	Q	IA INFECTIOUS AGENT ANTIBODY	-			Medicare	030	019	018	-	-	000	999	-
86320	Q	SERUM IMMUNOELECTROPHORESIS	-			Medicare	050	031	030	-	-	000	999	-
86325	Q	OTHER IMMUNOELECTROPHORESIS	-			Medicare	039	024	023	-	-	000	999	-
86327	Q	IMMUNOELECTROPHORESIS ASSAY	-			Medicare	050	031	030	-	-	000	999	-
86328	Q	IA NFCT AB SARSCOV2 COVID19	-			Medicare	075	047	045	-	-	000	999	-
86329	Q	IMMUNODIFFUSION NES	-			Medicare	023	015	014	-	-	000	999	-
86331	Q	IMMUNODIFFUSION OUCHTERLONY	-			Medicare	020	012	012	-	-	000	999	-
86332	Q	IMMUNE COMPLEX ASSAY	-			Medicare	041	025	024	-	-	000	999	-
86334	Q	IMMUNOFIX E-PHORESIS SERUM	-			Medicare	037	023	022	-	-	000	999	-
86335	Q	IMMUNIFIX E-PHORSIS/URINE/CSF	-			Medicare	049	030	029	-	-	000	999	-
86336	Q	INHIBIN A	-			Medicare	026	016	016	-	-	000	999	-
86337	Q	INSULIN ANTIBODIES	-			Medicare	036	022	021	-	-	000	999	-
86340	Q	INTRINSIC FACTOR ANTIBODY	-			Medicare	025	016	015	-	-	000	999	-
86341	Q	ISLET CELL ANTIBODY	-			Medicare	039	024	024	-	-	000	999	-
86343	Q	LEUKOCYTE HISTAMINE RELEASE	-			Medicare	021	013	012	-	-	000	999	-
86344	Q	LEUKOCYTE PHAGOCYTOSIS	-			Medicare	017	011	010	-	-	000	999	-
86352	Q	CELL FUNCTION ASSAY W/STIM	-			Medicare	226	140	136	-	-	000	999	-
86353	Q	LYMPHOCYTE TRANSFORMATION	-			Medicare	082	051	049	-	-	000	999	-
86355	Q	B CELLS TOTAL COUNT	-			Medicare	063	039	038	-	-	000	999	-
86356	Q	MONONUCLEAR CELL ANTIGEN	-			Medicare	045	028	027	-	-	000	999	-

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

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
86357	Q	NK CELLS TOTAL COUNT	-	-	-	Medicare	063	039	038	-	-	000	999	-
86359	Q	T CELLS TOTAL COUNT	-	-	-	Medicare	063	039	038	-	-	000	999	-
86360	Q	T CELL ABSOLUTE COUNT/RATIO	-	-	-	Medicare	078	049	047	-	-	000	999	-
86361	Q	T CELL ABSOLUTE COUNT	-	-	-	Medicare	045	028	027	-	-	000	999	-
86362	Q	MOG-IGG1 ANTB CBA EACH	-	-	-	Medicare	020	012	012	-	-	000	999	-
86363	Q	MOG-IGG1 ANTB FLO CYTMTRY EA	-	-	-	Medicare	063	039	038	-	-	000	999	-
86364	Q	TISS TRNSGLTMNASE EA IG CLAS	-	-	-	Medicare	019	012	012	-	-	000	999	-
86366	Q	MUSCLE-SPECIFIC KINASE ANTB	-	-	-	Medicare	031	019	018	-	-	000	999	-
86367	Q	STEM CELLS TOTAL COUNT	-	-	-	Medicare	130	080	078	-	-	000	999	-
86376	Q	MICROSOMAL ANTIBODY EACH	-	-	-	Medicare	024	015	015	-	-	000	999	-
86381	Q	MITOCHONDRIAL ANTIBODY EACH	-	-	-	Medicare	042	026	025	-	-	000	999	-
86382	Q	NEUTRALIZATION TEST VIRAL	-	-	-	Medicare	028	017	017	-	-	000	999	-
86384	Q	NITROBLUE TETRAZOLIUM DYE	-	-	-	Medicare	023	014	014	-	-	000	999	-
86386	Q	NUCLEAR MATRIX PROTEIN 22	-	-	-	Medicare	036	023	022	-	-	000	999	-
86403	Q	PARTICLE AGGLUT ANTB DY SCR N	-	-	-	Medicare	019	012	012	-	-	000	999	-
86406	Q	PARTICLE AGGLUT ANTB DY TITR	-	-	-	Medicare	018	011	011	-	-	000	999	-
86408	Q	NEUTRLZG ANTB SARSCOV2 SCR	-	-	-	Medicare	070	044	042	-	-	000	999	-
86409	M	NEUTRLZG ANTB SARSCOV2 TITER	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
86413	M	SARS-COV-2 ANTB QUANTITATIVE	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
86430	Q	RHEUMATOID FACTOR TEST QUAL	-	-	-	Medicare	010	006	006	-	-	000	999	-
86431	Q	RHEUMATOID FACTOR QUANT	-	-	-	Medicare	009	006	006	-	-	000	999	-
86480	Q	TB TEST CELL IMMUN MEASURE	-	-	-	Medicare	103	064	062	-	-	000	999	-
86481	Q	TB AG RESPONSE T-CELL SUSP	-	-	-	Medicare	167	103	100	-	-	000	999	-
86485	N	SKIN TEST CANDIDA	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
86486	N	SKIN TEST UNLISTED ANTIGN EA	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
86490	N	COCCIDIOIDOMYCOSIS SKIN TEST	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
86510	N	HISTOPLASMOSIS SKIN TEST	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
86580	N	TB INTRADERMAL TEST	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
86590	Q	STREPTOKINASE ANTIBODY	-	-	-	Medicare	021	013	013	-	-	000	999	-
86592	Q	SYPHILIS TEST NON-TREP QUAL	-	-	-	Medicare	007	004	004	-	-	000	999	-
86593	Q	SYPHILIS TEST NON-TREP QUANT	-	-	-	Medicare	007	005	004	-	-	000	999	-
86596	Q	VOLTAGE-GTD CA CHNL ANTB EA	-	-	-	Medicare	020	012	012	-	-	000	999	-
86602	Q	ANTINOMYCES ANTIBODY	-	-	-	Medicare	017	011	010	-	-	000	999	-
86603	Q	ADENOVIRUS ANTIBODY	-	-	-	Medicare	021	013	013	-	-	000	999	-
86606	Q	ASPERGILLUS ANTIBODY	-	-	-	Medicare	025	016	015	-	-	000	999	-
86609	Q	BACTERIUM ANTIBODY	-	-	-	Medicare	021	013	013	-	-	000	999	-
86611	Q	BARTONELLA ANTIBODY	-	-	-	Medicare	017	011	010	-	-	000	999	-
86612	Q	BLASTOMYCES ANTIBODY	-	-	-	Medicare	022	013	013	-	-	000	999	-
86615	Q	BORDETELLA ANTIBODY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86617	Q	LYME DISEASE ANTIBODY	-	-	-	Medicare	026	016	015	-	-	000	999	-
86618	Q	LYME DISEASE ANTIBODY	-	-	-	Medicare	028	018	017	-	-	000	999	-
86619	Q	BORRELIA ANTIBODY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86622	Q	BRUCELLA ANTIBODY	-	-	-	Medicare	015	009	009	-	-	000	999	-
86625	Q	CAMPYLOBACTER ANTIBODY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86628	Q	CANDIDA ANTIBODY	-	-	-	Medicare	020	012	012	-	-	000	999	-
86631	Q	CHLAMYDIA ANTIBODY	-	-	-	Medicare	020	012	012	-	-	000	999	-
86632	Q	CHLAMYDIA IGM ANTIBODY	-	-	-	Medicare	021	013	013	-	-	000	999	-
86635	Q	COCCIDIOIDES ANTIBODY	-	-	-	Medicare	019	012	011	-	-	000	999	-
86638	Q	Q FEVER ANTIBODY	-	-	-	Medicare	020	013	012	-	-	000	999	-
86641	Q	CRYPTOCOCCUS ANTIBODY	-	-	-	Medicare	024	015	014	-	-	000	999	-
86644	Q	CMV ANTIBODY	-	-	-	Medicare	024	015	014	-	-	000	999	-
86645	Q	CMV ANTIBODY IGM	-	-	-	Medicare	028	017	017	-	-	000	999	-
86648	Q	DIPHThERIA ANTIBODY	-	-	-	Medicare	025	016	015	-	-	000	999	-
86651	Q	ENCEPHALITIS CALIFORN ANTB DY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86652	Q	ENCEPHALTIS EAST EQNE ANBDY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86653	Q	ENCEPHALTIS ST LOUIS ANTBODY	-	-	-	Medicare	022	014	013	-	-	000	999	-

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
86654	Q	ENCEPHALITIS WEST EQNE ANTBODY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86658	Q	ENTEROVIRUS ANTIBODY	-	-	-	Medicare	022	013	013	-	-	000	999	-
86663	Q	EPSTEIN-BARR ANTIBODY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86664	Q	EPSTEIN-BARR NUCLEAR ANTIGEN	-	-	-	Medicare	025	016	015	-	-	000	999	-
86665	Q	EPSTEIN-BARR CAPSID VCA	-	-	-	Medicare	030	019	018	-	-	000	999	-
86666	Q	EHRlichIA ANTIBODY	-	-	-	Medicare	017	011	010	-	-	000	999	-
86668	Q	FRANCISELLA TULARENSIS	-	-	-	Medicare	024	015	014	-	-	000	999	-
86671	Q	FUNGUS NES ANTIBODY	-	-	-	Medicare	020	013	012	-	-	000	999	-
86674	Q	GIARDIA LAMBLIA ANTIBODY	-	-	-	Medicare	025	015	015	-	-	000	999	-
86677	Q	HELICOBACTER PYLORI ANTIBODY	-	-	-	Medicare	028	017	017	-	-	000	999	-
86682	Q	HELMINTH ANTIBODY	-	-	-	Medicare	022	013	013	-	-	000	999	-
86684	Q	HEMOPHILUS INFLUENZA ANTIBDY	-	-	-	Medicare	026	016	016	-	-	000	999	-
86687	Q	HTLV-I ANTIBODY	-	-	-	Medicare	015	009	009	-	-	000	999	-
86688	Q	HTLV-II ANTIBODY	-	-	-	Medicare	023	014	014	-	-	000	999	-
86689	Q	HTLV/HIV CONFIRMJ ANTIBODY	-	-	-	Medicare	032	020	019	-	-	000	999	-
86692	Q	HEPATITIS DELTA AGENT ANTBODY	-	-	-	Medicare	029	018	017	-	-	000	999	-
86694	Q	HERPES SIMPLEX NES ANTBODY	-	-	-	Medicare	024	015	014	-	-	000	999	-
86695	Q	HERPES SIMPLEX TYPE 1 TEST	-	-	-	Medicare	022	014	013	-	-	000	999	-
86696	Q	HERPES SIMPLEX TYPE 2 TEST	-	-	-	Medicare	032	020	019	-	-	000	999	-
86698	Q	HISTOPLASMA ANTIBODY	-	-	-	Medicare	023	014	014	-	-	000	999	-
86701	Q	HIV-1ANTIBODY	-	-	-	Medicare	015	009	009	-	-	000	999	-
86702	Q	HIV-2 ANTIBODY	-	-	-	Medicare	023	014	014	-	-	000	999	-
86703	Q	HIV-1/HIV-2 1 RESULT ANTBODY	-	-	-	Medicare	023	014	014	-	-	000	999	-
86704	Q	HEP B CORE ANTIBODY TOTAL	-	-	-	Medicare	020	012	012	-	-	000	999	-
86705	Q	HEP B CORE ANTIBODY IGM	-	-	-	Medicare	020	012	012	-	-	000	999	-
86706	Q	HEP B SURFACE ANTIBODY	-	-	-	Medicare	018	011	011	-	-	000	999	-
86707	Q	HEPATITIS BE ANTIBODY	-	-	-	Medicare	019	012	012	-	-	000	999	-
86708	Q	HEPATITIS A ANTIBODY	-	-	-	Medicare	021	013	012	-	-	000	999	-
86709	Q	HEPATITIS A IGM ANTIBODY	-	-	-	Medicare	019	012	011	-	-	000	999	-
86710	Q	INFLUENZA VIRUS ANTIBODY	-	-	-	Medicare	023	014	014	-	-	000	999	-
86711	Q	JOHN CUNNINGHAM ANTIBODY	-	-	-	Medicare	028	017	017	-	-	000	999	-
86713	Q	LEGIONELLA ANTIBODY	-	-	-	Medicare	026	016	015	-	-	000	999	-
86717	Q	LEISHMANIA ANTIBODY	-	-	-	Medicare	020	013	012	-	-	000	999	-
86720	Q	LEPTOSPIRA ANTIBODY	-	-	-	Medicare	027	017	016	-	-	000	999	-
86723	Q	LISTERIA MONOCYTOGENES	-	-	-	Medicare	022	014	013	-	-	000	999	-
86727	Q	LYMPH CHORIOMENINGITIS AB	-	-	-	Medicare	021	013	013	-	-	000	999	-
86732	Q	MUCORMYCOSIS ANTIBODY	-	-	-	Medicare	025	016	015	-	-	000	999	-
86735	Q	MUMPS ANTIBODY	-	-	-	Medicare	022	013	013	-	-	000	999	-
86738	Q	MYCOPLASMA ANTIBODY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86741	Q	NEISSERIA MENINGITIDIS	-	-	-	Medicare	022	014	013	-	-	000	999	-
86744	Q	NOCARDIA ANTIBODY	-	-	-	Medicare	027	017	016	-	-	000	999	-
86747	Q	PARVOVIRUS ANTIBODY	-	-	-	Medicare	025	016	015	-	-	000	999	-
86750	Q	MALARIA ANTIBODY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86753	Q	PROTOZOA ANTIBODY NOS	-	-	-	Medicare	021	013	012	-	-	000	999	-
86756	Q	RESPIRATORY VIRUS ANTIBODY	-	-	-	Medicare	026	016	016	-	-	000	999	-
86757	Q	RICKETTSIA ANTIBODY	-	-	-	Medicare	032	020	019	-	-	000	999	-
86759	Q	ROTAVIRUS ANTIBODY	-	-	-	Medicare	030	019	018	-	-	000	999	-
86762	Q	RUBELLA ANTIBODY	-	-	-	Medicare	024	015	014	-	-	000	999	-
86765	Q	RUBEOLA ANTIBODY	-	-	-	Medicare	021	013	013	-	-	000	999	-
86768	Q	SALMONELLA ANTIBODY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86769	Q	SARS-COV-2 COVID-19 ANTIBODY	-	-	-	Medicare	070	044	042	-	-	000	999	-
86771	Q	SHIGELLA ANTIBODY	-	-	-	Medicare	041	025	024	-	-	000	999	-
86774	Q	TETANUS ANTIBODY	-	-	-	Medicare	025	015	015	-	-	000	999	-
86777	Q	TOXOPLASMA ANTIBODY	-	-	-	Medicare	024	015	014	-	-	000	999	-
86778	Q	TOXOPLASMA ANTIBODY IGM	-	-	-	Medicare	024	015	014	-	-	000	999	-
86780	Q	TREPONEMA PALLIDUM	-	-	-	Medicare	022	014	013	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
86784	Q	TRICHINELLA ANTIBODY	-	-	-	Medicare	021	013	013	-	-	000	999	-
86787	Q	VARICELLA-ZOSTER ANTIBODY	-	-	-	Medicare	021	013	013	-	-	000	999	-
86788	Q	WEST NILE VIRUS AB IGM	-	-	-	Medicare	028	017	017	-	-	000	999	-
86789	Q	WEST NILE VIRUS ANTIBODY	-	-	-	Medicare	024	015	014	-	-	000	999	-
86790	Q	VIRUS ANTIBODY NOS	-	-	-	Medicare	021	013	013	-	-	000	999	-
86793	Q	YERSINIA ANTIBODY	-	-	-	Medicare	022	014	013	-	-	000	999	-
86794	Q	ZIKA VIRUS IGM ANTIBODY	-	-	-	Medicare	028	017	017	-	-	000	999	-
86800	Q	THYROGLOBULIN ANTIBODY	-	-	-	Medicare	027	016	016	-	-	000	999	-
86803	Q	HEPATITIS C AB TEST	-	-	-	Medicare	024	015	014	-	-	000	999	-
86804	Q	HEP C AB TEST CONFIRM	-	-	-	Medicare	026	016	015	-	-	000	999	-
86805	Q	LYMPHOCYTOTOXICITY ASSAY	-	-	-	Medicare	316	196	190	-	-	000	999	-
86806	Q	LYMPHOCYTOTOXICITY ASSAY	-	-	-	Medicare	079	049	048	-	-	000	999	-
86807	Q	CYTOTOXIC ANTIBODY SCREENING	-	-	-	Medicare	131	081	079	-	-	000	999	-
86808	Q	CYTOTOXIC ANTIBODY SCREENING	-	-	-	Medicare	049	031	030	-	-	000	999	-
86812	Q	HLA TYPING A B OR C	-	-	-	Medicare	043	027	026	-	-	000	999	-
86813	Q	HLA TYPING A B OR C	-	-	-	Medicare	097	060	058	-	-	000	999	-
86816	Q	HLA TYPING DR/DQ	-	-	-	Medicare	050	031	030	-	-	000	999	-
86817	Q	HLA TYPING DR/DQ	-	-	-	Medicare	177	110	106	-	-	000	999	-
86821	Q	LYMPHOCYTE CULTURE MIXED	-	-	-	Medicare	061	038	037	-	-	000	999	-
86825	Q	HLA X-MATH NON-CYTOTOXIC	-	-	-	Medicare	182	113	109	-	-	000	999	-
86826	Q	HLA X-MATCH NONCYTOTOXC ADDL	-	-	-	Medicare	061	038	037	-	-	000	999	-
86828	Q	HLA CLASS I&II ANTIBODY QUAL	-	-	-	Medicare	107	066	064	-	-	000	999	-
86829	Q	HLA CLASS I/II ANTIBODY QUAL	-	-	-	Medicare	107	066	064	-	-	000	999	-
86830	Q	HLA CLASS I PHENOTYPE QUAL	-	-	-	Medicare	159	099	096	-	-	000	999	-
86831	Q	HLA CLASS II PHENOTYPE QUAL	-	-	-	Medicare	136	085	082	-	-	000	999	-
86832	Q	HLA CLASS I HIGH DEFIN QUAL	-	-	-	Medicare	540	335	324	-	-	000	999	-
86833	Q	HLA CLASS II HIGH DEFIN QUAL	-	-	-	Medicare	543	337	326	-	-	000	999	-
86834	Q	HLA CLASS I SEMIQUANT PANEL	-	-	-	Medicare	596	369	358	-	-	000	999	-
86835	Q	HLA CLASS II SEMIQUANT PANEL	-	-	-	Medicare	538	334	323	-	-	000	999	-
86849	N	IMMUNOLOGY PROCEDURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
86850	N	RBC ANTIBODY SCREEN	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
86860	N	RBC ANTIBODY ELUTION	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86870	N	RBC ANTIBODY IDENTIFICATION	-	05673	3.9193	Bundled, sometimes payable	238	-	-	-	-	000	999	-
86880	N	COOMBS TEST DIRECT	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
86885	N	COOMBS TEST INDIRECT QUAL	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86886	N	COOMBS TEST INDIRECT TITER	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86890	N	AUTOLOGOUS BLOOD PROCESS	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86891	N	AUTOLOGOUS BLOOD OP SALVAGE	-	05674	9.3760	Bundled, sometimes payable	569	-	-	-	-	000	999	-
86900	N	BLOOD TYPING SEROLOGIC ABO	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
86901	N	BLOOD TYPING SEROLOGIC RH(D)	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
86902	N	BLOOD TYPE ANTIGEN DONOR EA	-	05673	3.9193	Bundled, sometimes payable	238	-	-	-	-	000	999	-
86904	N	BLOOD TYPING PATIENT SERUM	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
86905	N	BLOOD TYPING RBC ANTIGENS	-	05673	3.9193	Bundled, sometimes payable	238	-	-	-	-	000	999	-
86906	N	BLD TYPING SEROLOGIC RH PHNT	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
86910	E	BLOOD TYPING PATERNITY TEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
86911	E	BLOOD TYPING ANTIGEN SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
86920	N	COMPATIBILITY TEST SPIN	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86921	N	COMPATIBILITY TEST INCUBATE	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86922	N	COMPATIBILITY TEST ANTIGLOB	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86923	N	COMPATIBILITY TEST ELECTRIC	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86927	S	PLASMA FRESH FROZEN	-	05672	1.8624	APC	113	-	-	-	-	000	999	-
86930	N	FROZEN BLOOD PREP	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86931	N	FROZEN BLOOD THAW	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86932	N	FROZEN BLOOD FREEZE/THAW	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
86940	Q	HEMOLYSINS/AGGLUTININS AUTO	-	-	-	Medicare	015	009	009	-	-	000	999	-
86941	Q	HEMOLYSINS/AGGLUTININS	-	-	-	Medicare	020	013	012	-	-	000	999	-

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							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
86945	N	BLOOD PRODUCT/IRRADIATION	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
86950	N	LEUKACYTE TRANSFUSION	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86960	N	VOL REDUCTION OF BLOOD/PROD	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86965	N	POOLING BLOOD PLATELETS	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86970	N	RBC PRETX INCUBATJ W/CHEMICAL	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
86971	N	RBC PRETX INCUBATJ W/ENZYMES	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86972	N	RBC PRETX INCUBATJ W/DENSITY	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86975	N	RBC SERUM PRETX INCUBJ DRUGS	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
86976	N	RBC SERUM PRETX ID DILUTION	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
86977	N	RBC SERUM PRETX INCUBJ/INHIB	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86978	N	RBC PRETREATMENT SERUM	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
86985	N	SPLIT BLOOD OR PRODUCTS	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
86999	N	UNLISTED TRANSFUSION MED PX	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
87003	Q	SMALL ANIMAL INOCULATION	-	-	-	Medicare	028	017	017	-	-	000	999	-
87015	Q	SPECIMEN INFECT AGNT CONCNTJ	-	-	-	Medicare	011	007	007	-	-	000	999	-
87040	Q	BLOOD CULTURE FOR BACTERIA	-	-	-	Medicare	017	011	010	-	-	000	999	-
87045	Q	FECES CULTURE AEROBIC BACT	-	-	-	Medicare	016	010	009	-	-	000	999	-
87046	Q	STOOL CULTR AEROBIC BACT EA	-	-	-	Medicare	016	010	009	-	-	000	999	-
87070	Q	CULTURE OTHR SPECIMN AEROBIC	-	-	-	Medicare	014	009	009	-	-	000	999	-
87071	Q	CULTURE AEROBIC QUANT OTHER	-	-	-	Medicare	016	010	010	-	-	000	999	-
87073	Q	CULTURE BACTERIA ANAEROBIC	-	-	-	Medicare	016	010	010	-	-	000	999	-
87075	Q	CULTR BACTERIA EXCEPT BLOOD	-	-	-	Medicare	016	010	009	-	-	000	999	-
87076	Q	CULTURE ANAEROBE IDENT EACH	-	-	-	Medicare	013	008	008	-	-	000	999	-
87077	Q	CULTURE AEROBIC IDENTIFY	-	-	-	Medicare	013	008	008	-	-	000	999	-
87081	Q	CULTURE SCREEN ONLY	-	-	-	Medicare	011	007	007	-	-	000	999	-
87084	Q	CULTURE OF SPECIMEN BY KIT	-	-	-	Medicare	045	028	027	-	-	000	999	-
87086	Q	URINE CULTURE/COLONY COUNT	-	-	-	Medicare	013	008	008	-	-	000	999	-
87088	Q	URINE BACTERIA CULTURE	-	-	-	Medicare	013	008	008	-	-	000	999	-
87101	Q	SKIN FUNGI CULTURE	-	-	-	Medicare	013	008	008	-	-	000	999	-
87102	Q	FUNGUS ISOLATION CULTURE	-	-	-	Medicare	014	009	008	-	-	000	999	-
87103	Q	BLOOD FUNGUS CULTURE	-	-	-	Medicare	034	021	020	-	-	000	999	-
87106	Q	FUNGI IDENTIFICATION YEAST	-	-	-	Medicare	017	011	010	-	-	000	999	-
87107	Q	FUNGI IDENTIFICATION MOLD	-	-	-	Medicare	017	011	010	-	-	000	999	-
87109	Q	MYCOPLASMA	-	-	-	Medicare	026	016	015	-	-	000	999	-
87110	Q	CHLAMYDIA CULTURE	-	-	-	Medicare	033	020	020	-	-	000	999	-
87116	Q	MYCOBACTERIA CULTURE	-	-	-	Medicare	018	011	011	-	-	000	999	-
87118	Q	MYCOBACTERIC IDENTIFICATION	-	-	-	Medicare	024	015	015	-	-	000	999	-
87140	Q	CULTURE TYPE IMMUNOFLUORESC	-	-	-	Medicare	009	006	006	-	-	000	999	-
87143	Q	CULTURE TYPING GLC/HPLC	-	-	-	Medicare	021	013	013	-	-	000	999	-
87147	Q	CULTURE TYPE IMMUNOLOGIC	-	-	-	Medicare	009	005	005	-	-	000	999	-
87149	Q	DNA/RNA DIRECT PROBE	-	-	-	Medicare	033	021	020	-	-	000	999	-
87150	Q	DNA/RNA AMPLIFIED PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87152	Q	CULTURE TYPE PULSE FIELD GEL	-	-	-	Medicare	013	008	008	-	-	000	999	-
87153	Q	DNA/RNA SEQUENCING	-	-	-	Medicare	192	119	115	-	-	000	999	-
87154	Q	CUL TYP ID BLD PTHGN 6+ TRGT	-	-	-	Medicare	363	225	218	-	-	000	999	-
87158	Q	CULTURE TYPING ADDED METHOD	-	-	-	Medicare	013	008	008	-	-	000	999	-
87164	Q	DARK FIELD EXAMINATION	-	-	-	Medicare	018	011	011	-	-	000	999	-
87166	Q	DARK FIELD EXAMINATION	-	-	-	Medicare	019	012	011	-	-	000	999	-
87168	Q	MACROSCOPIC EXAM ARTHROPOD	-	-	-	Medicare	007	004	004	-	-	000	999	-
87169	Q	MACROSCOPIC EXAM PARASITE	-	-	-	Medicare	007	004	004	-	-	000	999	-
87172	Q	PINWORM EXAM	-	-	-	Medicare	007	004	004	-	-	000	999	-
87176	Q	TISSUE HOMOGENIZATION CULTR	-	-	-	Medicare	010	006	006	-	-	000	999	-
87177	Q	OVA AND PARASITES SMEARS	-	-	-	Medicare	015	009	009	-	-	000	999	-
87181	Q	MICROBE SUSCEPTIBLE DIFFUSE	-	-	-	Medicare	008	005	005	-	-	000	999	-
87184	Q	MICROBE SUSCEPTIBLE DISK	-	-	-	Medicare	012	008	007	-	-	000	999	-
87185	Q	MICROBE SUSCEPTIBLE ENZYME	-	-	-	Medicare	008	005	005	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
87186	Q	MICROBE SUSCEPTIBLE MIC	-	-	-	Medicare	014	009	009	-	-	000	999	-
87187	Q	MICROBE SUSCEPTIBLE MLC	-	-	-	Medicare	067	042	040	-	-	000	999	-
87188	Q	MICROBE SUSCEPT MACROBROTH	-	-	-	Medicare	011	007	007	-	-	000	999	-
87190	Q	MICROBE SUSCEPT MYCOBACTERI	-	-	-	Medicare	012	008	007	-	-	000	999	-
87197	Q	BACTERICIDAL LEVEL SERUM	-	-	-	Medicare	025	016	015	-	-	000	999	-
87205	Q	SMEAR GRAM STAIN	-	-	-	Medicare	007	004	004	-	-	000	999	-
87206	Q	SMEAR FLUORESCENT/ACID STAI	-	-	-	Medicare	009	006	005	-	-	000	999	-
87207	Q	SMEAR SPECIAL STAIN	-	-	-	Medicare	010	006	006	-	-	000	999	-
87209	Q	SMEAR COMPLEX STAIN	-	-	-	Medicare	030	019	018	-	-	000	999	-
87210	Q	SMEAR WET MOUNT SALINE/INK	-	-	-	Medicare	010	006	006	-	-	000	999	-
87220	Q	TISSUE EXAM FOR FUNGI	-	-	-	Medicare	007	004	004	-	-	000	999	-
87230	Q	ASSAY TOXIN OR ANTITOXIN	-	-	-	Medicare	033	020	020	-	-	000	999	-
87250	Q	VIRUS INOCULATE EGGS/ANIMAL	-	-	-	Medicare	033	020	020	-	-	000	999	-
87252	Q	VIRUS INOCULATION TISSUE	-	-	-	Medicare	043	027	026	-	-	000	999	-
87253	Q	VIRUS INOCULATE TISSUE ADDL	-	-	-	Medicare	034	021	020	-	-	000	999	-
87254	Q	VIRUS INOCULATION SHELL VIA	-	-	-	Medicare	033	020	020	-	-	000	999	-
87255	Q	GENET VIRUS ISOLATE HSV	-	-	-	Medicare	056	035	034	-	-	000	999	-
87260	Q	ADENOVIRUS AG IF	-	-	-	Medicare	024	015	014	-	-	000	999	-
87265	Q	PERTUSSIS AG IF	-	-	-	Medicare	020	012	012	-	-	000	999	-
87267	Q	ENTEROVIRUS ANTIBODY DFA	-	-	-	Medicare	022	014	013	-	-	000	999	-
87269	Q	GIARDIA AG IF	-	-	-	Medicare	023	014	014	-	-	000	999	-
87270	Q	CHLAMYDIA TRACHOMATIS AG IF	-	-	-	Medicare	020	012	012	-	-	000	999	-
87271	Q	CYTOMEGALOVIRUS DFA	-	-	-	Medicare	022	014	013	-	-	000	999	-
87272	Q	CRYPTOSPORIDIUM AG IF	-	-	-	Medicare	020	012	012	-	-	000	999	-
87273	Q	HERPES SIMPLEX 2 AG IF	-	-	-	Medicare	020	012	012	-	-	000	999	-
87274	Q	HERPES SIMPLEX 1 AG IF	-	-	-	Medicare	020	012	012	-	-	000	999	-
87275	Q	INFLUENZA B AG IF	-	-	-	Medicare	020	013	012	-	-	000	999	-
87276	Q	INFLUENZA A AG IF	-	-	-	Medicare	027	017	016	-	-	000	999	-
87278	Q	LEGION PNEUMOPHILIA AG IF	-	-	-	Medicare	026	016	016	-	-	000	999	-
87279	Q	PARAINFLUENZA AG IF	-	-	-	Medicare	027	017	016	-	-	000	999	-
87280	Q	RESPIRATORY SYNCYTIAL AG IF	-	-	-	Medicare	022	014	013	-	-	000	999	-
87281	Q	PNEUMOCYSTIS CARINII AG IF	-	-	-	Medicare	020	012	012	-	-	000	999	-
87283	Q	RUBEOLA AG IF	-	-	-	Medicare	101	063	061	-	-	000	999	-
87285	Q	TREPONEMA PALLIDUM AG IF	-	-	-	Medicare	020	013	012	-	-	000	999	-
87290	Q	VARICELLA ZOSTER AG IF	-	-	-	Medicare	022	014	013	-	-	000	999	-
87299	Q	ANTIBODY DETECTION NOS IF	-	-	-	Medicare	027	017	016	-	-	000	999	-
87300	Q	AG DETECTION POLYVAL IF	-	-	-	Medicare	020	012	012	-	-	000	999	-
87301	Q	ADENOVIRUS AG IA	-	-	-	Medicare	020	012	012	-	-	000	999	-
87305	Q	ASPERGILLUS AG IA	-	-	-	Medicare	020	012	012	-	-	000	999	-
87320	Q	CHLMYD TRACH AG IA	-	-	-	Medicare	025	016	015	-	-	000	999	-
87324	Q	CLOSTRIDIUM AG IA	-	-	-	Medicare	020	012	012	-	-	000	999	-
87327	Q	CRYPTOCOCCUS NEOFORM AG IA	-	-	-	Medicare	022	014	013	-	-	000	999	-
87328	Q	CRYPTOSPORIDIUM AG IA	-	-	-	Medicare	023	014	014	-	-	000	999	-
87329	Q	GIARDIA AG IA	-	-	-	Medicare	020	012	012	-	-	000	999	-
87332	Q	CYTOMEGALOVIRUS AG IA	-	-	-	Medicare	020	012	012	-	-	000	999	-
87335	Q	E COLI 0157 AG IA	-	-	-	Medicare	021	013	013	-	-	000	999	-
87336	Q	ENTAMOEB HIST DISPR AG IA	-	-	-	Medicare	027	017	016	-	-	000	999	-
87337	Q	ENTAMOEB HIST GROUP AG IA	-	-	-	Medicare	020	012	012	-	-	000	999	-
87338	Q	HPYLORI STOOL AG IA	-	-	-	Medicare	024	015	014	-	-	000	999	-
87339	Q	H PYLORI AG IA	-	-	-	Medicare	027	017	016	-	-	000	999	-
87340	Q	HEPATITIS B SURFACE AG IA	-	-	-	Medicare	017	011	010	-	-	000	999	-
87341	Q	HEP B SURFACE AG NEUTRLZJ IA	-	-	-	Medicare	017	011	010	-	-	000	999	-
87350	Q	HEPATITIS BE AG IA	-	-	-	Medicare	019	012	012	-	-	000	999	-
87380	Q	HEPATITIS DELTA AGENT AG IA	-	-	-	Medicare	031	019	018	-	-	000	999	-
87385	Q	HISTOPLASMA CAPSUL AG IA	-	-	-	Medicare	022	014	013	-	-	000	999	-
87389	Q	HIV-1 AG W/HIV-1&-2 AB AG IA	-	-	-	Medicare	040	025	024	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
87390	Q	HIV-1 AG IA	-	-	-	Medicare	040	025	024	-	-	000	999	-
87391	Q	HIV-2 AG IA	-	-	-	Medicare	037	023	022	-	-	000	999	-
87400	Q	INFLUENZA A/B EACH AG IA	-	-	-	Medicare	024	015	014	-	-	000	999	-
87420	Q	RESP SYNCYTIAL VIRUS AG IA	-	-	-	Medicare	023	014	014	-	-	000	999	-
87425	Q	ROTAVIRUS AG IA	-	-	-	Medicare	020	012	012	-	-	000	999	-
87426	Q	SARSCOV CORONAVIRUS AG IA	-	-	-	Medicare	059	037	035	-	-	000	999	-
87427	Q	SHIGA-LIKE TOXIN AG IA	-	-	-	Medicare	020	012	012	-	-	000	999	-
87428	Q	SARSCOV & INF VIR A&B AG IA	-	-	-	Medicare	000	000	000	-	-	000	999	-
87430	Q	STREP A AG IA	-	-	-	Medicare	028	017	017	-	-	000	999	-
87449	Q	NOS EACH ORGANISM AG IA	-	-	-	Medicare	020	012	012	-	-	000	999	-
87451	Q	POLYVALENT MULT ORG EA AG IA	-	-	-	Medicare	018	011	011	-	-	000	999	-
87467	Q	HEPATITIS B SURFACE AG QUAN	-	-	-	Medicare	000	000	000	-	-	000	999	-
87468	Q	ANAPLSMA PHGCYTOPHLM AMP PRB	-	-	-	Medicare	058	036	035	-	-	000	999	-
87469	Q	BABESIA MICROTI AMP PRB	-	-	-	Medicare	058	036	035	-	-	000	999	-
87471	Q	BARTONELLA DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87472	Q	BARTONELLA DNA QUANT	-	-	-	Medicare	071	044	043	-	-	000	999	-
87475	Q	LYME DIS DNA DIR PROBE	-	-	-	Medicare	033	021	020	-	-	000	999	-
87476	Q	LYME DIS DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87478	Q	BORRELIA MIYAMOTOI AMP PRB	-	-	-	Medicare	058	036	035	-	-	000	999	-
87480	Q	CANDIDA DNA DIR PROBE	-	-	-	Medicare	033	021	020	-	-	000	999	-
87481	Q	CANDIDA DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87482	Q	CANDIDA DNA QUANT	-	-	-	Medicare	093	058	056	-	-	000	999	-
87483	Q	CNS DNA AMP PROBE TYPE 12-25	-	-	-	Medicare	695	431	417	-	-	000	999	-
87484	Q	EHRlichA CHAFFEENSIS AMP PRB	-	-	-	Medicare	058	036	035	-	-	000	999	-
87485	Q	CHLMyD PNEUM DNA DIR PROBE	-	-	-	Medicare	033	021	020	-	-	000	999	-
87486	Q	CHLMyD PNEUM DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87487	Q	CHLMyD PNEUM DNA QUANT	-	-	-	Medicare	071	044	043	-	-	000	999	-
87490	Q	CHLMyD TRACH DNA DIR PROBE	-	-	-	Medicare	038	024	023	-	-	000	999	-
87491	Q	CHLMyD TRACH DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87492	Q	CHLMyD TRACH DNA QUANT	-	-	-	Medicare	089	055	053	-	-	000	999	-
87493	Q	C DIFF AMPLIFIED PROBE	-	-	-	Medicare	062	039	037	-	-	000	999	-
87495	Q	CYTOMEG DNA DIR PROBE	-	-	-	Medicare	050	031	030	-	-	000	999	-
87496	Q	CYTOMEG DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87497	Q	CYTOMEG DNA QUANT	-	-	-	Medicare	071	044	043	-	-	000	999	-
87498	Q	ENTEROVIRUS PROBE&REVRS TRNS	-	-	-	Medicare	058	036	035	-	-	000	999	-
87500	Q	VANOMYCIN DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87501	Q	INFLUENZA DNA AMP PROB 1+	-	-	-	Medicare	086	053	051	-	-	000	999	-
87502	Q	INFLUENZA DNA AMP PROBE	-	-	-	Medicare	160	099	096	-	-	000	999	-
87503	Q	INFLUENZA DNA AMP PROB ADDL	-	-	-	Medicare	049	030	029	-	-	000	999	-
87505	Q	NFCT AGENT DETECTION GI	-	-	-	Medicare	214	133	128	-	-	000	999	-
87506	Q	IADNA-DNA/RNA PROBE TQ 6-11	-	-	-	Medicare	438	272	263	-	-	000	999	-
87507	Q	IADNA-DNA/RNA PROBE TQ 12-25	-	-	-	Medicare	695	431	417	-	-	000	999	-
87510	Q	GARDNER VAG DNA DIR PROBE	-	-	-	Medicare	033	021	020	-	-	000	999	-
87511	Q	GARDNER VAG DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87512	Q	GARDNER VAG DNA QUANT	-	-	-	Medicare	070	043	042	-	-	000	999	-
87516	Q	HEPATITIS B DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87517	Q	HEPATITIS B DNA QUANT	-	-	-	Medicare	071	044	043	-	-	000	999	-
87520	Q	HEPATITIS C RNA DIR PROBE	-	-	-	Medicare	052	032	031	-	-	000	999	-
87521	Q	HEPATITIS C PROBE&RVRS TRNSC	-	-	-	Medicare	058	036	035	-	-	000	999	-
87522	Q	HEPATITIS C REVRS TRNSCRPJ	-	-	-	Medicare	071	044	043	-	-	000	999	-
87523	Q	HEPATITIS D QUANTIFICATION	-	-	-	Medicare	071	044	043	-	-	000	999	-
87525	Q	HEPATITIS G DNA DIR PROBE	-	-	-	Medicare	050	031	030	-	-	000	999	-
87526	Q	HEPATITIS G DNA AMP PROBE	-	-	-	Medicare	065	041	039	-	-	000	999	-
87527	Q	HEPATITIS G DNA QUANT	-	-	-	Medicare	070	043	042	-	-	000	999	-
87528	Q	HSV DNA DIR PROBE	-	-	-	Medicare	033	021	020	-	-	000	999	-
87529	Q	HSV DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
87530	Q	HSV DNA QUANT	-	-	-	Medicare	071	044	043	-	-	000	999	-
87531	Q	HHV-6 DNA DIR PROBE	-	-	-	Medicare	097	060	058	-	-	000	999	-
87532	Q	HHV-6 DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87533	Q	HHV-6 DNA QUANT	-	-	-	Medicare	070	043	042	-	-	000	999	-
87534	Q	HIV-1 DNA DIR PROBE	-	-	-	Medicare	037	023	022	-	-	000	999	-
87535	Q	HIV-1 PROBE&REVERSE TRNSCRPJ	-	-	-	Medicare	058	036	035	-	-	000	999	-
87536	Q	HIV-1 QUANT&REVRSE TRNSCRPJ	-	-	-	Medicare	142	088	085	-	-	000	999	-
87537	Q	HIV-2 DNA DIR PROBE	-	-	-	Medicare	037	023	022	-	-	000	999	-
87538	Q	HIV-2 PROBE&REVRSE TRNSCRIPJ	-	-	-	Medicare	058	036	035	-	-	000	999	-
87539	Q	HIV-2 QUANT&REVRSE TRNSCRIPJ	-	-	-	Medicare	098	061	059	-	-	000	999	-
87540	Q	LEGION PNEUMO DNA DIR PROB	-	-	-	Medicare	033	021	020	-	-	000	999	-
87541	Q	LEGION PNEUMO DNA AMP PROB	-	-	-	Medicare	058	036	035	-	-	000	999	-
87542	Q	LEGION PNEUMO DNA QUANT	-	-	-	Medicare	070	043	042	-	-	000	999	-
87550	Q	MYCOBACTERIA DNA DIR PROBE	-	-	-	Medicare	033	021	020	-	-	000	999	-
87551	Q	MYCOBACTERIA DNA AMP PROBE	-	-	-	Medicare	080	050	048	-	-	000	999	-
87552	Q	MYCOBACTERIA DNA QUANT	-	-	-	Medicare	071	044	043	-	-	000	999	-
87555	Q	M.TUBERCULO DNA DIR PROBE	-	-	-	Medicare	045	028	027	-	-	000	999	-
87556	Q	M.TUBERCULO DNA AMP PROBE	-	-	-	Medicare	069	043	042	-	-	000	999	-
87557	Q	M.TUBERCULO DNA QUANT	-	-	-	Medicare	071	044	043	-	-	000	999	-
87560	Q	M.AVIUM-INTRA DNA DIR PROB	-	-	-	Medicare	045	028	027	-	-	000	999	-
87561	Q	M.AVIUM-INTRA DNA AMP PROB	-	-	-	Medicare	058	036	035	-	-	000	999	-
87562	Q	M.AVIUM-INTRA DNA QUANT	-	-	-	Medicare	071	044	043	-	-	000	999	-
87563	Q	M. GENITALIUM AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87580	Q	M.PNEUMON DNA DIR PROBE	-	-	-	Medicare	033	021	020	-	-	000	999	-
87581	Q	M.PNEUMON DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87582	Q	M.PNEUMON DNA QUANT	-	-	-	Medicare	504	313	303	-	-	000	999	-
87590	Q	N.GONORRHOEAE DNA DIR PROB	-	-	-	Medicare	045	028	027	-	-	000	999	-
87591	Q	N.GONORRHOEAE DNA AMP PROB	-	-	-	Medicare	058	036	035	-	-	000	999	-
87592	Q	N.GONORRHOEAE DNA QUANT	-	-	-	Medicare	071	044	043	-	-	000	999	-
87593	E	ORTHOPOXVIRUS AMP PRB EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
87623	Q	HPV LOW-RISK TYPES	-	-	-	Medicare	058	036	035	-	-	000	999	-
87624	Q	HPV HIGH-RISK TYPES	-	-	-	Medicare	058	036	035	-	-	000	999	-
87625	Q	HPV TYPES 16 & 18 ONLY	-	-	-	Medicare	068	042	041	-	-	000	999	-
87631	Q	RESP VIRUS 3-5 TARGETS	-	-	-	Medicare	238	147	143	-	-	000	999	-
87632	Q	RESP VIRUS 6-11 TARGETS	-	-	-	Medicare	363	225	218	-	-	000	999	-
87633	Q	RESP VIRUS 12-25 TARGETS	-	-	-	Medicare	695	431	417	-	-	000	999	-
87634	Q	RSV DNA/RNA AMP PROBE	-	-	-	Medicare	117	073	070	-	-	000	999	-
87635	Q	SARS-COV-2 COVID-19 AMP PRB	-	-	-	Medicare	086	053	051	-	-	000	999	-
87636	Q	SARSCOV2 & INF A&B AMP PRB	-	-	-	Medicare	238	147	143	-	-	000	999	-
87637	Q	SARSCOV2&INF A&B&RSV AMP PRB	-	-	-	Medicare	238	147	143	-	-	000	999	-
87640	Q	STAPH A DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87641	Q	MR-STAPH DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87650	Q	STREP A DNA DIR PROBE	-	-	-	Medicare	033	021	020	-	-	000	999	-
87651	Q	STREP A DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87652	Q	STREP A DNA QUANT	-	-	-	Medicare	070	043	042	-	-	000	999	-
87653	Q	STREP B DNA AMP PROBE	-	-	-	Medicare	058	036	035	-	-	000	999	-
87660	Q	TRICHOMONAS VAGIN DIR PROBE	-	-	-	Medicare	033	021	020	-	-	000	999	-
87661	Q	TRICHOMONAS VAGINALIS AMPLIF	-	-	-	Medicare	058	036	035	-	-	000	999	-
87662	Q	ZIKA VIRUS DNA/RNA AMP PROBE	-	-	-	Medicare	086	053	051	-	-	000	999	-
87797	Q	DETECT AGENT NOS DNA DIR	-	-	-	Medicare	050	031	030	-	-	000	999	-
87798	Q	DETECT AGENT NOS DNA AMP	-	-	-	Medicare	058	036	035	-	-	000	999	-
87799	Q	DETECT AGENT NOS DNA QUANT	-	-	-	Medicare	071	044	043	-	-	000	999	-
87800	Q	DETECT AGNT MULT DNA DIREC	-	-	-	Medicare	073	045	044	-	-	000	999	-
87801	Q	DETECT AGNT MULT DNA AMPLI	-	-	-	Medicare	117	073	070	-	-	000	999	-
87802	Q	STREP B ASSAY W/OPTIC	-	-	-	Medicare	021	013	013	-	-	000	999	-
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC	-	-	-	Medicare	027	017	016	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab					
87804	Q	INFLUENZA ASSAY W/OPTIC	-	-	-	Medicare	028	017	017	-	-	000	999	-
87806	Q	HIV AG W/HIV1&2 ANTB W/OPTIC	-	-	-	Medicare	055	034	033	-	-	000	999	-
87807	Q	RSV ASSAY W/OPTIC	-	-	-	Medicare	022	014	013	-	-	000	999	-
87808	Q	TRICHOMONAS ASSAY W/OPTIC	-	-	-	Medicare	025	016	015	-	-	000	999	-
87809	Q	ADENOVIRUS ASSAY W/OPTIC	-	-	-	Medicare	036	022	022	-	-	000	999	-
87810	Q	CHLMYD TRACH ASSAY W/OPTIC	-	-	-	Medicare	059	036	035	-	-	000	999	-
87811	Q	SARS-COV-2 COVID19 W/OPTIC	-	-	-	Medicare	069	043	041	-	-	000	999	-
87850	Q	N. GONORRHOEAE ASSAY W/OPTIC	-	-	-	Medicare	041	025	025	-	-	000	999	-
87880	Q	STREP A ASSAY W/OPTIC	-	-	-	Medicare	028	017	017	-	-	000	999	-
87899	Q	AGENT NOS ASSAY W/OPTIC	-	-	-	Medicare	027	017	016	-	-	000	999	-
87900	Q	PHENOTYPE INFECT AGENT DRUG	-	-	-	Medicare	217	135	130	-	-	000	999	-
87901	Q	NFCT AGT GNTYP ALYS HIV1 REV	-	-	-	Medicare	429	266	257	-	-	000	999	-
87902	Q	NFCT AGT GNTYP ALYS HEP C	-	-	-	Medicare	429	266	257	-	-	000	999	-
87903	Q	PHENOTYPE DNA HIV W/CULTURE	-	-	-	Medicare	814	505	489	-	-	000	999	-
87904	Q	PHENOTYPE DNA HIV W/CLT ADD	-	-	-	Medicare	043	027	026	-	-	000	999	-
87905	Q	SIALIDASE ENZYME ASSAY	-	-	-	Medicare	020	013	012	-	-	000	999	-
87906	Q	NFCT AGT GNTYP ALYS HIV1	-	-	-	Medicare	215	133	129	-	-	000	999	-
87910	Q	NFCT AGT GNTYP ALYS CMV	-	-	-	Medicare	429	266	257	-	-	000	999	-
87912	Q	NFCT AGT GNTYP ALYS HEP B	-	-	-	Medicare	429	266	257	-	-	000	999	-
87913	E	NFCT AGT GNTYP ALYS SARSCOV2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
87999	N	UNLISTED MICROBIOLOGY PX	-	-	-	Bundled	000	-	-	-	-	000	999	-
88000	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88005	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88007	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88012	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88014	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88016	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88020	E	AUTOPSY (NECROPSY) COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88025	E	AUTOPSY (NECROPSY) COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88027	E	AUTOPSY (NECROPSY) COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88028	E	AUTOPSY (NECROPSY) COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88029	E	AUTOPSY (NECROPSY) COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88036	E	LIMITED AUTOPSY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88037	E	LIMITED AUTOPSY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88040	E	FORENSIC AUTOPSY (NECROPSY)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88045	E	CORONERS AUTOPSY (NECROPSY)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88099	E	UNLISTED NECROPSY (AUTOPSY)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88104	N	CYTOPATH FL NONGYN SMEARS	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
88106	N	CYTOPATH FL NONGYN FILTER	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
88108	N	CYTOPATH CONCENTRATE TECH	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
88112	N	CYTOPATH CELL ENHANCE TECH	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88120	N	CYTP URNE 3-5 PROBES EA SPEC	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88121	N	CYTP URINE 3-5 PROBES CMPTR	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88125	N	FORENSIC CYTOPATHOLOGY	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88130	Q	SEX CHROMATIN IDENTIFICATION	-	-	-	Medicare	030	019	018	-	-	000	999	-
88140	Q	SEX CHROMATIN IDENTIFICATION	-	-	-	Medicare	013	008	008	-	-	000	999	-
88141	N	CYTOPATH C/V INTERPRET	-	-	-	Bundled	000	-	-	-	-	000	999	-
88142	Q	CYTOPATH C/V THIN LAYER	-	-	-	Medicare	034	021	020	-	-	000	999	-
88143	Q	CYTOPATH C/V THIN LAYER REDO	-	-	-	Medicare	038	024	023	-	-	000	999	-
88147	Q	CYTOPATH C/V AUTOMATED	-	-	-	Medicare	084	052	051	-	-	000	999	-
88148	Q	CYTOPATH C/V AUTO RESCREEN	-	-	-	Medicare	030	018	018	-	-	000	999	-
88150	Q	CYTOPATH C/V MANUAL	-	-	-	Medicare	030	018	018	-	-	000	999	-
88152	Q	CYTOPATH C/V AUTO REDO	-	-	-	Medicare	046	029	028	-	-	000	999	-
88153	Q	CYTOPATH C/V REDO	-	-	-	Medicare	040	025	024	-	-	000	999	-
88155	Q	CYTOPATH C/V INDEX ADD-ON	-	-	-	Medicare	024	015	015	-	-	000	999	-
88160	N	CYTOPATH SMEAR OTHER SOURCE	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
								Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
88161	N		CYTOPATH SMEAR OTHER SOURCE	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
88162	N		CYTOPATH SMEAR OTHER SOURCE	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88164	Q		CYTOPATH TBS C/V MANUAL	-	-	-	Medicare	030	018	018	-	-	000	999	-
88165	Q		CYTOPATH TBS C/V REDO	-	-	-	Medicare	070	044	042	-	-	000	999	-
88166	Q		CYTOPATH TBS C/V AUTO REDO	-	-	-	Medicare	030	018	018	-	-	000	999	-
88167	Q		CYTOPATH TBS C/V SELECT	-	-	-	Medicare	030	018	018	-	-	000	999	-
88172	N		CYTP DX EVAL FNA 1ST EA SITE	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88173	N		CYTOPATH EVAL FNA REPORT	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88174	Q		CYTOPATH C/V AUTO IN FLUID	-	-	-	Medicare	042	026	025	-	-	000	999	-
88175	Q		CYTOPATH C/V AUTO FLUID REDO	-	-	-	Medicare	044	027	027	-	-	000	999	-
88177	N		CYTP FNA EVAL EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
88182	N		CELL MARKER STUDY	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88184	N		FLOWCYTOMETRY/ TC 1 MARKER	-	05673	3.9193	Bundled, sometimes payable	238	-	-	-	-	000	999	-
88185	N		FLOWCYTOMETRY/TC ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
88187	E		FLOWCYTOMETRY/READ 2-8	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88188	E		FLOWCYTOMETRY/READ 9-15	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88189	E		FLOWCYTOMETRY/READ 16 & >	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88199	N		UNLISTED CYTOPATHOLOGY PX	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88230	Q		TISSUE CULTURE LYMPHOCYTE	-	-	-	Medicare	194	120	116	-	-	000	999	-
88233	Q		TISSUE CULTURE SKIN/BIOPSY	-	-	-	Medicare	235	145	141	-	-	000	999	-
88235	Q		TISSUE CULTURE PLACENTA	-	-	-	Medicare	251	155	150	-	-	000	999	-
88237	Q		TISSUE CULTURE BONE MARROW	-	-	-	Medicare	240	149	144	-	-	000	999	-
88239	Q		TISSUE CULTURE TUMOR	-	-	-	Medicare	246	152	148	-	-	000	999	-
88240	Q		CELL CRYOPRESERVE/STORAGE	-	-	-	Medicare	022	014	013	-	-	000	999	-
88241	Q		FROZEN CELL PREPARATION	-	-	-	Medicare	020	012	012	-	-	000	999	-
88245	Q		CHROMOSOME ANALYSIS 20-25	-	-	-	Medicare	289	179	173	-	-	000	999	-
88248	Q		CHROMOSOME ANALYSIS 50-100	-	-	-	Medicare	289	179	173	-	-	000	999	-
88249	Q		CHROMOSOME ANALYSIS 100	-	-	-	Medicare	289	179	173	-	-	000	999	-
88261	Q		CHROMOSOME ANALYSIS 5	-	-	-	Medicare	441	273	264	-	-	000	999	-
88262	Q		CHROMOSOME ANALYSIS 15-20	-	-	-	Medicare	209	130	125	-	-	000	999	-
88263	Q		CHROMOSOME ANALYSIS 45	-	-	-	Medicare	250	155	150	-	-	000	999	-
88264	Q		CHROMOSOME ANALYSIS 20-25	-	-	-	Medicare	241	149	145	-	-	000	999	-
88267	Q		CHROMOSOME ANALYS PLACENTA	-	-	-	Medicare	314	195	189	-	-	000	999	-
88269	Q		CHROMOSOME ANALYS AMNIOTIC	-	-	-	Medicare	289	179	174	-	-	000	999	-
88271	Q		CYTOGENETICS DNA PROBE	-	-	-	Medicare	036	022	021	-	-	000	999	-
88272	Q		CYTOGENETICS 3-5	-	-	-	Medicare	068	042	041	-	-	000	999	-
88273	Q		CYTOGENETICS 10-30	-	-	-	Medicare	058	036	035	-	-	000	999	-
88274	Q		CYTOGENETICS 25-99	-	-	-	Medicare	071	044	042	-	-	000	999	-
88275	Q		CYTOGENETICS 100-300	-	-	-	Medicare	085	053	051	-	-	000	999	-
88280	Q		CHROMOSOME KARYOTYPE STUDY	-	-	-	Medicare	056	035	033	-	-	000	999	-
88283	Q		CHROMOSOME BANDING STUDY	-	-	-	Medicare	114	071	069	-	-	000	999	-
88285	Q		CHROMOSOME COUNT ADDITIONAL	-	-	-	Medicare	045	028	027	-	-	000	999	-
88289	Q		CHROMOSOME STUDY ADDITIONAL	-	-	-	Medicare	057	036	034	-	-	000	999	-
88291	E		CYTO/MOLECULAR REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88299	N		UNLISTED CYTOGENETIC STUDY	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88300	N		SURGICAL PATH GROSS	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
88302	N		TISSUE EXAM BY PATHOLOGIST	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
88304	N		TISSUE EXAM BY PATHOLOGIST	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88305	N		TISSUE EXAM BY PATHOLOGIST	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88307	N		TISSUE EXAM BY PATHOLOGIST	-	05673	3.9193	Bundled, sometimes payable	238	-	-	-	-	000	999	-
88309	N		TISSUE EXAM BY PATHOLOGIST	-	05674	9.3760	Bundled, sometimes payable	569	-	-	-	-	000	999	-
88311	N		DECALCIFY TISSUE	-	-	-	Bundled	000	-	-	-	-	000	999	-
88312	N		SPECIAL STAINS GROUP 1	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88313	N		SPECIAL STAINS GROUP 2	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
88314	N		HISTOCHEMICAL STAINS ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
88319	N		ENZYME HISTOCHEMISTRY	-	05674	9.3760	Bundled, sometimes payable	569	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
88321	N		CONSLTJ&REPR SLD PREP ELSWR	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
88323	N		CONSLTJ&REPR MATRL PREP SLD	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88325	N		CONSLTJ COMPRE RVW REC REPR	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88329	N		PATH CONSLTJ DRG SURG	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
88331	N		PATH CONSLTJ SURG 1 BLK 1SPC	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88332	N		PATH CONSLTJ SURG EA ADD BLK	-	-	-	Bundled	000	-	-	-	-	000	999	-
88333	N		PATH CONSLTJ SURG CYTO XM 1	-	05674	9.3760	Bundled, sometimes payable	569	-	-	-	-	000	999	-
88334	N		PATH CONSLTJ SURG CYTO XM EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
88341	N		IMHCHEM/IMCYTCHM EA ADD ANTB	-	-	-	Bundled	000	-	-	-	-	000	999	-
88342	N		IMHCHEM/IMCYTCHM 1ST ANTB	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88344	N		IMHCHEM/IMCYTCHM EA MLT ANTB	-	05673	3.9193	Bundled, sometimes payable	238	-	-	-	-	000	999	-
88346	N		IMFLUOR 1ST 1ANTB STAIN PX	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88348	N		ELECTRON MICROSCOPY DX	-	05674	9.3760	Bundled, sometimes payable	569	-	-	-	-	000	999	-
88350	N		IMFLUOR EA ADDL 1ANTB STN PX	-	-	-	Bundled	000	-	-	-	-	000	999	-
88355	N		M/PHMTRC ALYS SKELETAL MUSC	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88356	N		ANALYSIS NERVE	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88358	N		ANALYSIS TUMOR	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88360	N		TUMOR IMMUNOHISTOCHEM/MANUAL	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88361	N		TUMOR IMMUNOHISTOCHEM/COMPUT	-	05673	3.9193	Bundled, sometimes payable	238	-	-	-	-	000	999	-
88362	N		NERVE TEASING PREPARATIONS	-	05674	9.3760	Bundled, sometimes payable	569	-	-	-	-	000	999	-
88363	N		XM ARCHIVE TISSUE MOLEC ANAL	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
88364	N		INSITU HYBRIDIZATION (FISH)	-	-	-	Bundled	000	-	-	-	-	000	999	-
88365	N		INSITU HYBRIDIZATION (FISH)	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88366	N		INSITU HYBRIDIZATION (FISH)	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88367	N		INSITU HYBRIDIZATION AUTO	-	05673	3.9193	Bundled, sometimes payable	238	-	-	-	-	000	999	-
88368	N		INSITU HYBRIDIZATION MANUAL	-	05673	3.9193	Bundled, sometimes payable	238	-	-	-	-	000	999	-
88369	N		M/PHMTRC ALYSISHQUANT/SEMIQ	-	-	-	Bundled	000	-	-	-	-	000	999	-
88371	Q		PROTEIN WESTERN BLOT TISSUE	-	-	-	Fee Schedule	037	-	-	-	-	000	999	-
88372	Q		PROTEIN ANALYSIS W/PROBE	-	-	-	Fee Schedule	044	-	-	-	-	000	999	-
88373	N		M/PHMTRC ALYS ISHQUANT/SEMIQ	-	-	-	Bundled	000	-	-	-	-	000	999	-
88374	N		M/PHMTRC ALYS ISHQUANT/SEMIQ	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88375	E		OPTICAL ENDOMICROSCPY INTERP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
88377	N		M/PHMTRC ALYS ISHQUANT/SEMIQ	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
88380	N		MICRODISSECTION LASER	-	-	-	Bundled	000	-	-	-	-	000	999	-
88381	N		MICRODISSECTION MANUAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
88387	N		TISS EXAM MOLECULAR STUDY	-	-	-	Bundled	000	-	-	-	-	000	999	-
88388	N		TISS EX MOLECUL STUDY ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
88399	N		UNLISTED SURGICAL PATH PX	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
88720	Q		BILIRUBIN TOTAL TRANSCUT	-	-	-	Medicare	008	005	005	-	-	000	999	-
88738	Q		HGB QUANT TRANSCUTANEOUS	-	-	-	Medicare	008	005	005	-	-	000	999	-
88740	Q		TRANSCUTANEOUS CARBOXYHB	-	-	-	Medicare	016	010	009	-	-	000	999	-
88741	Q		TRANSCUTANEOUS METHB	-	-	-	Medicare	016	010	009	-	-	000	999	-
88749	N		UNLISTED IN VIVO LAB SERVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
89049	N		CHCT FOR MAL HYPERTHERMIA	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
89050	Q		BODY FLUID CELL COUNT	-	-	-	Medicare	008	005	005	-	-	000	999	-
89051	Q		BODY FLUID CELL COUNT	-	-	-	Medicare	009	006	006	-	-	000	999	-
89055	Q		LEUKOCYTE ASSESSMENT FECAL	-	-	-	Medicare	007	004	004	-	-	000	999	-
89060	Q		EXAM SYNOVIAL FLUID CRYSTALS	-	-	-	Medicare	012	008	007	-	-	000	999	-
89125	Q		SPECIMEN FAT STAIN	-	-	-	Medicare	010	006	006	-	-	000	999	-
89160	Q		EXAM FECES FOR MEAT FIBERS	-	-	-	Medicare	008	005	005	-	-	000	999	-
89190	Q		NASAL SMEAR FOR EOSINOPHILS	-	-	-	Medicare	010	006	006	-	-	000	999	-
89220	N		SPUTUM SPECIMEN COLLECTION	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
89230	N		COLLECT SWEAT FOR TEST	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
89240	N		UNLISTED MISC PATH TEST	-	05671	0.5908	Bundled, sometimes payable	036	-	-	-	-	000	999	-
89250	E		CULTR OOCYTE/EMBRYO <4 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89251	E		CULTR OOCYTE/EMBRYO <4 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
89253	E	EMBRYO HATCHING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89254	E	OOCYTE IDENTIFICATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89255	E	PREPARE EMBRYO FOR TRANSFER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89257	E	SPERM IDENTIFICATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89258	E	CRYOPRESERVATION EMBRYO(S)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89259	E	CRYOPRESERVATION SPERM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89260	E	SPERM ISOLATION SIMPLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89261	E	SPERM ISOLATION COMPLEX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89264	E	IDENTIFY SPERM TISSUE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89268	E	INSEMINATION OF OOCYTES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89272	E	EXTENDED CULTURE OF OOCYTES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89280	E	ASSIST OOCYTE FERTILIZATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89281	E	ASSIST OOCYTE FERTILIZATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89290	E	BIOPSY OOCYTE POLAR BODY <=5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89291	E	BIOPSY OOCYTE POLAR BODY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89300	E	SEMEN ANALYSIS W/HUHNER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89310	E	SEMEN ANALYSIS W/COUNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89320	E	SEMEN ANAL VOL/COUNT/MOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89321	E	SEMEN ANAL SPERM DETECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89322	E	SEMEN ANAL STRICT CRITERIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89325	E	SPERM ANTIBODY TEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89329	E	SPERM EVALUATION TEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89330	E	EVALUATION CERVICAL MUCUS	-	-	-	Not Allowed	000	-	-	-	-	010	061	-
89331	E	RETROGRADE EJACULATION ANAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89335	E	CRYOPRESERVE TESTICULAR TISS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89337	N	CRYOPRESERVATION OOCYTE(S)	-	05672	1.8624	Bundled, sometimes payable	113	-	-	-	-	000	999	-
89342	E	STORAGE/YEAR EMBRYO(S)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89343	E	STORAGE/YEAR SPERM/SEMEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89344	E	STORAGE/YEAR REPROD TISSUE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89346	E	STORAGE/YEAR OOCYTE(S)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89352	E	THAWING CRYOPRESERVED EMBRYO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89353	E	THAWING CRYOPRESERVED SPERM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89354	E	THAW CRYOPRESERVED REPROD TISS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89356	E	THAWING CRYOPRESERVED OOCYTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
89398	E	UNLISTED REPROD MED LAB PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
9001F	E	AORTIC ANEURYSM<5CM DIAM CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
9002F	E	AORTIC ANEURYSM 5-5.4CM DIAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
9003F	E	AORTIC ANEURYSM5.5-5.9CM DIAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
9004F	E	AORTIC ANEURYSM 6/> CM DIAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
9005F	E	ASYMPT CAROT/VRTBRBAS STEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
9006F	E	SYMPT STEN-TIA/STRK<120DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
9007F	E	OTHER CAROT STEN 120 DAYS/>	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90281	E	HUMAN IG IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90283	E	HUMAN IG IV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90284	E	HUMAN IG SC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90287	E	BOTULINUM ANTITOXIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90288	E	BOTULISM IG IV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90291	E	CMV IG IV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90296	E	DIPHThERIA ANTITOXIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90371	K	HEP B IG IM	-	01630	0.0000	APC (blood and non-blood products)	141	-	-	-	-	000	999	-
90375	K	RABIES IG IM/SC	-	09133	0.0000	APC (blood and non-blood products)	286	-	-	-	-	000	999	-
90376	K	RABIES IG HEAT TREATED	-	09134	0.0000	APC (blood and non-blood products)	480	-	-	-	-	000	999	-
90377	K	RABIES IG HT&SOL HUMAN IM/SC	-	09201	0.0000	APC (blood and non-blood products)	251	-	-	-	-	000	999	-
90378	E	RSV MAB IM 50MG	-	-	-	Not Allowed	000	-	-	-	-	000	003	-
90380	M	RSV MONOC ANTB SEASN .5ML IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90381	M	RSV MONOC ANTB SEASN 1 ML IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-

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90384	E	RH IG FULL-DOSE IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90385	N	RH IG MINIDOSE IM	-	-	-	Bundled	000	-	-	-	-	000	999	-
90386	E	RH IG IV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90389	E	TETANUS IG IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90393	E	VACCINA IG IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90396	K	VARICELLA-ZOSTER IG IM	-	09135	0.0000	APC (blood and non-blood products)	2255	-	-	-	-	000	999	-
90399	E	UNLISTED IMMUNE GLOBULIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90460	E	IM ADMIN 1ST/ONLY COMPONENT	-	-	-	Not Allowed	000	-	-	-	-	000	018	-
90461	E	IM ADMIN EACH ADDL COMPONENT	-	-	-	Not Allowed	000	-	-	-	-	000	018	-
90471	E	IMMUNIZATION ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90472	E	IMMUNIZATION ADMIN EACH ADD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90473	E	IMMUNE ADMIN ORAL/NASAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90474	E	IMMUNE ADMIN ORAL/NASAL ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90476	K	ADENOVIRUS VACCINE TYPE 4	-	09499	0.0000	APC (blood and non-blood products)	046	-	-	-	-	000	999	-
90477	E	ADENOVIRUS VACCINE TYPE 7	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90480	S	ADMN SARSCOV2 VACC 1 DOSE	-	09398	0.4752	APC	029	-	-	-	-	000	999	-
90581	E	ANTHRAX VACCINE SC OR IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90584	E	DENGUE VACC QUAD 2 DOSE SUBQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90585	E	BCG VACCINE PERCUT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90586	M	BCG VACCINE INTRAVESICAL	-	-	-	Fee Schedule	144	-	-	-	-	000	999	-
90587	E	DENGUE VACC QUAD 3 DOSE SUBQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90589	M	CHIKUNGUNYA VACCINE LIVE IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90611	K	SMALLPOX&MONKEYPOX VAC 0.5ML	-	09068	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
90619	M	MENACWY-TT VACCINE IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90620	M	MENB-4C VACC 2 DOSE IM	-	-	-	Fee Schedule	000	-	-	-	-	019	999	-
90621	M	MENB-FHBP VACC 2/3 DOSE IM	-	-	-	Fee Schedule	179	-	-	-	-	019	999	-
90622	K	VACCINIA VRS VAC 0.3 ML PERQ	-	09101	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
90623	E	MENACWY-TT MENB-FHBP VACC IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90625	E	CHOLERA VACCINE LIVE ORAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90626	E	TIC-BRN ENCEPH VAC 0.25ML IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90627	E	TIC-BRN ENCEPH VAC 0.5ML IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90630	M	FLU VACC IIV4 NO PRESERV ID	-	-	-	Fee Schedule	019	-	-	-	-	018	064	-
90632	N	HEPA VACCINE ADULT IM	-	-	-	Bundled	000	-	-	-	-	019	999	-
90633	N	HEPA VACC PED/ADOL 2 DOSE IM	-	-	-	Bundled	000	-	-	-	-	998	999	-
90634	E	HEPA VACC PED/ADOL 3 DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	017	-
90636	N	HEP A/HEP B VACC ADULT IM	-	-	-	Bundled	000	-	-	-	-	018	999	-
90644	E	HIB-MENCY VACC 6WK-18M0 IM	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
90647	N	HIB PRP-OMP VACC 3 DOSE IM	-	-	-	Bundled	000	-	-	-	-	998	999	-
90648	N	HIB PRP-T VACCINE 4 DOSE IM	-	-	-	Bundled	000	-	-	-	-	998	999	-
90649	E	4VHPV VACCINE 3 DOSE IM	-	-	-	Not Allowed	000	-	-	-	-	019	026	-
90650	E	2VHPV VACCINE 3 DOSE IM	-	-	-	Not Allowed	000	-	-	-	-	019	026	-
90651	M	9VHPV VACCINE 2/3 DOSE IM	-	-	-	Fee Schedule	288	-	-	-	-	019	045	-
90653	E	IIV ADJUVANT VACCINE IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90654	M	FLU VACC IIV3 NO PRESERV ID	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90655	E	IIV3 VACC NO PRSV 0.25 ML IM	-	-	-	Not Allowed	000	-	-	-	-	998	999	-
90656	M	IIV3 VACC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	000	-	-	-	Y	019	999	-
90657	E	IIV3 VACCINE SPLT 0.25 ML IM	-	-	-	Not Allowed	000	-	-	-	-	998	999	-
90658	E	IIV3 VACCINE SPLT 0.5 ML IM	-	-	-	Not Allowed	000	-	-	-	-	019	999	-
90660	M	LAIV3 VACCINE INTRANASAL	-	-	-	Fee Schedule	000	-	-	-	-	019	049	-
90661	M	CCIIV3 VAC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90662	M	IIV NO PRSV INCREASED AG IM	-	-	-	Fee Schedule	000	-	-	-	-	065	999	-
90664	E	LAIV VACC PANDEMIC INTRANASL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90666	E	FLU VAC PANDEM PRSRV FREE IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90667	E	IIV VACC PANDEMIC ADJUVT IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90668	E	IIV VACCINE PANDEMIC IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90670	M	PCV13 VACCINE IM	-	-	-	Fee Schedule	000	-	-	-	-	019	999	-

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90671	M	PCV15 VACCINE IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90672	M	LAIV4 VACCINE INTRANASAL	-	-	-	Fee Schedule	000	-	-	-	-	019	999	-
90673	M	RIV3 VACCINE NO PRESERV IM	-	-	-	Fee Schedule	036	-	-	-	-	000	999	-
90674	M	CCIIV4 VAC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	000	-	-	-	-	019	999	-
90675	K	RABIES VACCINE IM	-	09139	0.0000	APC (blood and non-blood products)	323	-	-	-	-	000	999	-
90676	K	RABIES VACCINE ID	-	09140	0.0000	APC (blood and non-blood products)	279	-	-	-	-	000	999	-
90677	M	PCV20 VACCINE IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90678	E	RSV VACC PREF BIVALENT IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90679	E	RSV VACC PREF RECOMB ADJT IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90680	E	RV5 VACC 3 DOSE LIVE ORAL	-	-	-	Not Allowed	000	-	-	-	-	998	999	-
90681	E	RV1 VACC 2 DOSE LIVE ORAL	-	-	-	Not Allowed	000	-	-	-	-	998	999	-
90682	M	RIV4 VACC RECOMBINANT DNA IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90683	E	RSV VACC MRNA LIPID NANO IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90685	M	IV4 VACC NO PRSV 0.25 ML IM	-	-	-	Fee Schedule	000	-	-	-	-	998	999	-
90686	M	IV4 VACC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	000	-	-	-	-	019	999	-
90687	M	IV4 VACCINE SPLT 0.25 ML IM	-	-	-	Fee Schedule	010	-	-	-	-	998	999	-
90688	M	IV4 VACCINE SPLT 0.5 ML IM	-	-	-	Fee Schedule	000	-	-	-	-	019	999	-
90689	E	VACC IIV4 NO PRSRV 0.25ML IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90690	N	TYPHOID VACCINE ORAL	-	-	-	Bundled	000	-	-	-	-	006	999	-
90691	N	TYPHOID VACCINE IM	-	-	-	Bundled	000	-	-	-	-	002	999	-
90694	E	VACC AIIV4 NO PRSRV 0.5ML IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90696	N	DTAP-IPV VACCINE 4-6 YRS IM	-	-	-	Bundled	000	-	-	-	-	998	999	-
90697	M	DTAP-IPV-HIB-HEPB VACCINE IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90698	N	DTAP-IPV/HIB VACCINE IM	-	-	-	Bundled	000	-	-	-	-	998	999	-
90700	N	DTAP VACCINE < 7 YRS IM	-	-	-	Bundled	000	-	-	-	-	998	999	-
90702	N	DT VACCINE UNDER 7 YRS IM	-	-	-	Bundled	000	-	-	-	-	000	006	-
90707	N	MMR VACCINE SC	-	-	-	Bundled	000	-	-	-	-	019	999	-
90710	K	MMRV VACCINE SC	-	09011	0.0000	APC (blood and non-blood products)	133	-	-	-	-	998	999	-
90713	N	POLIOVIRUS IPV SC/IM	-	-	-	Bundled	000	-	-	-	-	019	999	-
90714	N	TD VACC NO PRESV 7 YRS+ IM	-	-	-	Bundled	000	-	-	-	-	019	999	-
90715	N	TDAP VACCINE 7 YRS/> IM	-	-	-	Bundled	000	-	-	-	-	019	999	-
90716	E	VAR VACCINE LIVE SUBQ	-	-	-	Not Allowed	000	-	-	-	-	019	999	-
90717	N	YELLOW FEVER VACCINE SUBQ	-	-	-	Bundled	000	-	-	-	-	000	999	-
90723	E	DTAP-HEP B-IPV VACCINE IM	-	-	-	Not Allowed	000	-	-	-	-	998	999	-
90732	M	PPSV23 VACC 2 YRS+ SUBQ/IM	-	-	-	Fee Schedule	000	-	-	-	-	019	999	-
90733	E	MPSV4 VACCINE SUBQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90734	E	MENACWYD/MENACWYCRM VACC IM	-	-	-	Not Allowed	000	-	-	-	-	019	999	-
90736	M	HZV VACCINE LIVE SUBQ	-	-	-	Fee Schedule	223	-	-	-	-	050	999	-
90738	E	INACTIVATED JE VACC IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90739	M	HEPB VACC 2/4 DOSE ADULT IM	-	-	-	Fee Schedule	000	-	-	-	-	018	999	-
90740	M	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90743	M	HEPB VACC 2 DOSE ADOLESC IM	-	-	-	Fee Schedule	075	-	-	-	-	998	999	-
90744	M	HEPB VACC 3 DOSE PED/ADOL IM	-	-	-	Fee Schedule	000	-	-	-	-	998	999	-
90746	M	HEPB VACCINE 3 DOSE ADULT IM	-	-	-	Fee Schedule	000	-	-	-	-	019	999	-
90747	M	HEPB VACC 4 DOSE IMMUNSUP IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90748	E	HIB-HEPB VACCINE IM	-	-	-	Not Allowed	000	-	-	-	-	998	999	-
90749	N	UNLISTED VACCINE/TOXOID	-	-	-	Bundled	000	-	-	-	-	000	999	-
90750	M	HZV VACC RECOMBINANT IM	-	-	-	Fee Schedule	172	-	-	-	-	000	999	-
90756	M	CCIIV4 VACC ABX FREE IM	-	-	-	Fee Schedule	000	-	-	-	-	019	999	-
90758	E	ZAIRE EBOLAVIRUS VAC LIVE IM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90759	M	HEP B VAC 3AG 10MCG 3 DOS IM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90785	N	PSYTX COMPLEX INTERACTIVE	-	-	-	Bundled	000	-	-	-	-	000	999	-
90791	N	PSYCH DIAGNOSTIC EVALUATION	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90792	N	PSYCH DIAG EVAL W/MED SRVCS	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90832	N	PSYTX W PT 30 MINUTES	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90833	N	PSYTX W PT W E/M 30 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
90834	N	PSYTX W PT 45 MINUTES	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90836	N	PSYTX W PT W E/M 45 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
90837	N	PSYTX W PT 60 MINUTES	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90838	N	PSYTX W PT W E/M 60 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
90839	N	PSYTX CRISIS INITIAL 60 MIN	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90840	N	PSYTX CRISIS EA ADDL 30 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
90845	N	PSYCHOANALYSIS	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90846	N	FAMILY PSYTX W/O PT 50 MIN	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90847	N	FAMILY PSYTX W/PT 50 MIN	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90849	N	MULTIPLE FAMILY GROUP PSYTX	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90853	N	GROUP PSYCHOTHERAPY	-	05822	0.9719	Bundled, sometimes payable	059	-	-	-	-	000	999	-
90863	E	PHARMACOLOGIC MGMT W/PSYTX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90865	N	NARCOSYNTHESIS	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
90867	S	TCRANIAL MAGN STIM TX PLAN	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
90868	S	TCRANIAL MAGN STIM TX DELI	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
90869	S	TCRAN MAGN STIM REDETERMINE	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
90870	S	ELECTROCONVULSIVE THERAPY	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
90875	E	PSYCHOPHYSIOLOGICAL THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90876	E	PSYCHOPHYSIOLOGICAL THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90880	N	HYPNOTHERAPY	-	05822	0.9719	Bundled, sometimes payable	059	-	-	-	-	000	999	-
90882	E	ENVIRONMENTAL MANIPULATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90885	N	PSY EVALUATION OF RECORDS	-	-	-	Bundled	000	-	-	-	-	000	999	-
90887	N	CONSULTATION WITH FAMILY	-	-	-	Bundled	000	-	-	-	-	000	999	-
90889	N	PREPARATION OF REPORT	-	-	-	Bundled	000	-	-	-	-	000	999	-
90899	N	UNLISTED PSYC SVC/THERAPY	-	05821	0.3129	Bundled, sometimes payable	019	-	-	-	-	000	999	-
90901	M	BIOFEEDBACK TRAIN ANY METH	-	-	-	Fee Schedule	025	-	-	-	-	000	999	-
90912	E	BFB TRAINING 1ST 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90913	E	BFB TRAINING EA ADDL 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
90935	S	HEMODIALYSIS ONE EVALUATION	-	05401	7.6195	APC	463	-	-	-	-	000	999	-
90937	M	HEMODIALYSIS REPEATED EVAL	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90940	N	HEMODIALYSIS ACCESS STUDY	-	-	-	Bundled	000	-	-	-	-	000	999	-
90945	V	DIALYSIS ONE EVALUATION	-	05024	4.8294	APC	293	-	-	-	-	000	999	-
90947	M	DIALYSIS REPEATED EVAL	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90951	E	ESRD SERV 4 VISITS P MO <2YR	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
90952	E	ESRD SERV 2-3 VSTS P MO <2YR	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
90953	E	ESRD SERV 1 VISIT P MO <2YRS	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
90954	E	ESRD SERV 4 VSTS P MO 2-11	-	-	-	Not Allowed	000	-	-	-	-	002	011	-
90955	E	ESRD SRV 2-3 VSTS P MO 2-11	-	-	-	Not Allowed	000	-	-	-	-	002	011	-
90956	E	ESRD SRV 1 VISIT P MO 2-11	-	-	-	Not Allowed	000	-	-	-	-	002	011	-
90957	E	ESRD SRV 4 VSTS P MO 12-19	-	-	-	Not Allowed	000	-	-	-	-	012	019	-
90958	E	ESRD SRV 2-3 VSTS P MO 12-19	-	-	-	Not Allowed	000	-	-	-	-	012	019	-
90959	E	ESRD SERV 1 VST P MO 12-19	-	-	-	Not Allowed	000	-	-	-	-	012	019	-
90960	E	ESRD SRV 4 VISITS P MO 20+	-	-	-	Not Allowed	000	-	-	-	-	020	999	-
90961	E	ESRD SRV 2-3 VSTS P MO 20+	-	-	-	Not Allowed	000	-	-	-	-	020	999	-
90962	E	ESRD SERV 1 VISIT P MO 20+	-	-	-	Not Allowed	000	-	-	-	-	020	999	-
90963	E	ESRD HOME PT SERV P MO <2YRS	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
90964	E	ESRD HOME PT SERV P MO 2-11	-	-	-	Not Allowed	000	-	-	-	-	002	011	-
90965	E	ESRD HOME PT SERV P MO 12-19	-	-	-	Not Allowed	000	-	-	-	-	012	019	-
90966	E	ESRD HOME PT SERV P MO 20+	-	-	-	Not Allowed	000	-	-	-	-	020	999	-
90967	E	ESRD SVC PR DAY PT <2	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
90968	E	ESRD SVC PR DAY PT 2-11	-	-	-	Not Allowed	000	-	-	-	-	002	011	-
90969	E	ESRD SVC PR DAY PT 12-19	-	-	-	Not Allowed	000	-	-	-	-	012	019	-
90970	E	ESRD SVC PR DAY PT 20+	-	-	-	Not Allowed	000	-	-	-	-	020	999	-
90989	M	DIALYSIS TRAINING COMPLETE	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90993	M	DIALYSIS TRAINING INCOMPL	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
90997	M	HEMOPERFUSION	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
90999	M	UNLISTED DIALYSIS PROCEDURE	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
91010	S	ESOPHAGUS MOTILITY STUDY	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
91013	N	ESOPHGL MOTIL W/STIM/PERFUS	-	-	-	Bundled	000	-	-	-	-	000	999	-
91020	S	GASTRIC MOTILITY STUDIES	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
91022	S	DUODENAL MOTILITY STUDY	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
91030	S	ACID PERFUSION OF ESOPHAGUS	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
91034	S	GASTROESOPHAGEAL REFLUX TEST	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
91035	S	G-ESOPH REFLX TST W/ELECTROD	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
91037	S	ESOPH IMPED FUNCTION TEST	-	05722	3.4225	APC	208	-	-	-	Y	000	999	-
91038	S	ESOPH IMPED FUNCT TEST > 1HR	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
91040	S	ESOPH BALLOON DISTENSION TST	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
91065	S	BREATH HYDROGEN/METHANE TEST	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
91110	T	GI TRC IMG INTRAL ESOPH-ILE	-	05301	9.8841	APC	600	-	-	-	Y	000	999	-
91111	T	GI TRC IMG INTRAL ESOPHAGUS	-	05301	9.8841	APC	600	-	-	-	-	000	999	-
91112	T	GI WIRELESS CAPSULE MEASURE	-	05301	9.8841	APC	600	-	-	-	Y	000	999	-
91113	T	GI TRC IMG INTRAL COLON I&R	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
91117	T	COLON MOTILITY 6 HR STUDY	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
91120	S	RECTAL SENSATION TEST	-	05722	3.4225	APC	208	-	-	-	Y	000	999	-
91122	T	ANAL PRESSURE RECORD	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
91132	S	ELECTROGASTROGRAPHY	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
91133	N	ELECTROGASTROGRAPHY W/TEST	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
91200	N	LIVER ELASTOGRAPHY	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
91299	S	UNLISTED DX GI PROCEDURE	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
91302	M	SARSCOV2 VAC 5X1010VP/.5MLIM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
91304	M	SARSCOV2 VAC 5MCG/0.5ML IM	-	-	-	Fee Schedule	148	-	-	-	-	012	999	-
91310	E	SARSCOV2 VAC 5MCG/0.5ML AS03	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
91318	M	SARSCOV2 VAC 3MCG TRS-SUC IM	-	-	-	Fee Schedule	066	-	-	-	-	000	999	-
91319	M	SARSCV2 VAC 10MCG TRS-SUC IM	-	-	-	Fee Schedule	088	-	-	-	-	000	999	-
91320	M	SARSCV2 VAC 30MCG TRS-SUC IM	-	-	-	Fee Schedule	131	-	-	-	-	000	999	-
91321	M	SARSCOV2 VAC 25 MCG/25ML IM	-	-	-	Fee Schedule	146	-	-	-	-	000	999	-
91322	M	SARSCOV2 VAC 50 MCG/0.5ML IM	-	-	-	Fee Schedule	146	-	-	-	-	000	999	-
92002	V	INTRM OPH EXAM NEW PATIENT	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
92004	V	COMPRES OPH EXAM NEW PT 1/>	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
92012	V	INTRM OPH EXAM EST PATIENT	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
92014	V	COMPRES OPH EXAM EST PT 1/>	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
92015	E	DETERMINE REFRACTIVE STATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92018	N	COMPL OPH EXAM GENERAL ANES	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
92019	N	LMTD OPH EXAM GENERAL ANES	-	05503	25.4799	Bundled, sometimes payable	1547	-	-	-	-	000	999	-
92020	N	GONIOSCOPY	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92025	N	CPTRIZED CORNEAL TOPOGRAPHY	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92060	N	SENSORIMOTOR EXAMINATION	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92065	E	ORTHOP TRAIING PFRMD PHYS/QHP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92066	N	ORTHOP TRAIING SUPVJ PHYS/QHP	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92071	N	CONTACT LENS FITTING FOR TX	-	-	-	Bundled	000	-	-	-	-	000	999	-
92072	N	FITG C-LENS KERATOCONUS 1ST	-	-	-	Bundled	000	-	-	-	-	000	999	-
92081	N	LIMITED VISUAL FIELD XM	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92082	N	INTERMEDIATE VISUAL FIELD XM	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92083	N	EXTENDED VISUAL FIELD XM	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92100	N	SERIAL TONOMETRY	-	-	-	Bundled	000	-	-	-	-	000	999	-
92132	N	CMPTR OPHTH DX IMG ANT SEGMENT	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92133	N	CMPTR OPHTH IMG OPTIC NERVE	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92134	N	CPTR OPHTH DX IMG POST SEGMENT	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92136	N	OPHTHALMIC BIOMETRY	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92145	N	CORNEAL HYSTERESIS DETER	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92201	N	OPSCPY EXTND RTA DRAW UNI/BI	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92202	N	OPSCPY EXTND ON/MAC DRAW	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
92227	N	IMG RTA DETCJ/MNTR DS STAFF	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92228	N	IMG RTA DETC/MNTR DS PHY/QHP	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
92229	S	IMG RTA DETC/MNTR DS POC ALY	-	05733	0.6669	APC	040	-	-	-	-	000	999	-
92230	N	FLUORESCCEIN ANGIOSCOPY I&R	-	05723	5.8442	Bundled, sometimes payable	355	-	-	-	-	000	999	-
92235	S	FLUORESCCEIN ANGRPH MLTIFFRAME	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92240	S	ICG ANGIOGRAPHY I&R UN/BI	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92242	S	FLUORESCCEIN&ICG ANGIOGRAPHY	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92250	N	FUNDUS PHOTOGRAPHY W/I&R	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92260	N	OPHTHALMODYNAMOMETRY	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
92265	N	NDL OCULOLECTROMYOGRAPHY 1+	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92270	N	ELECTRO-OCULOGRAPHY W/I&R	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92273	S	FULL FIELD ERG W/I&R	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92274	S	MULTIFOCAL ERG W/I&R	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92283	N	EXTND COLOR VISION XM	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92284	N	DX DARK ADAPTATION EXAM I&R	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
92285	N	EXTERNAL OCULAR PHOTOGRAPHY	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
92286	N	ANT SGM IMG I&R SPECCLR MIC	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92287	N	ANT SGM IMG IR FLRSCN ANGRPH	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92310	N	CONTACT LENS FITTING OU	-	-	-	Bundled	000	-	-	-	-	000	999	-
92311	N	CONTACT LENS FITG APHAKIA 1	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
92312	N	CONTACT LENS FITG APHAKIA OU	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92313	E	C-LENS FITG CORNEOSCLRL LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92314	E	C-LENS FITG TECH OU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92315	E	C-LENS FITG TECH APHAKIA 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92316	E	C-LENS FITG TECH APHAKIA OU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92317	E	C-LENS FITG TECH CORNEOSCLRL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92325	E	MODIFICATION OF CONTACT LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92326	E	REPLACEMENT OF CONTACT LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92340	E	FIT SPECTACLES MONOFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92341	E	FIT SPECTACLES BIFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92342	E	FIT SPECTACLES MULTIFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92352	E	FIT APHAKIA SPECTCL MONOFOCL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92353	E	FIT APHAKIA SPECTCL MULTIFOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92354	E	FITG SPECT LOW VIS 1SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92355	E	FITG SPECT LW VIS CMPND LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92358	N	APHAKIA PROSTH SERVICE TEMP	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92370	E	RPR&REFITG SPECT XCP APHAKIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92371	E	RPR&REFIT SPCT PRSTH APHAKIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92499	N	UNLISTED OPH SVC/PROCEDURE	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
92502	T	EAR AND THROAT EXAMINATION	-	05162	5.9993	APC	364	-	-	-	-	000	999	-
92504	N	EAR MICROSCOPY EXAMINATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
92507	Y	SPEECH/HEARING THERAPY	-	-	-	Fee Schedule	060	-	-	-	-	000	999	-
92508	Y	SPEECH/HEARING THERAPY	-	-	-	Fee Schedule	019	-	-	-	-	000	999	-
92511	T	NASOPHARYNGOSCOPY	-	05151	2.1598	APC	131	-	-	-	-	000	999	-
92512	S	NASAL FUNCTION STUDIES	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92516	S	FACIAL NERVE FUNCTION TEST	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92517	S	VEMP TEST I&R CERVICAL	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92518	S	VEMP TEST I&R OCULAR	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92519	S	VEMP TST I&R CERVICAL&OCULAR	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92520	N	LARYNGEAL FUNCTION STUDIES	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92521	Y	EVALUATION OF SPEECH FLUENCY	-	-	-	Fee Schedule	103	-	-	-	-	000	999	-
92522	Y	EVALUATE SPEECH PRODUCTION	-	-	-	Fee Schedule	086	-	-	-	-	000	999	-
92523	Y	SPEECH SOUND LANG COMPREHEN	-	-	-	Fee Schedule	177	-	-	-	-	000	999	-
92524	Y	BEHAVRAL QUALIT ANALYS VOICE	-	-	-	Fee Schedule	085	-	-	-	-	000	999	-
92526	Y	ORAL FUNCTION THERAPY	-	-	-	Fee Schedule	066	-	-	-	-	000	999	-
92531	N	SPONTANEOUS NYSTAGMUS STUDY	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
92532	N	POSITIONAL NYSTAGMUS TEST	-	-	-	Bundled	000	-	-	-	-	000	999	-
92533	N	CALORIC VESTIBULAR TEST	-	-	-	Bundled	000	-	-	-	-	000	999	-
92534	N	OPTOKINETIC NYSTAGMUS TEST	-	-	-	Bundled	000	-	-	-	-	000	999	-
92537	S	CALORIC VSTBLR TEST W/REC	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92538	S	CALORIC VSTBLR TEST W/REC	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92540	S	BASIC VESTIBULAR EVALUATION	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92541	N	SPONTANEOUS NYSTAGMUS TEST	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92542	N	POSITIONAL NYSTAGMUS TEST	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92544	S	OPTOKINETIC NYSTAGMUS TEST	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92545	S	OSCILLATING TRACKING TEST	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92546	S	SINUSOIDAL ROTATIONAL TEST	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92547	N	SUPPLEMENTAL ELECTRICAL TEST	-	-	-	Bundled	000	-	-	-	-	000	999	-
92548	N	CDP-SOT 6 COND W/I&R	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92549	N	CDP-SOT 6 COND W/I&R MCT&ADT	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92550	N	TYMPANOMETRY & REFLEX THRESH	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
92551	M	PURE TONE HEARING TEST AIR	-	-	-	Fee Schedule	016	-	-	-	-	000	999	-
92552	N	PURE TONE AUDIOMETRY AIR	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
92553	N	AUDIOMETRY AIR & BONE	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
92555	N	SPEECH THRESHOLD AUDIOMETRY	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92556	N	SPEECH AUDIOMETRY COMPLETE	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92557	N	COMPREHENSIVE HEARING TEST	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
92558	E	EVOKED AUDITORY TEST QUAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92562	N	LOUDNESS BALANCE TEST	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
92563	N	TONE DECAY HEARING TEST	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
92565	N	STENGER TEST PURE TONE	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92567	N	TYMPANOMETRY	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
92568	N	ACOUSTIC REFL THRESHOLD TST	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
92570	N	ACOUSTIC IMMITANCE TESTING	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
92571	N	FILTERED SPEECH HEARING TEST	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
92572	N	STAGGERED SPONDAIC WORD TEST	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
92575	N	SENSORINEURAL ACUITY TEST	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
92576	N	SYNTHETIC SENTENCE TEST	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
92577	N	STENGER TEST SPEECH	-	05723	5.8442	Bundled, sometimes payable	355	-	-	-	-	000	999	-
92579	N	VISUAL AUDIOMETRY (VRA)	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
92582	N	CONDITIONING PLAY AUDIOMETRY	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
92583	N	SELECT PICTURE AUDIOMETRY	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
92584	S	ELECTROCOCHLEOGRAPHY	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92587	S	EVOKED AUDITORY TEST LIMITED	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92588	S	EVOKED AUDITORY TST COMPLETE	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92590	E	HEARING AID EXAM ONE EAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92591	E	HEARING AID EXAM BOTH EARS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92592	M	HEARING AID CHECK ONE EAR	-	-	-	Fee Schedule	014	-	-	-	-	000	999	-
92593	M	HEARING AID CHECK BOTH EARS	-	-	-	Fee Schedule	022	-	-	-	-	000	999	-
92594	E	ELECTRO HEARNG AID TEST ONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92595	E	ELECTRO HEARNG AID TST BOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92596	N	EAR PROTECTOR EVALUATION	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
92597	Y	ORAL SPEECH DEVICE EVAL	-	-	-	Fee Schedule	056	-	-	-	Y	000	999	-
92601	S	COCHLEAR IMPLT F/UP EXAM <7	-	05721	1.7032	APC	103	-	-	-	-	000	007	-
92602	S	REPROGRAM COCHLEAR IMPLT <7	-	05721	1.7032	APC	103	-	-	-	-	000	007	-
92603	S	COCHLEAR IMPLT F/UP EXAM 7/>	-	05721	1.7032	APC	103	-	-	-	-	007	999	-
92604	S	REPROGRAM COCHLEAR IMPLT 7/>	-	05721	1.7032	APC	103	-	-	-	-	007	999	-
92605	M	EX FOR NONSPEECH DEVICE RX	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
92606	N	NON-SPEECH DEVICE SERVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
92607	Y	EX FOR SPEECH DEVICE RX 1HR	-	-	-	Fee Schedule	096	-	-	-	-	000	999	-
92608	Y	EX FOR SPEECH DEVICE RX ADDL	-	-	-	Fee Schedule	038	-	-	-	-	000	999	-
92609	Y	USE OF SPEECH DEVICE SERVICE	-	-	-	Fee Schedule	080	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
92610	Y	EVALUATE SWALLOWING FUNCTION	-	-	-	Fee Schedule	054	-	-	-	-	000	999	-
92611	Y	MOTION FLUOROSCOPY/SWALLOW	-	-	-	Fee Schedule	071	-	-	-	Y	000	999	-
92612	M	ENDOSCOPY SWALLOW (FEES) VID	-	-	-	Fee Schedule	051	-	-	-	Y	000	999	-
92613	E	ENDOSCOPY SWALLOW (FEES) I&R	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
92614	M	LARYNGOSCOPIC SENSORY VID	-	-	-	Fee Schedule	051	-	-	-	Y	000	999	-
92615	E	LARYNGOSCOPIC SENSORY I&R	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
92616	M	FEES W/LARYNGEAL SENSE TEST	-	-	-	Fee Schedule	077	-	-	-	Y	000	999	-
92617	E	FEES W/LARYNGEAL SENSE I&R	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
92618	E	EX FOR NONSPEECH DEV RX ADD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92620	N	AUDITORY FUNCTION 60 MIN	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	Y	000	999	-
92621	N	AUDITORY FUNCTION + 15 MIN	-	-	-	Bundled	000	-	-	-	Y	000	999	-
92622	S	DX ALY AUD OI SND PRCSR 1ST	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92623	N	DX ALY AUD OI SND PRCSR EACH	-	-	-	Bundled	000	-	-	-	-	000	999	-
92625	N	TINNITUS ASSESSMENT	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	Y	000	999	-
92626	N	EVAL AUD FUNCJ 1ST HOUR	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
92627	N	EVAL AUD FUNCJ EA ADDL 15	-	-	-	Bundled	000	-	-	-	-	000	999	-
92630	E	AUD REHAB PRE-LING HEAR LOSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92633	E	AUD REHAB POSTLING HEAR LOSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92640	S	AUD BRAINSTEM IMPLT PROGRAMG	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
92650	E	AEP SCR AUDITORY POTENTIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
92651	S	AEP HEARING STATUS DETER I&R	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92652	S	AEP THRSHLD EST MLT FREQ I&R	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92653	S	AEP NEURODIAGNOSTIC I&R	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92700	N	UNLISTED ORL SERVICE/PX	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
92920	N	PRQ CARDIAC ANGIOPLAST 1 ART	-	05192	62.3222	Bundled, sometimes payable	3784	-	-	-	Y	000	999	-
92921	N	PRQ CARDIAC ANGIO ADDL ART	-	-	-	Bundled	000	-	-	-	Y	000	999	-
92924	N	PRQ CARD ANGIO/ATHRECT 1 ART	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	Y	000	999	-
92925	N	PRQ CARD ANGIO/ATHRECT ADDL	-	-	-	Bundled	000	-	-	-	Y	000	999	-
92928	N	PRQ CARD STENT W/ANGIO 1 VSL	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	Y	000	999	-
92929	N	PRQ CARD STENT W/ANGIO ADDL	-	-	-	Bundled	000	-	-	-	Y	000	999	-
92933	N	PRQ CARD STENT/ATH/ANGIO	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	Y	000	999	-
92934	N	PRQ CARD STENT/ATH/ANGIO	-	-	-	Bundled	000	-	-	-	Y	000	999	-
92937	N	PRQ REVASC BYP GRAFT 1 VSL	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	Y	000	999	-
92938	N	PRQ REVASC BYP GRAFT ADDL	-	-	-	Bundled	000	-	-	-	Y	000	999	-
92941	C	PRQ CARD REVASC MI 1 VSL	-	-	-	IP Only	000	-	-	-	Y	000	999	-
92943	N	PRQ CARD REVASC CHRONIC 1VSL	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	Y	000	999	-
92944	N	PRQ CARD REVASC CHRONIC ADDL	-	-	-	Bundled	000	-	-	-	Y	000	999	-
92950	S	HEART/LUNG RESUSCITATION CPR	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
92953	N	TEMPORARY EXTERNAL PACING	-	05781	7.0964	Bundled, sometimes payable	431	-	-	-	-	000	999	-
92960	S	CARDIOVERSION ELECTRIC EXT	-	05781	7.0964	APC	431	-	-	-	-	000	999	-
92961	S	CARDIOVERSION ELECTRIC INT	-	05781	7.0964	APC	431	-	-	-	-	000	999	-
92970	C	CARDIOASSIST INTERNAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
92971	C	CARDIOASSIST EXTERNAL	-	-	-	IP Only	000	-	-	-	-	000	999	-
92972	N	PERQ TRLUML CORONRY LITHOTRP	-	-	-	Bundled	000	-	-	-	-	000	999	-
92973	N	PRQ CORONARY MECH THROMBECT	-	-	-	Bundled	000	-	-	-	-	000	999	-
92974	N	CATH PLACE CARDIO BRACHYTX	-	-	-	Bundled	000	-	-	-	-	000	999	-
92975	C	DISSOLVE CLOT HEART VESSEL	-	-	-	IP Only	000	-	-	-	-	000	999	-
92977	T	DISSOLVE CLOT HEART VESSEL	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
92978	N	ENDOLUMINL IVUS OCT C 1ST	-	-	-	Bundled	000	-	-	-	-	000	999	-
92979	N	ENDOLUMINL IVUS OCT C EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
92986	N	REVISION OF AORTIC VALVE	-	05192	62.3222	Bundled, sometimes payable	3784	-	-	-	-	000	999	-
92987	N	REVISION OF MITRAL VALVE	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
92990	N	REVISION OF PULMONARY VALVE	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
92997	N	PUL ART BALLOON REPR PERCUT	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
92998	N	PUL ART BALLOON REPR PERCUT	-	-	-	Bundled	000	-	-	-	-	000	999	-
93000	E	ELECTROCARDIOGRAM COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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93005	N	ELECTROCARDIOGRAM TRACING	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
93010	M	ELECTROCARDIOGRAM REPORT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
93015	M	CARDIOVASCULAR STRESS TEST	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
93016	M	CARDIOVASCULAR STRESS TEST	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
93017	N	CARDIOVASCULAR STRESS TEST	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
93018	M	CARDIOVASCULAR STRESS TEST	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
93024	N	CARDIAC DRUG STRESS TEST	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
93025	S	MICROVOLT T-WAVE ASSESS	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
93040	M	RHYTHM ECG WITH REPORT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
93041	N	RHYTHM ECG TRACING	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
93042	M	RHYTHM ECG REPORT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
93050	N	ART PRESSURE WAVEFORM ANALYS	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
93150	S	THERAPY ACTIVATION IPNSS	-	05742	1.0555	APC	064	-	-	-	-	000	999	-
93151	S	INTERROG&PRGRMG IPNSS	-	05742	1.0555	APC	064	-	-	-	-	000	999	-
93152	S	INTERROG&PRGRMG IPNSS POLYSM	-	05743	3.2568	APC	198	-	-	-	-	000	999	-
93153	S	INTERROG W/O PRGRMG IPNSS	-	05742	1.0555	APC	064	-	-	-	-	000	999	-
93224	E	ECG MONIT/REPR UP TO 48 HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93225	N	ECG MONIT/REPR UP TO 48 HRS	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
93226	N	ECG MONIT/REPR UP TO 48 HRS	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
93227	E	ECG MONIT/REPR UP TO 48 HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93228	E	REMOTE 30 DAY ECG REV/REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93229	S	REMOTE 30 DAY ECG TECH SUPP	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
93241	E	EXT ECG>48HR<7D REC SCAN A/R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93242	N	EXT ECG>48HR<7D RECORDING	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
93243	N	EXT ECG>48HR<7D SCAN A/R	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
93244	E	EXT ECG>48HR<7D REV&INTERPJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93245	E	EXT ECG>7D<15D REC SCAN A/R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93246	N	EXT ECG>7D<15D RECORDING	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
93247	N	EXT ECG>7D<15D SCAN A/R	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
93248	E	EXT ECG>7D<15D REV&INTERPJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93260	N	PRGRMG DEV EVAL IMPLTBL SYS	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93261	N	INTERROGATE SUBQ DEFIB	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93264	E	REM MNTR WRLS P-ART PRS SNR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93268	E	ECG RECORD/REVIEW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93270	N	REMOTE 30 DAY ECG REV/REPORT	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93271	S	ECG/MONITORING AND ANALYSIS	-	05742	1.0555	APC	064	-	-	-	-	000	999	-
93272	E	ECG/REVIEW INTERPRET ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93278	N	ECG/SIGNAL-AVERAGED	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
93279	N	PRGRMG DEV EVAL PM/LDLS PM	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93280	N	PM DEVICE PROGR EVAL DUAL	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93281	N	PM DEVICE PROGR EVAL MULTI	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93282	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93283	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93284	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93285	N	PRGRMG DEV EVAL SCRMS IP	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93286	N	PERI-PX EVAL PM/LDLS PM IP	-	-	-	Bundled	000	-	-	-	-	000	999	-
93287	N	PERI-PX DEVICE EVAL & PRGR	-	-	-	Bundled	000	-	-	-	-	000	999	-
93288	N	INTERROG EVL PM/LDLS PM IP	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93289	N	INTERROG DEVICE EVAL HEART	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93290	N	INTERROG DEV EVAL ICPMS IP	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93291	N	INTERROG DEV EVAL SCRMS IP	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
93292	N	WCD DEVICE INTERROGATE	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93293	N	PM PHONE R-STRIP DEVICE EVAL	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
93294	E	REM INTERROG EVL PM/LDLS PM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93295	E	DEV INTERROG REMOTE 1/2/MLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93296	N	REM INTERROG EVL PM/IDS	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-

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93297	E	REM INTERROG DEV EVAL ICPMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93298	E	REM INTERROG DEV EVAL SCRMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93303	S	ECHO TRANSTHORACIC	-	05524	6.0153	APC	365	-	-	-	-	000	999	-
93304	S	ECHO TRANSTHORACIC	-	05524	6.0153	APC	365	-	-	-	-	000	999	-
93306	S	TTE W/DOPPLER COMPLETE	-	05524	6.0153	APC	365	-	-	-	-	000	999	-
93307	S	TTE W/O DOPPLER COMPLETE	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
93308	S	TTE F-UP OR LMTD	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
93312	S	ECHO TRANSESOPHAGEAL	-	05524	6.0153	APC	365	-	-	-	-	000	999	-
93313	S	ECHO TRANSESOPHAGEAL	-	05524	6.0153	APC	365	-	-	-	-	000	999	-
93314	N	ECHO TRANSESOPHAGEAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
93315	S	ECHO TRANSESOPHAGEAL	-	05524	6.0153	APC	365	-	-	-	-	000	999	-
93316	S	ECHO TRANSESOPHAGEAL	-	05524	6.0153	APC	365	-	-	-	-	000	999	-
93317	N	ECHO TRANSESOPHAGEAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
93318	S	ECHO TRANSESOPHAGEAL INTRAOP	-	05524	6.0153	APC	365	-	-	-	-	000	999	-
93319	N	3D ECHO IMG CGEN CAR ANOMAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
93320	N	DOPPLER ECHO EXAM HEART	-	-	-	Bundled	000	-	-	-	-	000	999	-
93321	N	DOPPLER ECHO EXAM HEART	-	-	-	Bundled	000	-	-	-	-	000	999	-
93325	N	DOPPLER COLOR FLOW ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
93350	S	STRESS TTE ONLY	-	05524	6.0153	APC	365	-	-	-	-	000	999	-
93351	S	STRESS TTE COMPLETE	-	05524	6.0153	APC	365	-	-	-	-	000	999	-
93352	E	ADMIN ECG CONTRAST AGENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93355	N	ECHO TRANSESOPHAGEAL (TEE)	-	-	-	Bundled	000	-	-	-	-	000	999	-
93356	N	MYOCD STRAIN IMG SPCKL TRCK	-	-	-	Bundled	000	-	-	-	-	000	999	-
93451	N	RIGHT HEART CATH	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93452	N	LEFT HRT CATH W/VENTRCLGRPHY	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93453	N	R&L HRT CATH W/VENTRCLGRPHY	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93454	N	CORONARY ARTERY ANGIO S&I	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93455	N	CORONARY ART/GRFT ANGIO S&I	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93456	N	R HRT CORONARY ARTERY ANGIO	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93457	N	R HRT ART/GRFT ANGIO	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93458	N	L HRT ARTERY/VENTRICLE ANGIO	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93459	N	L HRT ART/GRFT ANGIO	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93460	N	R&L HRT ART/VENTRICLE ANGIO	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93461	N	R&L HRT ART/VENTRICLE ANGIO	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93462	N	L HRT CATH TRNSPTL PUNCTURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
93463	N	DRUG ADMIN & HEMODYNAMIC MEAS	-	-	-	Bundled	000	-	-	-	-	000	999	-
93464	N	EXERCISE W/HEMODYNAMIC MEAS	-	-	-	Bundled	000	-	-	-	-	000	999	-
93503	N	INSERT/PLACE HEART CATHETER	-	05182	17.4628	Bundled, sometimes payable	1060	-	-	-	-	000	999	-
93505	N	BIOPSY OF HEART LINING	-	05183	34.7556	Bundled, sometimes payable	2110	-	-	-	-	000	999	-
93563	N	NJX CGEN CAR CTH SLCTV C ANG	-	-	-	Bundled	000	-	-	-	-	000	999	-
93564	N	NJX CGEN CAR CATH SLCTV OPAC	-	-	-	Bundled	000	-	-	-	-	000	999	-
93565	N	NJX CAR CTH SLCTV LV/LA ANG	-	-	-	Bundled	000	-	-	-	-	000	999	-
93566	N	NJX CAR CTH SLCTV RV/RA ANG	-	-	-	Bundled	000	-	-	-	-	000	999	-
93567	N	NJX CAR CTH SPRVLV AORTGRPHY	-	-	-	Bundled	000	-	-	-	-	000	999	-
93568	N	NJX CAR CTH NSLC P-ART ANGRP	-	-	-	Bundled	000	-	-	-	-	000	999	-
93569	N	NJX CTH SLCT P-ART ANGRP UNI	-	-	-	Bundled	000	-	-	-	-	000	999	-
93571	N	HEART FLOW RESERVE MEASURE	-	-	-	Bundled	000	-	-	-	Y	000	999	-
93572	N	HEART FLOW RESERVE MEASURE	-	-	-	Bundled	000	-	-	-	Y	000	999	-
93573	N	NJX CATH SLCT P-ART ANGRP BI	-	-	-	Bundled	000	-	-	-	-	000	999	-
93574	N	NJX CATH SLCT PULM VN ANGRPH	-	-	-	Bundled	000	-	-	-	-	000	999	-
93575	N	NJX CATH SLCT P ANGRPH MAPCA	-	-	-	Bundled	000	-	-	-	-	000	999	-
93580	N	TRANSCATH CLOSURE OF ASD	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
93581	N	TRANSCATH CLOSURE OF VSD	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
93582	N	PERQ TRANSCATH CLOSURE PDA	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
93583	C	PERQ TRANSCATH SEPTAL REDUXN	-	-	-	IP Only	000	-	-	-	-	000	999	-
93584	N	VNGRPH CHD ANOM/PERSIST SVC	-	-	-	Bundled	000	-	-	-	-	000	999	-

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93585	N	VNGRPH CHD AZYGS/HEMIAZYGS	-	-	-	Bundled	000	-	-	-	-	000	999	-
93586	N	VNGRPH CHD CORONARY SINUS	-	-	-	Bundled	000	-	-	-	-	000	999	-
93587	N	VNGRPH CHD VNVN CLTRL AT/ABV	-	-	-	Bundled	000	-	-	-	-	000	999	-
93588	N	VNGRPH CHD VNVN CLTRL BELOW	-	-	-	Bundled	000	-	-	-	-	000	999	-
93590	N	PERQ TRANSCATH CLS MITRAL	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
93591	N	PERQ TRANSCATH CLS AORTIC	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
93592	N	PERQ TRANSCATH CLOSURE EACH	-	-	-	Bundled	000	-	-	-	-	000	999	-
93593	N	R HRT CATH CHD NML NT CNJ	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93594	N	R HRT CATH CHD ABNL NT CNJ	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93595	N	L HRT CATH CHD NM/ABN NT CNJ	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93596	N	R&L HRT CATH CHD NML NT CNJ	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93597	N	R&L HRT CATH CHD ABNL NT CNJ	-	05191	35.5305	Bundled, sometimes payable	2157	-	-	-	-	000	999	-
93598	N	CAR OUTP MEAS DRG CATH CHD	-	-	-	Bundled	000	-	-	-	-	000	999	-
93600	N	BUNDLE OF HIS RECORDING	-	05212	81.4312	Bundled, sometimes payable	4945	-	-	-	-	000	999	-
93602	N	INTRA-ATRIAL RECORDING	-	05212	81.4312	Bundled, sometimes payable	4945	-	-	-	-	000	999	-
93603	N	RIGHT VENTRICULAR RECORDING	-	05211	12.9769	Bundled, sometimes payable	788	-	-	-	-	000	999	-
93609	N	MAP TACHYCARDIA ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
93610	N	INTRA-ATRIAL PACING	-	05212	81.4312	Bundled, sometimes payable	4945	-	-	-	-	000	999	-
93612	N	INTRAVENTRICULAR PACING	-	05212	81.4312	Bundled, sometimes payable	4945	-	-	-	-	000	999	-
93613	N	ELECTROPHYS MAP 3D ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
93615	N	ESOPHAGEAL RECORDING	-	05211	12.9769	Bundled, sometimes payable	788	-	-	-	-	000	999	-
93616	N	ESOPHAGEAL RECORDING	-	05211	12.9769	Bundled, sometimes payable	788	-	-	-	-	000	999	-
93618	N	HEART RHYTHM PACING	-	05211	12.9769	Bundled, sometimes payable	788	-	-	-	-	000	999	-
93619	N	ELECTROPHYSIOLOGY EVALUATION	-	05212	81.4312	Bundled, sometimes payable	4945	-	-	-	-	000	999	-
93620	N	ELECTROPHYSIOLOGY EVALUATION	-	05212	81.4312	Bundled, sometimes payable	4945	-	-	-	-	000	999	-
93621	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
93622	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
93623	N	STIMULATION PACING HEART	-	-	-	Bundled	000	-	-	-	-	000	999	-
93624	N	ELECTROPHYSIOLOGIC STUDY	-	05212	81.4312	Bundled, sometimes payable	4945	-	-	-	-	000	999	-
93631	N	HEART PACING MAPPING	-	-	-	Bundled	000	-	-	-	-	000	999	-
93640	N	EVALUATION HEART DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
93641	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
93642	N	ELECTROPHYSIOLOGY EVALUATION	-	05211	12.9769	Bundled, sometimes payable	788	-	-	-	-	000	999	-
93644	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
93650	N	ABLATE HEART DYSRHYTHM FOCUS	-	05212	81.4312	Bundled, sometimes payable	4945	-	-	-	-	000	999	-
93653	N	COMPRES EP EVAL TX SVT	-	05213	258.9686	Bundled, sometimes payable	15725	-	-	-	Y	000	999	-
93654	N	COMPRES EP EVAL TX VT	-	05213	258.9686	Bundled, sometimes payable	15725	-	-	-	Y	000	999	-
93655	N	ICAR CATH ABLTJ DSCRT ARRHYT	-	-	-	Bundled	000	-	-	-	Y	000	999	-
93656	N	COMPRES EP EVAL ABLTJ ATR FIB	-	05213	258.9686	Bundled, sometimes payable	15725	-	-	-	Y	000	999	-
93657	N	TX L/R ATRIAL FIB ADDL	-	-	-	Bundled	000	-	-	-	Y	000	999	-
93660	S	TILT TABLE EVALUATION	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
93662	N	INTRACARDIAC ECG (ICE)	-	-	-	Bundled	000	-	-	-	-	000	999	-
93668	S	PERIPHERAL VASCULAR REHAB	-	05733	0.6669	APC	040	-	-	-	-	000	999	-
93701	N	BIOIMPEDANCE CV ANALYSIS	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
93702	S	BIS XTRACELL FLUID ANALYSIS	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
93724	S	ANALYZE PACEMAKER SYSTEM	-	05743	3.2568	APC	198	-	-	-	-	000	999	-
93740	N	TEMPERATURE GRADIENT STUDIES	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
93745	S	SET-UP CARDIOVERT-DEFIBRILL	-	05743	3.2568	APC	198	-	-	-	Y	000	999	-
93750	S	INTERROGATION VAD IN PERSON	-	05742	1.0555	APC	064	-	-	-	-	000	999	-
93770	N	MEASURE VENOUS PRESSURE	-	-	-	Bundled	000	-	-	-	-	000	999	-
93784	M	AMBL BP MNTR W/SOFTWARE	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
93786	N	AMBL BP MNTR W/SW REC ONLY	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
93788	N	AMBL BP MNTR W/SW A/R	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	Y	000	999	-
93790	E	AMBL BP MNTR W/SW I&R	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
93792	E	PT/CAREGIVER TRAINING HOME INR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93793	E	ANTICOAG MGMT PT WARFARIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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93797	S	CARDIAC REHAB	-	05771	1.4408	APC	087	-	-	-	Y	000	999	-
93798	S	CARDIAC REHAB/MONITOR	-	05771	1.4408	APC	087	-	-	-	Y	000	999	-
93799	S	UNLISTED CV SVC/PROCEDURE	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
93880	S	EXTRACRANIAL BILAT STUDY	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
93882	S	EXTRACRANIAL UN/LTD STUDY	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
93886	S	INTRACRANIAL COMPLETE STUDY	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
93888	S	INTRACRANIAL LIMITED STUDY	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
93890	N	TCD VASOREACTIVITY STUDY	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	Y	000	999	-
93892	N	TCD EMBOLI DETECT W/O INJ	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	Y	000	999	-
93893	N	TCD EMBOLI DETECT W/INJ	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	Y	000	999	-
93895	E	CAROTID INTIMA ATHEROMA EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
93922	N	UPR/L XTREMITY ART 2 LEVELS	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
93923	S	UPR/LXTR ART STDY 3+ LVLS	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
93924	S	LWR XTR VASC STDY BILAT	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
93925	S	LOWER EXTREMITY STUDY	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
93926	S	LOWER EXTREMITY STUDY	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
93930	S	UPPER EXTREMITY STUDY	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
93931	S	UPPER EXTREMITY STUDY	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
93970	S	EXTREMITY STUDY	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
93971	S	EXTREMITY STUDY	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
93975	S	VASCULAR STUDY	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
93976	S	VASCULAR STUDY	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
93978	S	VASCULAR STUDY	-	05523	2.6718	APC	162	-	-	-	-	000	999	-
93979	N	VASCULAR STUDY	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
93980	S	PENILE VASCULAR STUDY	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
93981	S	PENILE VASCULAR STUDY	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
93985	S	DUP-SCAN HEMO COMPL BI STD	-	05523	2.6718	APC	157	-	-	-	-	000	999	-
93986	S	DUP-SCAN HEMO COMPL UNI STD	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
93990	N	DOPPLER FLOW TESTING	-	05522	1.1988	Bundled, sometimes payable	075	-	-	-	-	000	999	-
93998	N	UNLISTD NONINVAS VASC DX STD	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
94002	N	VENT MGMT INPAT INIT DAY	-	05801	6.8330	Bundled, sometimes payable	415	-	-	-	-	000	999	-
94003	N	VENT MGMT INPAT SUBQ DAY	-	05801	6.8330	Bundled, sometimes payable	415	-	-	-	-	000	999	-
94004	E	VENT MGMT NF PER DAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
94005	E	HOME VENT MGMT SUPERVISION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
94010	N	BREATHING CAPACITY TEST	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
94011	N	SPIROMETRY UP TO 2 YRS OLD	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	002	-
94012	N	SPIRMTRY W/BRNCHDIL INF-2 YR	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	002	-
94013	S	MEAS LUNG VOL THRU 2 YRS	-	05723	5.8442	APC	355	-	-	-	-	000	002	-
94014	N	PATIENT RECORDED SPIROMETRY	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	Y	000	999	-
94015	N	PATIENT RECORDED SPIROMETRY	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	Y	000	999	-
94016	M	REVIEW PATIENT SPIROMETRY	-	-	-	Fee Schedule	032	-	-	-	Y	000	999	-
94060	S	EVALUATION OF WHEEZING	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
94070	S	EVALUATION OF WHEEZING	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
94150	N	VITAL CAPACITY TEST	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
94200	N	LUNG FUNCTION TEST (MBC/MVV)	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
94375	N	RESPIRATORY FLOW VOLUME LOOP	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
94450	N	HYPOXIA RESPONSE CURVE	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
94452	N	HAST W/REPORT	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	Y	000	999	-
94453	N	HAST W/OXYGEN TITRATE	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	Y	000	999	-
94610	N	SURFACTANT ADMIN THRU TUBE	-	05791	2.3257	Bundled, sometimes payable	141	-	-	-	-	000	000	-
94617	N	EXERCISE TST BRNCSPSM W/ECG	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
94618	N	PULMONARY STRESS TESTING	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
94619	N	EXERCISE TST BRNCSPSM WO ECG	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
94621	S	CARDIOPULM EXERCISE TESTING	-	05722	3.4225	APC	208	-	-	-	Y	000	999	-
94625	S	PHY/QHP OP PULM RHB W/O MNTR	-	05733	0.6669	APC	040	-	-	-	-	000	999	-
94626	S	PHY/QHP OP PULM RHB W/MNTR	-	05733	0.6669	APC	040	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
94640	N		AIRWAY INHALATION TREATMENT	-	05791	2.3257	Bundled, sometimes payable	141	-	-	-	-	000	999	-
94642	N		AEROSOL INHALATION TREATMENT	-	05791	2.3257	Bundled, sometimes payable	141	-	-	-	-	000	999	-
94644	N		CBT 1ST HOUR	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
94645	N		CBT EACH ADDL HOUR	-	-	-	Bundled	000	-	-	-	-	000	999	-
94660	N		POS AIRWAY PRESSURE CPAP	-	05791	2.3257	Bundled, sometimes payable	141	-	-	-	-	000	999	-
94662	N		NEG PRESS VENTILATION CNP	-	05801	6.8330	Bundled, sometimes payable	415	-	-	-	-	000	999	-
94664	N		EVALUATE PT USE OF INHALER	-	05791	2.3257	Bundled, sometimes payable	141	-	-	-	-	000	999	-
94667	N		CHEST WALL MANIPULATION	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
94668	N		CHEST WALL MANIPULATION	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
94669	N		MECHANICAL CHEST WALL OSCILL	-	05791	2.3257	Bundled, sometimes payable	141	-	-	-	-	000	999	-
94680	N		EXHALED AIR ANALYSIS O2	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
94681	N		EXHALED AIR ANALYSIS O2/CO2	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
94690	N		EXHALED AIR ANALYSIS	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
94726	N		PULM FUNCT TST PLETHYSMOGRAP	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
94727	N		PULM FUNCTION TEST BY GAS	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
94728	N		AIRWY RESIST BY OSCILLOMETRY	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
94729	N		CO/MEMBANE DIFFUSE CAPACITY	-	-	-	Bundled	000	-	-	-	-	000	999	-
94760	N		MEASURE BLOOD OXYGEN LEVEL	-	-	-	Bundled	000	-	-	-	-	000	999	-
94761	N		MEASURE BLOOD OXYGEN LEVEL	-	-	-	Bundled	000	-	-	-	-	000	999	-
94762	N		MEASURE BLOOD OXYGEN LEVEL	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
94772	S		BREATH RECORDING INFANT	-	05723	5.8442	APC	355	-	-	-	-	000	001	-
94774	E		PED HOME APNEA REC COMPL	-	-	-	Not Allowed	000	-	-	-	-	000	019	-
94775	S		PED HOME APNEA REC HK-UP	-	05721	1.7032	APC	103	-	-	-	-	000	019	-
94776	S		PED HOME APNEA REC DOWNLD	-	05721	1.7032	APC	103	-	-	-	-	000	019	-
94777	E		PED HOME APNEA REC REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	019	-
94780	N		CARS/BD TST INFT-12MO 60 MIN	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
94781	N		CARS/BD TST INFT-12MO +30MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
94799	N		UNLISTED PULMONARY SVC/PX	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
95004	N		PERCUT ALLERGY SKIN TESTS	-	05724	11.4003	Bundled, sometimes payable	692	-	-	-	-	000	999	-
95012	N		EXHALED NITRIC OXIDE MEAS	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
95017	N		PERQ & ICUT ALLG TEST VENOMS	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	Y	000	999	-
95018	N		PERQ&IC ALLG TEST DRUGS/BIO	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	Y	000	999	-
95024	N		ICUT ALLERGY TEST DRUG/BUG	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
95027	N		ICUT ALLERGY TITRATE-AIRBORN	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
95028	N		ICUT ALLERGY TEST-DELAYED	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
95044	N		ALLERGY PATCH TESTS	-	05724	11.4003	Bundled, sometimes payable	692	-	-	-	-	000	999	-
95052	N		PHOTO PATCH TEST	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
95056	N		PHOTOSENSITIVITY TESTS	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
95060	N		EYE ALLERGY TESTS	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
95065	N		NOSE ALLERGY TEST	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
95070	S		BRONCHIAL ALLERGY TESTS	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
95076	S		INGEST CHALLENGE INI 120 MIN	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
95079	N		INGEST CHALLENGE ADDL 60 MIN	-	-	-	Bundled	000	-	-	-	Y	000	999	-
95115	N		IMMUNOTHERAPY ONE INJECTION	-	05691	0.5179	Bundled, sometimes payable	031	-	-	-	-	000	999	-
95117	N		IMMUNOTHERAPY INJECTIONS	-	05691	0.5179	Bundled, sometimes payable	031	-	-	-	-	000	999	-
95120	E		IMMUNOTHERAPY ONE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95125	E		IMMUNOTHERAPY 2/> INJECTIONS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95130	E		IMMNTX 1 STING INSECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95131	E		IMMNTX 2 STING INSECTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95132	E		IMMNTX 3 STING INSECTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95133	E		IMMNTX 4 STING INSECTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95134	E		IMMNTX 5 STING INSECTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95144	N		ANTIGEN THERAPY SERVICES	-	05691	0.5179	Bundled, sometimes payable	031	-	-	-	-	000	999	-
95145	N		ANTIGEN THERAPY SERVICES	-	05691	0.5179	Bundled, sometimes payable	031	-	-	-	-	000	999	-
95146	N		ANTIGEN THERAPY SERVICES	-	05691	0.5179	Bundled, sometimes payable	031	-	-	-	-	000	999	-
95147	N		ANTIGEN THERAPY SERVICES	-	05692	0.7681	Bundled, sometimes payable	047	-	-	-	-	000	999	-

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95148	N	ANTIGEN THERAPY SERVICES	-	05692	0.7681	Bundled, sometimes payable	047	-	-	-	-	000	999	-
95149	N	ANTIGEN THERAPY SERVICES	-	05692	0.7681	Bundled, sometimes payable	047	-	-	-	-	000	999	-
95165	N	ANTIGEN THERAPY SERVICES	-	05691	0.5179	Bundled, sometimes payable	031	-	-	-	-	000	999	-
95170	N	ANTIGEN THERAPY SERVICES	-	05691	0.5179	Bundled, sometimes payable	031	-	-	-	-	000	999	-
95180	N	RAPID DESENSITIZATION	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
95199	N	UNLISTED ALL/IMMLG SVC/PX	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
95249	S	CONT GLUC MNTR PT PROV EQP	-	05733	0.6669	APC	040	-	-	-	-	000	999	-
95250	V	CONT GLUC MNTR PHYS/QHP EQP	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
95251	E	CONT GLUC MNTR ANALYSIS I&R	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
95700	S	EEG CONT REC W/VID EEG TECH	-	05721	1.7032	APC	181	-	-	-	-	000	999	-
95705	S	EEG W/O VID 2-12 HR UNMNTR	-	05722	3.4225	APC	181	-	-	-	-	000	999	-
95706	S	EEG WO VID 2-12HR INTMT MNTR	-	05722	3.4225	APC	181	-	-	-	-	000	999	-
95707	S	EEG W/O VID 2-12HR CONT MNTR	-	05722	3.4225	APC	181	-	-	-	-	000	999	-
95708	S	EEG WO VID EA 12-26HR UNMNTR	-	05723	5.8442	APC	334	-	-	-	-	000	999	-
95709	S	EEG W/O VID EA 12-26HR INTMT	-	05723	5.8442	APC	334	-	-	-	-	000	999	-
95710	S	EEG W/O VID EA 12-26HR CONT	-	05723	5.8442	APC	334	-	-	-	-	000	999	-
95711	S	VEEG 2-12 HR UNMONITORED	-	05722	3.4225	APC	181	-	-	-	-	000	999	-
95712	S	VEEG 2-12 HR INTMT MNTR	-	05722	3.4225	APC	181	-	-	-	-	000	999	-
95713	S	VEEG 2-12 HR CONT MNTR	-	05723	5.8442	APC	334	-	-	-	-	000	999	-
95714	S	VEEG EA 12-26 HR UNMNTR	-	05723	5.8442	APC	334	-	-	-	-	000	999	-
95715	S	VEEG EA 12-26HR INTMT MNTR	-	05723	5.8442	APC	334	-	-	-	-	000	999	-
95716	S	VEEG EA 12-26HR CONT MNTR	-	05724	11.4003	APC	629	-	-	-	-	000	999	-
95717	E	EEG PHYS/QHP 2-12 HR W/O VID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95718	E	EEG PHYS/QHP 2-12 HR W/VEEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95719	E	EEG PHYS/QHP EA INCR W/O VID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95720	E	EEG PHY/QHP EA INCR W/VEEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95721	E	EEG PHY/QHP>36<60 HR W/O VID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95722	E	EEG PHY/QHP>36<60 HR W/VEEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95723	E	EEG PHY/QHP>60<84 HR W/O VID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95724	E	EEG PHY/QHP>60<84 HR W/VEEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95725	E	EEG PHY/QHP>84 HR W/O VID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95726	E	EEG PHY/QHP>84 HR W/VEEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
95782	S	POLYSOM <6 YRS 4/> PARAMTRS	-	05724	11.4003	APC	692	-	-	-	Y	000	006	-
95783	S	POLYSOM <6 YRS CPAP/BILVL	-	05724	11.4003	APC	692	-	-	-	Y	000	006	-
95800	S	SLP STDY UNATTENDED	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
95801	N	SLP STDY UNATND W/ANAL	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
95803	N	ACTIGRAPHY TESTING	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
95805	S	MULTIPLE SLEEP LATENCY TEST	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
95806	S	SLEEP STUDY UNATT&RESP EFFT	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
95807	S	SLEEP STUDY ATTENDED	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
95808	S	POLYSOM ANY AGE 1-3> PARAM	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
95810	S	POLYSOM 6/> YRS 4/> PARAM	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
95811	S	POLYSOM 6/>YRS CPAP 4/> PARM	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
95812	S	EEG 41-60 MINUTES	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95813	S	EEG EXTND MNTR 61-119 MIN	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95816	S	EEG AWAKE AND DROWSY	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95819	S	EEG AWAKE AND ASLEEP	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95822	S	EEG COMA OR SLEEP ONLY	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95824	S	EEG CEREBRAL DEATH ONLY	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
95829	N	SURGERY ELECTROCORTICOGRAM	-	-	-	Bundled	000	-	-	-	-	000	999	-
95830	M	INSERT ELECTRODES FOR EEG	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
95836	N	ECOG IMPLTD BRN NPGT <30 D	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
95851	M	RANGE OF MOTION MEASUREMENTS	-	-	-	Fee Schedule	010	-	-	-	-	000	999	-
95852	M	RANGE OF MOTION MEASUREMENTS	-	-	-	Fee Schedule	007	-	-	-	-	000	999	-
95857	S	CHOLINESTERASE CHALLENGE	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95860	M	MUSCLE TEST ONE LIMB	26	-	-	Fee Schedule	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
95860	N	MUSCLE TEST ONE LIMB	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
95861	M	MUSCLE TEST 2 LIMBS	26	-	-	Fee Schedule	000	-	-	-	-	000	999	-
95861	N	MUSCLE TEST 2 LIMBS	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
95863	M	MUSCLE TEST 3 LIMBS	26	-	-	Fee Schedule	000	-	-	-	-	000	999	-
95863	S	MUSCLE TEST 3 LIMBS	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
95864	M	MUSCLE TEST 4 LIMBS	26	-	-	Fee Schedule	000	-	-	-	-	000	999	-
95864	S	MUSCLE TEST 4 LIMBS	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
95865	N	MUSCLE TEST LARYNX	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	Y	000	999	-
95866	N	MUSCLE TEST HEMIDIAPHRAGM	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	Y	000	999	-
95867	S	MUSCLE TEST CRAN NERV UNILAT	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95868	S	MUSCLE TEST CRAN NERVE BILAT	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95869	N	MUSCLE TEST THOR PARASPINAL	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
95870	N	MUSCLE TEST NONPARASPINAL	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
95872	S	MUSCLE TEST ONE FIBER	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
95873	N	GUIDE NERV DESTR ELEC STIM	-	-	-	Bundled	000	-	-	-	-	000	999	-
95874	N	GUIDE NERV DESTR NEEDLE EMG	-	-	-	Bundled	000	-	-	-	-	000	999	-
95875	S	LIMB EXERCISE TEST	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
95885	N	MUSC TST DONE W/NERV TST LIM	-	-	-	Bundled	000	-	-	-	-	000	999	-
95886	N	MUSC TEST DONE W/N TEST COMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
95887	N	MUSC TST DONE W/N TST NONEXT	-	-	-	Bundled	000	-	-	-	-	000	999	-
95905	N	MOTOR &/ SENS NRVE CNDJ TEST	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
95907	S	NVR CNDJ TST 1-2 STUDIES	-	05721	1.7032	APC	103	-	-	-	Y	000	999	-
95908	S	NRV CNDJ TST 3-4 STUDIES	-	05722	3.4225	APC	208	-	-	-	Y	000	999	-
95909	S	NRV CNDJ TST 5-6 STUDIES	-	05722	3.4225	APC	208	-	-	-	Y	000	999	-
95910	S	NRV CNDJ TEST 7-8 STUDIES	-	05722	3.4225	APC	208	-	-	-	Y	000	999	-
95911	S	NRV CNDJ TEST 9-10 STUDIES	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
95912	S	NRV CNDJ TEST 11-12 STUDIES	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
95913	S	NRV CNDJ TEST 13/> STUDIES	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
95919	N	QUAN PUPLMTRY PHY/QHP UNI/BI	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
95921	S	AUTONOMIC NRV PARASYM INERVJ	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
95922	N	AUTONOMIC NRV ADRENRG INERVJ	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
95923	N	AUTONOMIC NRV SYST FUNJ TEST	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
95924	S	ANS PARASYMP & SYMP W/TILT	-	05722	3.4225	APC	208	-	-	-	Y	000	999	-
95925	S	SOMATOSENSORY TESTING	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95926	S	SOMATOSENSORY TESTING	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95927	S	SOMATOSENSORY TESTING	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95928	S	C MOTOR EVOKED UPPR LIMBS	-	05724	11.4003	APC	692	-	-	-	Y	000	999	-
95929	S	C MOTOR EVOKED LWR LIMBS	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
95930	S	VISUAL EP TEST CNS W/I&R	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
95933	N	BLINK REFLEX TEST	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
95937	S	NEUROMUSCULAR JUNCTION TEST	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
95938	S	SOMATOSENSORY TESTING	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
95939	S	C MOTOR EVOKED UPR&LWR LIMBS	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
95940	N	IONM IN OPERATNG ROOM 15 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
95941	N	IONM REMOTE/>1 PT OR PER HR	-	-	-	Bundled	000	-	-	-	-	000	999	-
95954	S	EEG MONITORING/GIVING DRUGS	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
95955	N	EEG DURING SURGERY	-	-	-	Bundled	000	-	-	-	-	000	999	-
95957	N	EEG DIGITAL ANALYSIS	-	-	-	Bundled	000	-	-	-	-	000	999	-
95958	S	EEG MONITORING/FUNCTION TEST	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
95961	S	ELECTRODE STIMULATION BRAIN	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
95962	N	ELECTRODE STIM BRAIN ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
95965	S	MEG SPONTANEOUS	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
95966	S	MEG EVOKED SINGLE	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
95967	N	MEG EVOKED EACH ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
95970	N	ALYS NPGT W/O PRGRMG	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
95971	S	ALYS SMPL SP/PN NPGT W/PRGRM	-	05742	1.0555	APC	064	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
95972	S	ALYS CPLX SP/PN NPGT W/PRGRM	-	05742	1.0555	APC	064	-	-	-	-	000	999	-
95976	S	ALYS SMPL CN NPGT PRGRMG	-	05741	0.4112	APC	025	-	-	-	-	000	999	-
95977	S	ALYS CPLX CN NPGT PRGRMG	-	05742	1.0555	APC	064	-	-	-	-	000	999	-
95980	N	IO ANAL GAST N-STIM INIT	-	-	-	Bundled	000	-	-	-	-	000	999	-
95981	N	IO ANAL GAST N-STIM SUBSQ	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
95982	N	IO GA N-STIM SUBSQ W/REPROG	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
95983	S	ALYS BRN NPGT PRGRMG 15 MIN	-	05742	1.0555	APC	064	-	-	-	-	000	999	-
95984	N	ALYS BRN NPGT PRGRMG ADDL 15	-	-	-	Bundled	000	-	-	-	-	000	999	-
95990	S	SPIN/BRAIN PUMP REFIL & MAIN	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
95991	T	SPIN/BRAIN PUMP REFIL & MAIN	-	05441	3.2295	APC	196	-	-	-	Y	000	999	-
95992	M	CANALITH REPOSITIONING PROC	-	-	-	Fee Schedule	028	-	-	-	-	000	999	-
95999	N	UNLISTED NEUROLOGICAL DX PX	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
96000	S	MOTION ANALYSIS VIDEO/3D	-	05723	5.8442	APC	355	-	-	-	-	000	999	-
96001	S	MOTION TEST W/FT PRESS MEAS	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
96002	S	DYNAMIC SURFACE EMG	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
96003	N	DYNAMIC FINE WIRE EMG	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
96004	M	PHYS REVIEW OF MOTION TESTS	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
96020	E	FUNCTIONAL BRAIN MAPPING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
96040	E	GENETIC COUNSELING 30 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
96105	Y	ASSESSMENT OF APHASIA	-	-	-	Fee Schedule	076	-	-	-	-	000	999	-
96110	E	DEVELOPMENTAL SCREEN W/SCORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
96112	N	DEVEL TST PHYS/QHP 1ST HR	-	05721	1.7032	Bundled, sometimes payable	103	-	-	-	-	000	999	-
96113	N	DEVEL TST PHYS/QHP EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
96116	N	NUBHVL XM PHYS/QHP 1ST HR	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
96121	N	NUBHVL XM PHY/QHP EA ADDL HR	-	-	-	Bundled	000	-	-	-	-	000	999	-
96125	M	COGNITIVE TEST BY HC PRO	-	-	-	Fee Schedule	080	-	-	-	-	000	999	-
96127	N	BRIEF EMOTIONAL/BEHAV ASSMT	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
96130	N	PSYCL TST EVAL PHYS/QHP 1ST	-	05722	3.4225	Bundled, sometimes payable	208	-	-	-	-	000	999	-
96131	N	PSYCL TST EVAL PHYS/QHP EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
96132	N	NRPSYC TST EVAL PHYS/QHP 1ST	-	05723	5.8442	Bundled, sometimes payable	355	-	-	-	-	000	999	-
96133	N	NRPSYC TST EVAL PHYS/QHP EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
96136	N	PSYCL/NRPSYC TST PHY/QHP 1ST	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
96137	N	PSYCL/NRPSYC TST PHY/QHP EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
96138	N	PSYCL/NRPSYC TECH 1ST	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
96139	N	PSYCL/NRPSYC TST TECH EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
96146	N	PSYCL/NRPSYC TST AUTO RESULT	-	05731	0.3247	Bundled, sometimes payable	020	-	-	-	-	000	999	-
96156	N	HLTH BHV ASSMT/REASSESSMENT	-	05822	0.9719	Bundled, sometimes payable	059	-	-	-	-	000	999	-
96158	N	HLTH BHV IVNTJ INDIV 1ST 30	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
96159	N	HLTH BHV IVNTJ INDIV EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
96160	S	PT-FOCUSED HLTH RISK ASSMT	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
96161	S	CAREGIVER HEALTH RISK ASSMT	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
96164	N	HLTH BHV IVNTJ GRP 1ST 30	-	05821	0.3129	Bundled, sometimes payable	019	-	-	-	-	000	999	-
96165	N	HLTH BHV IVNTJ GRP EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
96167	N	HLTH BHV IVNTJ FAM 1ST 30	-	05821	0.3129	Bundled, sometimes payable	019	-	-	-	-	000	999	-
96168	N	HLTH BHV IVNTJ FAM EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
96170	E	HLTH BHV IVNTJ FAM WO PT 1ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
96171	E	HLTH BHV IVNTJ FAM W/O PT EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
96202	M	MLT FAM GRP BHV TRAIN 1ST 60	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
96203	N	MLT FAM GRP BHV TRAIN EA ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
96360	S	HYDRATION IV INFUSION INIT	-	05693	2.3371	APC	142	-	-	-	-	000	999	-
96361	S	HYDRATE IV INFUSION ADD-ON	-	05691	0.5179	APC	031	-	-	-	-	000	999	-
96365	S	THER/PROPH/DIAG IV INF INIT	-	05693	2.3371	APC	142	-	-	-	-	000	999	-
96366	S	THER/PROPH/DIAG IV INF ADDON	-	05691	0.5179	APC	031	-	-	-	-	000	999	-
96367	S	TX/PROPH/DG ADDL SEQ IV INF	-	05692	0.7681	APC	047	-	-	-	-	000	999	-
96368	N	THER/DIAG CONCURRENT INF	-	-	-	Bundled	000	-	-	-	-	000	999	-
96369	S	SC THER INFUSION UP TO 1 HR	-	05693	2.3371	APC	142	-	-	-	-	000	999	-

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96370	S	SC THER INFUSION ADDL HR	-	05691	0.5179	APC	031	-	-	-	-	000	999	-
96371	N	SC THER INFUSION RESET PUMP	-	05692	0.7681	Bundled, sometimes payable	047	-	-	-	-	000	999	-
96372	N	THER/PROPH/DIAG INJ SC/IM	-	05692	0.7681	Bundled, sometimes payable	047	-	-	-	-	000	999	-
96373	S	THER/PROPH/DIAG INJ IA	-	05693	2.3371	APC	142	-	-	-	-	000	999	-
96374	S	THER/PROPH/DIAG INJ IV PUSH	-	05693	2.3371	APC	142	-	-	-	-	000	999	-
96375	S	TX/PRO/DX INJ NEW DRUG ADDON	-	05691	0.5179	APC	031	-	-	-	-	000	999	-
96376	N	TX/PRO/DX INJ SAME DRUG ADON	-	-	-	Bundled	000	-	-	-	-	000	999	-
96377	N	APPLICATON ON-BODY INJECTOR	-	05691	0.5179	Bundled, sometimes payable	031	-	-	-	-	000	999	-
96379	N	UNL THER/PROP/DIAG INJ/INF	-	05691	0.5179	Bundled, sometimes payable	031	-	-	-	-	000	999	-
96380	E	ADMN RSV MONOC ANTB IM CNSL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
96381	E	ADMN RSV MONOC ANTB IM NJX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
96401	N	CHEMO ANTI-NEOPL SQ/IM	-	05692	0.7681	Bundled, sometimes payable	047	-	-	-	Y	000	999	-
96402	N	CHEMO HORMON ANTINEOPL SQ/IM	-	05692	0.7681	Bundled, sometimes payable	047	-	-	-	Y	000	999	-
96405	N	CHEMO INTRALESIONAL UP TO 7	-	05692	0.7681	Bundled, sometimes payable	047	-	-	-	-	000	999	-
96406	S	CHEMO INTRALESIONAL OVER 7	-	05693	2.3371	APC	142	-	-	-	-	000	999	-
96409	S	CHEMO IV PUSH SNGL DRUG	-	05694	3.6927	APC	224	-	-	-	Y	000	999	-
96411	S	CHEMO IV PUSH ADDL DRUG	-	05692	0.7681	APC	047	-	-	-	Y	000	999	-
96413	S	CHEMO IV INFUSION 1 HR	-	05694	3.6927	APC	224	-	-	-	Y	000	999	-
96415	S	CHEMO IV INFUSION ADDL HR	-	05692	0.7681	APC	047	-	-	-	Y	000	999	-
96416	S	CHEMO PROLONG INFUSE W/PUMP	-	05694	3.6927	APC	224	-	-	-	Y	000	999	-
96417	S	CHEMO IV INFUS EACH ADDL SEQ	-	05692	0.7681	APC	047	-	-	-	Y	000	999	-
96420	S	CHEMO IA PUSH TECHNIQUE	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
96422	S	CHEMO IA INFUSION UP TO 1 HR	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
96423	S	CHEMO IA INFUSE EACH ADDL HR	-	05691	0.5179	APC	031	-	-	-	-	000	999	-
96425	S	CHEMOTHERAPY INFUSION METHOD	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
96440	S	CHMOTX ADMN PLRL CAV THRCNTS	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
96446	S	CHEMOTX ADMN PERTL CAV IMPL	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
96450	S	CHEMOTHERAPY INTO CNS	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
96521	S	REFILL/MAINT PORTABLE PUMP	-	05693	2.3371	APC	142	-	-	-	Y	000	999	-
96522	S	REFILL/MAINT PUMP/RESVR SYST	-	05693	2.3371	APC	142	-	-	-	Y	000	999	-
96523	N	IRRIG DRUG DELIVERY DEVICE	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	Y	000	999	-
96542	S	CHEMOTHERAPY INJECTION	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
96547	N	INTRAOP HIPEC PX 1ST 60 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
96548	N	NTRAOP HIPEC PX EA ADD 30MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
96549	N	UNLISTED CHEMOTHERAPY PX	-	05691	0.5179	Bundled, sometimes payable	031	-	-	-	-	000	999	-
96567	N	PDT DSTR PRMLG LES SKN	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
96570	N	PHOTODYNMC TX 30 MIN ADD-ON	-	-	-	Bundled	000	-	-	-	-	000	999	-
96571	N	PHOTODYNAMIC TX ADDL 15 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
96573	N	PDT DSTR PRMLG LES PHYS/QHP	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
96574	N	DBRDMT PRMLG LES W/PDT	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
96900	N	ULTRAVIOLET LIGHT THERAPY	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
96902	N	TRICHOGRAM	-	-	-	Bundled	000	-	-	-	-	000	999	-
96904	N	WHOLE BODY PHOTOGRAPHY	-	-	-	Bundled	000	-	-	-	-	000	999	-
96910	N	PHOTOCHEMOTHERAPY WITH UV-B	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
96912	N	PHOTOCHEMOTHERAPY WITH UV-A	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
96913	T	PHOTOCHEMOTHERAPY UV-A OR B	-	05052	4.3478	APC	264	-	-	-	-	000	999	-
96920	N	EXCIMER LSR PSRIASIS<250SQCM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
96921	N	EXCIMER LSR PSRIASIS 250-500	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
96922	N	EXCIMER LSR PSRIASIS>500SQCM	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
96931	E	RCM CELULR SUBCELULR IMG SKN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
96932	N	RCM CELULR SUBCELULR IMG SKN	-	-	-	Bundled	000	-	-	-	-	000	999	-
96933	E	RCM CELULR SUBCELULR IMG SKN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
96934	N	RCM CELULR SUBCELULR IMG SKN	-	-	-	Bundled	000	-	-	-	-	000	999	-
96935	N	RCM CELULR SUBCELULR IMG SKN	-	-	-	Bundled	000	-	-	-	-	000	999	-
96936	N	RCM CELULR SUBCELULR IMG SKN	-	-	-	Bundled	000	-	-	-	-	000	999	-
96999	N	UNLISTED SPEC DERM SVC/PX	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
97010	E	HOT OR COLD PACKS THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97012	Y	MECHANICAL TRACTION THERAPY	-	-	-	Fee Schedule	011	-	-	-	-	000	999	-
97014	E	ELECTRIC STIMULATION THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97016	Y	VASOPNEUMATIC DEVICE THERAPY	-	-	-	Fee Schedule	009	-	-	-	-	000	999	-
97018	Y	PARAFFIN BATH THERAPY	-	-	-	Fee Schedule	004	-	-	-	-	000	999	-
97022	Y	WHIRLPOOL THERAPY	-	-	-	Fee Schedule	013	-	-	-	-	000	999	-
97024	Y	DIATHERMY EG MICROWAVE	-	-	-	Fee Schedule	006	-	-	-	-	000	999	-
97026	Y	INFRARED THERAPY	-	-	-	Fee Schedule	005	-	-	-	-	000	999	-
97028	Y	ULTRAVIOLET THERAPY	-	-	-	Fee Schedule	007	-	-	-	-	000	999	-
97032	Y	APPL MODALITY 1+ESTIM EA 15	-	-	-	Fee Schedule	011	-	-	-	-	000	999	-
97033	Y	APP MDLTY 1+IONTPHRIS EA 15	-	-	-	Fee Schedule	015	-	-	-	-	000	999	-
97034	Y	APP MDLTY 1+CNRST BTH EA 15	-	-	-	Fee Schedule	011	-	-	-	-	000	999	-
97035	Y	APP MDLTY 1+ULTRASOUND EA 15	-	-	-	Fee Schedule	011	-	-	-	-	000	999	-
97036	Y	APP MDLTY 1+HUBBRD TNK EA 15	-	-	-	Fee Schedule	027	-	-	-	-	000	999	-
97037	N	APPL MODALITY 1+LLLT PO PAIN	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
97039	E	UNLISTED MODALITY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97110	Y	THERAPEUTIC EXERCISES	-	-	-	Fee Schedule	023	-	-	-	-	000	999	-
97112	Y	NEUROMUSCULAR REEDUCATION	-	-	-	Fee Schedule	026	-	-	-	-	000	999	-
97113	Y	AQUATIC THERAPY/EXERCISES	-	-	-	Fee Schedule	029	-	-	-	-	000	999	-
97116	Y	GAIT TRAINING THERAPY	-	-	-	Fee Schedule	023	-	-	-	-	000	999	-
97124	Y	MASSAGE THERAPY	-	-	-	Fee Schedule	024	-	-	-	-	000	999	-
97129	M	THER IVNTJ 1ST 15 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
97130	M	THER IVNTJ EA ADDL 15 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
97139	Y	UNLISTED THERAPEUTIC PX	-	-	-	Charge Ratio	000	-	-	-	-	000	999	-
97140	Y	MANUAL THERAPY 1> REGIONS	-	-	-	Fee Schedule	021	-	-	-	-	000	999	-
97150	Y	GROUP THERAPEUTIC PROCEDURES	-	-	-	Fee Schedule	014	-	-	-	-	000	999	-
97151	N	BHV ID ASSMT BY PHYS/QHP	-	05822	0.9719	Bundled, sometimes payable	059	-	-	-	-	000	999	-
97152	N	BHV ID SUPRT ASSMT BY 1 TECH	-	05822	0.9719	Bundled, sometimes payable	059	-	-	-	-	000	999	-
97153	N	ADAPTIVE BEHAVIOR TX BY TECH	-	05822	0.9719	Bundled, sometimes payable	059	-	-	-	-	000	999	-
97154	N	GRP ADAPT BHV TX BY TECH	-	05821	0.3129	Bundled, sometimes payable	019	-	-	-	-	000	999	-
97155	N	ADAPT BEHAVIOR TX PHYS/QHP	-	05823	1.7385	Bundled, sometimes payable	106	-	-	-	-	000	999	-
97156	N	FAM ADAPT BHV TX GDN PHY/QHP	-	05821	0.3129	Bundled, sometimes payable	019	-	-	-	-	000	999	-
97157	N	MULT FAM ADAPT BHV TX GDN	-	05821	0.3129	Bundled, sometimes payable	019	-	-	-	-	000	999	-
97158	N	GRP ADAPT BHV TX BY PHY/QHP	-	05821	0.3129	Bundled, sometimes payable	019	-	-	-	-	000	999	-
97161	M	PT EVAL LOW COMPLEX 20 MIN	-	-	-	Fee Schedule	078	-	-	-	-	000	999	-
97162	M	PT EVAL MOD COMPLEX 30 MIN	-	-	-	Fee Schedule	078	-	-	-	-	000	999	-
97163	M	PT EVAL HIGH COMPLEX 45 MIN	-	-	-	Fee Schedule	078	-	-	-	-	000	999	-
97164	M	PT RE-EVAL EST PLAN CARE	-	-	-	Fee Schedule	054	-	-	-	-	000	999	-
97165	M	OT EVAL LOW COMPLEX 30 MIN	-	-	-	Fee Schedule	078	-	-	-	-	000	999	-
97166	M	OT EVAL MOD COMPLEX 45 MIN	-	-	-	Fee Schedule	078	-	-	-	-	000	999	-
97167	M	OT EVAL HIGH COMPLEX 60 MIN	-	-	-	Fee Schedule	078	-	-	-	-	000	999	-
97168	M	OT RE-EVAL EST PLAN CARE	-	-	-	Fee Schedule	054	-	-	-	-	000	999	-
97169	E	ATHLETIC TRN EVAL LOW CMLPX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97170	E	ATHLETIC TRN EVAL MOD CMLPX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97171	E	ATHLETIC TRN EVAL HIGH CMLPX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97172	E	ATHLETIC TRN RE-EVAL PLAN CR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97530	Y	THERAPEUTIC ACTIVITIES	-	-	-	Fee Schedule	029	-	-	-	-	000	999	-
97533	Y	SENSORY INTEGRATION	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
97535	Y	SELF CARE MNGMENT TRAINING	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
97537	Y	COMMUNITY/WORK REINTEGRATION	-	-	-	Fee Schedule	025	-	-	-	-	000	999	-
97542	Y	WHEELCHAIR MNGMENT TRAINING	-	-	-	Fee Schedule	025	-	-	-	-	000	999	-
97545	E	WORK HARDENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97546	E	WORK HARDENING ADD-ON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97550	E	CAREGIVER TRAINING 1ST 30 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97551	E	CAREGIVER TRAINING EA ADDL 15	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97552	E	GROUP CAREGIVER TRAINING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
97597	T	DBRDMT OPN WND 1ST 20 CM/<	-	05051	2.1829	APC	127	-	-	-	-	000	999	-
97598	N	DBRDMT OPN WND ADDL 20CM/<	-	-	-	Bundled	000	-	-	-	-	000	999	-
97602	N	WOUND(S) CARE NON-SELECTIVE	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
97605	N	NEG PRS WND THER DME<=50SQCM	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
97606	N	NEG PRS WND THER DME>50 SQCM	-	05052	4.3478	Bundled, sometimes payable	264	-	-	-	-	000	999	-
97607	T	NEG PRS WND THR NDME<=50SQCM	-	05052	4.3478	APC	237	-	-	-	-	000	999	-
97608	T	NEG PRS WND THER NDME>50SQCM	-	05052	4.3478	APC	237	-	-	-	-	000	999	-
97610	N	LOW FREQUENCY NON-THERMAL US	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
97750	Y	PHYSICAL PERFORMANCE TEST	-	-	-	Fee Schedule	026	-	-	-	-	000	999	-
97755	Y	ASSISTIVE TECHNOLOGY ASSESS	-	-	-	Fee Schedule	030	-	-	-	-	000	999	-
97760	Y	ORTHOTIC MGMT&TRAINING 1ST ENC	-	-	-	Fee Schedule	038	-	-	-	Y	000	999	-
97761	M	PROSTHETIC TRAINING 1ST ENC	-	-	-	Fee Schedule	055	-	-	-	Y	000	999	-
97763	M	ORTHC/PROSTC MGMT SBSQ ENC	-	-	-	Fee Schedule	042	-	-	-	-	000	999	-
97799	E	UNLISTED PHYSCL MED/REHAB PX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97802	M	MEDICAL NUTRITION INDIV IN	-	-	-	Fee Schedule	043	-	-	-	-	000	020	-
97803	M	MED NUTRITION INDIV SUBSEQ	-	-	-	Fee Schedule	036	-	-	-	-	000	020	-
97804	M	MEDICAL NUTRITION GROUP	-	-	-	Fee Schedule	020	-	-	-	-	000	020	-
97810	E	ACUPUNCT W/O STIMUL 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97811	E	ACUPUNCT W/O STIMUL ADDL 15M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97813	E	ACUPUNCT W/STIMUL 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
97814	E	ACUPUNCT W/STIMUL ADDL 15M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
98925	N	OSTEOPATH MANJ 1-2 REGIONS	-	05811	0.2829	Bundled, sometimes payable	017	-	-	-	-	000	999	-
98926	N	OSTEOPATH MANJ 3-4 REGIONS	-	05811	0.2829	Bundled, sometimes payable	017	-	-	-	-	000	999	-
98927	N	OSTEOPATH MANJ 5-6 REGIONS	-	05811	0.2829	Bundled, sometimes payable	017	-	-	-	-	000	999	-
98928	N	OSTEOPATH MANJ 7-8 REGIONS	-	05811	0.2829	Bundled, sometimes payable	017	-	-	-	-	000	999	-
98929	N	OSTEOPATH MANJ 9-10 REGIONS	-	05811	0.2829	Bundled, sometimes payable	017	-	-	-	-	000	999	-
98940	N	CHIROPRACT MANJ 1-2 REGIONS	-	05811	0.2829	Bundled, sometimes payable	017	-	-	-	-	000	999	-
98941	N	CHIROPRACT MANJ 3-4 REGIONS	-	05811	0.2829	Bundled, sometimes payable	017	-	-	-	-	000	999	-
98942	N	CHIROPRACTIC MANJ 5 REGIONS	-	05811	0.2829	Bundled, sometimes payable	017	-	-	-	-	000	999	-
98943	E	CHIROPRACT MANJ XTRSPINL 1/>	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
98960	E	SELF-MGMT EDUC & TRAIN 1 PT	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
98966	M	HC PRO PHONE CALL 5-10 MIN	-	-	-	Fee Schedule	009	-	-	-	-	000	999	-
98967	M	HC PRO PHONE CALL 11-20 MIN	-	-	-	Fee Schedule	017	-	-	-	-	000	999	-
98968	M	HC PRO PHONE CALL 21-30 MIN	-	-	-	Fee Schedule	024	-	-	-	-	000	999	-
98970	N	QNHP OL DIG ASSMT&MGMT 5-10	-	-	-	Bundled	000	-	-	-	-	000	999	-
98971	N	QNHP OL DIG ASSMT&MGMT 11-20	-	-	-	Bundled	000	-	-	-	-	000	999	-
98972	N	QNHP OL DIG ASSMT&MGMT 21+	-	-	-	Bundled	000	-	-	-	-	000	999	-
98975	V	REM THER MNTR 1ST SETUP&EDU	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
98976	N	REM THER MNTR DEV SPLY RESP	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
98977	N	REM THER MNTR DV SPLY MSCSKL	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
98978	N	REM THER MNTR DEV SPLY CBT	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
98980	E	REM THER MNTR 1ST 20 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
98981	E	REM THER MNTR EA ADDL 20 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99000	E	SPECIMEN HANDLING OFFICE-LAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99001	E	SPECIMEN HANDLING PT-LAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99002	M	DEVICE HANDLING PHYS/QHP	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99024	M	POSTOP FOLLOW-UP VISIT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99026	E	IN-HOSPITAL ON CALL SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99027	E	OUT-OF-HOSP ON CALL SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99050	E	MEDICAL SERVICES AFTER HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99051	M	MED SERV EVE/WKEND/HOLIDAY	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99053	M	MED SERV 10PM-8AM 24 HR FAC	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99056	E	MED SERVICE OUT OF OFFICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99058	E	OFFICE EMERGENCY CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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99060	M	OUT OF OFFICE EMERG MED SERV	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99070	M	SPECIAL SUPPLIES PHYS/QHP	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99071	M	PATIENT EDUCATION MATERIALS	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99072	M	ADDL SUPL MATRL&STAF TM PHE	-	-	-	Charge Ratio	000	-	-	-	-	000	999	-
99075	E	MEDICAL TESTIMONY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99078	N	GROUP HEALTH EDUCATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
99080	E	SPECIAL REPORTS OR FORMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99082	E	UNUSUAL PHYSICIAN TRAVEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99091	N	COLLJ & INTERPJ DATA EA 30 D	-	-	-	Bundled	000	-	-	-	-	000	999	-
99100	M	ANES PT EXTEME AGE<1 YR&>70	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99116	M	ANES COMP TOT BDY HYPTRHM	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99135	M	ANES COMP CTRLD HYPOTENSION	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99140	M	ANES COMP EMERGENCY COND	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99151	N	MOD SED SAME PHYS/QHP <5 YRS	-	-	-	Bundled	000	-	-	-	-	000	005	-
99152	N	MOD SED SAME PHYS/QHP 5/>YRS	-	-	-	Bundled	000	-	-	-	-	005	999	-
99153	N	MOD SED SAME PHYS/QHP EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
99155	N	MOD SED OTH PHYS/QHP <5 YRS	-	-	-	Bundled	000	-	-	-	-	000	004	-
99156	N	MOD SED OTH PHYS/QHP 5/>YRS	-	-	-	Bundled	000	-	-	-	-	005	999	-
99157	N	MOD SED OTHER PHYS/QHP EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
99170	T	ANOGENITAL EXAM CHILD W IMAG	-	05411	2.1728	APC	132	-	-	-	-	000	999	-
99172	E	OCULAR FUNCTION SCREEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99173	E	VISUAL ACUITY SCREEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99174	E	OCULAR INSTRUMNT SCREEN BIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99175	N	INDUCTION OF VOMITING	-	-	-	Bundled	000	-	-	-	-	000	999	-
99177	E	OCULAR INSTRUMNT SCREEN BIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99183	E	HYPERBARIC OXYGEN THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99184	C	HYPOTHERMIA ILL NEONATE	-	-	-	IP Only	000	-	-	-	-	000	999	-
99188	E	APP TOPICAL FLUORIDE VARNISH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99190	C	SPECIAL PUMP SERVICES	-	-	-	IP Only	000	-	-	-	-	000	999	-
99191	C	SPECIAL PUMP SERVICES	-	-	-	IP Only	000	-	-	-	-	000	999	-
99192	C	SPECIAL PUMP SERVICES	-	-	-	IP Only	000	-	-	-	-	000	999	-
99195	N	PHLEBOTOMY	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
99199	E	UNLISTED SPECIAL SVC PX/RPRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99202	M	OFFICE O/P NEW SF 15 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99203	M	OFFICE O/P NEW LOW 30 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99204	M	OFFICE O/P NEW MOD 45 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99205	M	OFFICE O/P NEW HI 60 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99211	M	OFF/OP EST MAY X REQ PHY/QHP	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99212	M	OFFICE O/P EST SF 10 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99213	M	OFFICE O/P EST LOW 20 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99214	M	OFFICE O/P EST MOD 30 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99215	M	OFFICE O/P EST HI 40 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99221	M	1ST HOSP IP/OBS SF/LOW 40	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99222	M	1ST HOSP IP/OBS MODERATE 55	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99223	M	1ST HOSP IP/OBS HIGH 75	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99231	M	SBSQ HOSP IP/OBS SF/LOW 25	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99232	M	SBSQ HOSP IP/OBS MODERATE 35	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99233	M	SBSQ HOSP IP/OBS HIGH 50	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99234	M	HOSP IP/OBS SM DT SF/LOW 45	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99235	M	HOSP IP/OBS SAME DATE MOD 70	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99236	M	HOSP IP/OBS SAME DATE HI 85	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99238	M	HOSP IP/OBS DSCHRG MGMT 30/<	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99239	M	HOSP IP/OBS DSCHRG MGMT >30	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99242	E	OFF/OP CONSLTJ NEW/EST SF 20	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99243	E	OFF/OP CONSLTJ NEW/EST LOW 30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99244	E	OFF/OP CONSLTJ NEW/EST MOD 40	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
99245	E	OFF/OP CONSLTJ NEW/EST HI 55	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99252	E	IP/OBS CONSLTJ NEW/EST SF 35	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99253	E	IP/OBS CONSLTJ NEW/EST LOW 45	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99254	E	IP/OBS CONSLTJ NEW/EST MOD 60	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99255	E	IP/OBS CONSLTJ NEW/EST HI 80	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99281	N	EMR DPT VST MAYX REQ PHY/QHP	-	05021	0.9680	Bundled, sometimes payable	059	-	-	-	-	000	999	-
99282	N	EMERGENCY DEPT VISIT SF MDM	-	05022	1.7833	Bundled, sometimes payable	108	-	-	-	-	000	999	-
99283	N	EMERGENCY DEPT VISIT LOW MDM	-	05023	3.1111	Bundled, sometimes payable	189	-	-	-	-	000	999	-
99284	N	EMERGENCY DEPT VISIT MOD MDM	-	05024	4.8294	Bundled, sometimes payable	293	-	-	-	-	000	999	-
99285	N	EMERGENCY DEPT VISIT HI MDM	-	05025	7.0036	Bundled, sometimes payable	425	-	-	-	-	000	999	-
99288	E	DIRECT ADVANCED LIFE SUPPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99291	N	CRITICAL CARE FIRST HOUR	-	05041	9.6757	Bundled, sometimes payable	588	-	-	-	-	000	999	-
99292	N	CRITICAL CARE ADDL 30 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
99304	M	1ST NF CARE SF/LOW MDM 25	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99305	M	1ST NF CARE MODERATE MDM 35	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99306	M	1ST NF CARE HIGH MDM 50	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99307	M	SBSQ NF CARE SF MDM 10	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99308	M	SBSQ NF CARE LOW MDM 20	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99309	M	SBSQ NF CARE MODERATE MDM 30	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99310	M	SBSQ NF CARE HIGH MDM 45	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99315	M	NF DSCHRG MGMT 30 MIN/LESS	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99316	M	NF DSCHRG MGMT 30 MIN+	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99341	M	HOME/RES VST NEW SF MDM 15	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99342	M	HOME/RES VST NEW LOW MDM 30	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99344	M	HOME/RES VST NEW MOD MDM 60	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99345	M	HOME/RES VST NEW HIGH MDM 75	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99347	M	HOME/RES VST EST SF MDM 20	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99348	M	HOME/RES VST EST LOW MDM 30	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99349	M	HOME/RES VST EST MOD MDM 40	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99350	M	HOME/RES VST EST HIGH MDM 60	-	-	-	Fee Schedule	000	-	-	-	Y	000	999	-
99358	N	PROLONG SERVICE W/O CONTACT	-	-	-	Bundled	000	-	-	-	-	000	999	-
99359	N	PROLONG SERV W/O CONTACT ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
99360	E	PHYSICIAN STANDBY SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99366	E	TEAM CONF W/PAT BY HC PROF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99367	N	TEAM CONF W/O PAT BY PHYS	-	-	-	Bundled	000	-	-	-	-	000	999	-
99368	E	TEAM CONF W/O PAT BY HC PRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99374	E	HOME HEALTH CARE SUPERVISION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99375	E	HOME HEALTH CARE SUPERVISION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99377	E	HOSPICE CARE SUPERVISION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99378	E	HOSPICE CARE SUPERVISION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99379	E	NURSING FAC CARE SUPERVISION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99380	E	NURSING FAC CARE SUPERVISION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99381	M	INIT PM E/M NEW PAT INFANT	-	-	-	Fee Schedule	000	-	-	-	-	000	000	-
99382	M	INIT PM E/M NEW PAT 1-4 YRS	-	-	-	Fee Schedule	000	-	-	-	-	001	004	-
99383	M	PREV VISIT NEW AGE 5-11	-	-	-	Fee Schedule	000	-	-	-	-	005	011	-
99384	M	PREV VISIT NEW AGE 12-17	-	-	-	Fee Schedule	000	-	-	-	-	012	017	-
99385	M	PREV VISIT NEW AGE 18-39	-	-	-	Fee Schedule	000	-	-	-	-	018	039	-
99386	M	PREV VISIT NEW AGE 40-64	-	-	-	Fee Schedule	000	-	-	-	-	040	064	-
99387	M	INIT PM E/M NEW PAT 65+ YRS	-	-	-	Fee Schedule	000	-	-	-	-	065	999	-
99391	M	PER PM REEVAL EST PAT INFANT	-	-	-	Fee Schedule	000	-	-	-	-	000	000	-
99392	M	PREV VISIT EST AGE 1-4	-	-	-	Fee Schedule	000	-	-	-	-	001	004	-
99393	M	PREV VISIT EST AGE 5-11	-	-	-	Fee Schedule	000	-	-	-	-	005	011	-
99394	M	PREV VISIT EST AGE 12-17	-	-	-	Fee Schedule	000	-	-	-	-	012	017	-
99395	M	PREV VISIT EST AGE 18-39	-	-	-	Fee Schedule	000	-	-	-	-	018	039	-
99396	M	PREV VISIT EST AGE 40-64	-	-	-	Fee Schedule	000	-	-	-	-	040	064	-
99397	M	PER PM REEVAL EST PAT 65+ YR	-	-	-	Fee Schedule	000	-	-	-	-	065	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
99401	M	PREV MED CNSL INDIV APPRX 15	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99402	M	PREV MED CNSL INDIV APPRX 30	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99403	M	PREV MED CNSL INDIV APPRX 45	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99404	M	PREV MED CNSL INDIV APPRX 60	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99406	S	BEHAV CHNG SMOKING 3-10 MIN	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
99407	S	BEHAV CHNG SMOKING > 10 MIN	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
99408	M	AUDIT/DAST 15-30 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99409	M	AUDIT/DAST OVER 30 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99411	M	PREVENTIVE COUNSELING GROUP	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99412	M	PREVENTIVE COUNSELING GROUP	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99415	N	PROLNG CLIN STAFF SVC 1ST HR	-	-	-	Bundled	000	-	-	-	-	000	999	-
99416	N	PROLNG CLIN STAFF SVC EA ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
99417	M	PROLNG OP E/M EACH 15 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99418	E	PROLNG IP/OBS E/M EA 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99421	N	OL DIG E/M SVC 5-10 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
99422	N	OL DIG E/M SVC 11-20 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
99423	N	OL DIG E/M SVC 21+ MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
99424	E	PRIN CARE MGMT PHYS 1ST 30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99425	E	PRIN CARE MGMT PHYS EA ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99426	S	PRIN CARE MGMT STAFF 1ST 30	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
99427	N	PRIN CARE MGMT STAFF EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
99429	M	UNLISTED PREVENTIVE SERVICE	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99437	E	CHRN CARE MGMT PHYS EA ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99439	N	CHRN CARE MGMT STAF EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
99441	M	PHONE E/M PHYS/QHP 5-10 MIN	-	-	-	Fee Schedule	027	-	-	-	-	000	999	-
99442	M	PHONE E/M PHYS/QHP 11-20 MIN	-	-	-	Fee Schedule	051	-	-	-	-	000	999	-
99443	M	PHONE E/M PHYS/QHP 21-30 MIN	-	-	-	Fee Schedule	075	-	-	-	-	000	999	-
99446	E	NTRPROF PH1/NTRNET/EHR 5-10	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99447	E	NTRPROF PH1/NTRNET/EHR 11-20	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99448	E	NTRPROF PH1/NTRNET/EHR 21-30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99449	E	NTRPROF PH1/NTRNET/EHR 31/>	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99450	E	BASIC LIFE DISABILITY EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99451	E	NTRPROF PH1/NTRNET/EHR 5/>	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99452	E	NTRPROF PH1/NTRNET/EHR RFRL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99453	V	REM MNTR PHYSIOL PARAM SETUP	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
99454	N	REM MNTR PHYSIOL PARAM DEV	-	05741	0.4112	Bundled, sometimes payable	025	-	-	-	-	000	999	-
99455	E	WORK RELATED DISABILITY EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99456	E	DISABILITY EXAMINATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99457	E	REM PHYSIOL MNTR 1ST 20 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99458	E	REM PHYSIOL MNTR EA ADDL 20	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99459	N	PELVIC EXAMINATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
99460	V	INIT NB EM PER DAY HOSP	-	05012	1.4414	APC	088	-	-	-	-	000	000	-
99461	E	INIT NB EM PER DAY NON-FAC	-	-	-	Not Allowed	000	-	-	-	-	000	000	-
99462	C	SBSQ NB EM PER DAY HOSP	-	-	-	IP Only	000	-	-	-	-	000	000	-
99463	V	SAME DAY NB DISCHARGE	-	05012	1.4414	APC	088	-	-	-	-	000	000	-
99464	N	ATTENDANCE AT DELIVERY	-	-	-	Bundled	000	-	-	-	-	000	000	-
99465	S	NB RESUSCITATION	-	05781	7.0964	APC	431	-	-	-	-	000	000	-
99466	N	PED CRIT CARE TRANSPORT	-	-	-	Bundled	000	-	-	-	-	000	001	-
99467	N	PED CRIT CARE TRANSPORT ADDL	-	-	-	Bundled	000	-	-	-	-	000	001	-
99468	C	NEONATE CRIT CARE INITIAL	-	-	-	IP Only	000	-	-	-	-	000	000	-
99469	C	NEONATE CRIT CARE SUBSQ	-	-	-	IP Only	000	-	-	-	-	000	000	-
99471	C	PED CRITICAL CARE INITIAL	-	-	-	IP Only	000	-	-	-	-	000	001	-
99472	C	PED CRITICAL CARE SUBSQ	-	-	-	IP Only	000	-	-	-	-	000	001	-
99473	E	SELF-MEAS BP PT EDUC/CAJ/TRAIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99474	M	SELF-MEAS BP 2 READG BID 30D	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99475	C	PED CRIT CARE AGE 2-5 INIT	-	-	-	IP Only	000	-	-	-	-	002	005	-

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99476	C	PED CRIT CARE AGE 2-5 SUBSQ	-	-	-	IP Only	000	-	-	-	-	002	005	-
99477	C	INIT DAY HOSP NEONATE CARE	-	-	-	IP Only	000	-	-	-	-	000	999	-
99478	C	IC LBW INF < 1500 GM SUBSQ	-	-	-	IP Only	000	-	-	-	-	000	000	-
99479	C	IC LBW INF 1500-2500 G SUBSQ	-	-	-	IP Only	000	-	-	-	-	000	000	-
99480	C	IC INF PBW 2501-5000 G SUBSQ	-	-	-	IP Only	000	-	-	-	-	000	000	-
99483	S	ASSMT & CARE PLN PT COG IMP	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
99484	S	CARE MGMT SVC BHVL HLTH COND	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
99485	E	SUPRV INTERFACILITY TRANSPORT	-	-	-	Not Allowed	000	-	-	-	-	000	002	-
99486	E	SUPRV INTERFAC TRNSPORT ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	002	-
99487	S	CPLX CHRNC CARE 1ST 60 MIN	-	05823	1.7385	APC	106	-	-	-	-	000	999	-
99489	N	CPLX CHRNC CARE EA ADDL 30	-	-	-	Bundled	000	-	-	-	-	000	999	-
99490	S	CHRNC CARE MGMT STAFF 1ST 20	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
99491	E	CHRNC CARE MGMT PHYS 1ST 30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99492	S	1ST PSYC COLLAB CARE MGMT	-	05822	0.9719	APC	059	-	-	-	-	000	999	Not Allowed for RHC/FQHC
99493	S	SBSQ PSYC COLLAB CARE MGMT	-	05823	1.7385	APC	106	-	-	-	-	000	999	Not Allowed for RHC/FQHC
99494	N	1ST/SBSQ PSYC COLLAB CARE	-	-	-	Bundled	000	-	-	-	-	000	999	Not Allowed for RHC/FQHC
99495	V	TRANSJ CARE MGMT MOD F2F 14D	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
99496	V	TRANSJ CARE MGMT HIGH F2F 7D	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
99497	N	ADVNC D CARE PLAN 30 MIN	-	05822	0.9719	Bundled, sometimes payable	059	-	-	-	-	000	999	-
99498	N	ADVNC D CARE PLAN ADDL 30 MIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
99499	M	UNLISTED E&M SERVICE	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99500	M	HOME VISIT PRENATAL	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99501	M	HOME VISIT POSTNATAL	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99502	M	HOME VISIT NB CARE	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
99503	E	HOME VISIT RESP THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99504	E	HOME VISIT MECH VENTILATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99505	E	HOME VISIT STOMA CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99506	E	HOME VISIT IM INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99507	E	HOME VISIT CATH MAINTAIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99509	E	HOME VISIT DAY LIFE ACTIVITY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99510	E	HOME VISIT SING/M/FAM COUNS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99511	E	HOME VISIT FECAL/ENEMA MGMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99512	E	HOME VISIT FOR HEMODIALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99600	E	UNLISTED HOME VISIT SVC/PX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99601	E	HOME NFS VISIT <2 HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99602	E	HOME NFS VISIT EACH ADDL HR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
99605	M	MTMS BY PHARM NP 15 MIN	-	-	-	Fee Schedule	059	-	-	-	-	000	999	-
99606	M	MTMS BY PHARM EST 15 MIN	-	-	-	Fee Schedule	040	-	-	-	-	000	999	-
99607	M	MTMS BY PHARM ADDL 15 MIN	-	-	-	Fee Schedule	016	-	-	-	-	000	999	-
A0021	E	OUTSIDE STATE AMBULANCE SERV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0080	E	NONINTEREST ESCORT IN NON ER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0090	E	INTEREST ESCORT IN NON ER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0100	E	NONEMERGENCY TRANSPORT TAXI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0110	E	NONEMERGENCY TRANSPORT BUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0120	E	NONER TRANSPORT MINI-BUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0130	E	NONER TRANSPORT WHEELCH VAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0140	E	NONEMERGENCY TRANSPORT AIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0160	E	NONER TRANSPORT CASE WORKER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0170	E	TRANSPORT PARKING FEES/TOLLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0180	E	NONER TRANSPORT LODGNG RECIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0190	E	NONER TRANSPORT MEALS RECIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0200	E	NONER TRANSPORT LODGNG ESCRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0210	E	NONER TRANSPORT MEALS ESCORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
A0225	E	NEONATAL EMERGENCY TRANSPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0380	E	BASIC LIFE SUPPORT MILEAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0382	E	BASIC SUPPORT ROUTINE SUPPLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0384	E	BLS DEFIBRILLATION SUPPLIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0390	E	ADVANCED LIFE SUPPORT MILEAG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0392	E	ALS DEFIBRILLATION SUPPLIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0394	E	ALS IV DRUG THERAPY SUPPLIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0398	E	ALS ROUTINE DISPOSABLE SUPPLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0420	E	AMBULANCE WAITING 1/2 HR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0422	E	AMBULANCE 02 LIFE SUSTAINING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0424	E	EXTRA AMBULANCE ATTENDANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0425	E	GROUND MILEAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0426	E	ALS 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0427	E	ALS1-EMERGENCY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0428	E	BLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0429	E	BLS-EMERGENCY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0430	E	FIXED WING AIR TRANSPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0431	E	ROTARY WING AIR TRANSPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0432	E	PI VOLUNTEER AMBULANCE CO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0433	E	ALS 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0434	E	SPECIALTY CARE TRANSPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0435	E	FIXED WING AIR MILEAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0436	E	ROTARY WING AIR MILEAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0888	E	NONCOVERED AMBULANCE MILEAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0998	E	AMBULANCE RESPONSE/TREATMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A0999	E	UNLISTED AMBULANCE SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A2001	N	INNOVAMATRIX AC, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2002	N	MIRRAGEN ADV WND MAT PER SQ	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2003	E	BIO-CONNKT WOUND MATRIX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A2004	N	XCELLISTEM, 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2005	N	MICROLYTE MATRIX, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2006	N	NOVOSORB SYNPATH PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2007	N	RESTRATA, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2008	N	THERAGENESIS, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2009	N	SYMPHONY, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2010	N	APIS, PER SQUARE CENTIMETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2011	N	SUPRA SDRM, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2012	N	SUPRATHEL, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2013	N	INNOVAMATRIX FS, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2014	E	OMEZA COLLAG PER 100 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A2015	E	PHOENIX WND MTRX, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A2016	E	PERMEADERM B, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A2017	E	PERMEADERM GLOVE, EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A2018	E	PERMEADERM C, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A2019	N	KERECIS MARIGEN SHLD SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2020	N	AC5 WOUND SYSTEM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2021	N	NEOMATRIX PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2022	N	INNOVABRN/INNOVAMATX XL SQCM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2023	N	INNOVAMATRIX PD, 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2024	N	RESOLVE MATRIX PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2025	N	MIRO3D PER CUBIC CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A2026	N	RESTRATA MINIMATRIX, 5 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4100	N	SKIN SUB FDA CLRD AS DEV NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4206	E	1 CC STERILE SYRINGE&NEEDLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4207	E	2 CC STERILE SYRINGE&NEEDLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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A4208	E	3 CC STERILE SYRINGE&NEEDLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4209	E	5+ CC STERILE SYRINGE&NEEDLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4210	E	NONNEEDLE INJECTION DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4211	E	SUPP FOR SELF-ADM INJECTIONS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4212	E	NON CORING NEEDLE OR STYLET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4213	E	20+ CC SYRINGE ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4215	E	STERILE NEEDLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4216	E	STERILE WATER/SALINE, 10 ML	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4217	E	STERILE WATER/SALINE, 500 ML	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4218	N	STERILE SALINE OR WATER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4220	N	INFUSION PUMP REFILL KIT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4221	E	SUPP NON-INSULIN INF CATH/WK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4222	E	INFUSION SUPPLIES WITH PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4223	E	INFUSION SUPPLIES W/O PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4224	N	SUPPLY INSULIN INF CATH/WK	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4225	N	SUP/EXT INSULIN INF PUMP SYR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4226	E	WEEKLY SUPPLY MAINT CGS PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4230	N	INFUS INSULIN PUMP NON NEEDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4231	N	INFUSION INSULIN PUMP NEEDLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4232	E	SYRINGE W/NEEDLE INSULIN 3CC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4233	E	ALKALIN BATT FOR GLUCOSE MON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4234	E	J-CELL BATT FOR GLUCOSE MON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4235	E	LITHIUM BATT FOR GLUCOSE MON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4236	E	SILVR OXIDE BATT GLUCOSE MON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4238	E	ADJU CGM SUPPLY ALLOWANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4239	E	NON-ADJU CGM SUPPLY ALLOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4244	E	ALCOHOL OR PEROXIDE PER PINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4245	E	ALCOHOL WIPES PER BOX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4246	E	BETADINE/PHISOHEX SOLUTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4247	E	BETADINE/IODINE SWABS/WIPES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4248	N	CHLORHEXIDINE ANTISEPT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4250	E	URINE REAGENT STRIPS/TABLETS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4252	E	BLOOD KETONE TEST OR STRIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4253	E	BLOOD GLUCOSE/REAGENT STRIPS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4255	E	GLUCOSE MONITOR PLATFORMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4256	E	CALIBRATOR SOLUTION/CHIPS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4257	E	REPLACE LENS/SHIELD CARTRIDGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4258	E	LANCET DEVICE EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4259	E	LANCETS PER BOX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4261	E	CERVICAL CAP CONTRACEPTIVE	-	-	-	Not Allowed	000	-	-	-	-	011	060	-
A4262	N	TEMPORARY TEAR DUCT PLUG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4263	N	PERMANENT TEAR DUCT PLUG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4264	E	INTRATUBAL OCCLUSION DEVICE	-	-	-	Not Allowed	000	-	-	-	-	011	060	-
A4265	E	PARAFFIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4266	E	DIAPHRAGM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4267	E	MALE CONDOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4268	E	FEMALE CONDOM	-	-	-	Not Allowed	000	-	-	-	-	010	999	-
A4269	E	SPERMICIDE	-	-	-	Not Allowed	000	-	-	-	-	010	999	-
A4270	N	DISPOSABLE ENDOSCOPE SHEATH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4271	E	HOME LANCING/TEST CARTRIDGES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4280	N	BRST PRSTHS ADHSV ATTCHMNT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4281	E	REPLACEMENT BREASTPUMP TUBE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4282	E	REPLACEMENT BREASTPUMP ADPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4283	E	REPLACEMENT BREASTPUMP CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4284	E	REPLCMNT BREAST PUMP SHIELD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4285	E	REPLCMNT BREAST PUMP BOTTLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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A4286	E	REPLCMT BREASTPUMP LOK RING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4287	E	DISP COL STO BAG BREAST MILK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4290	E	SACRAL NERVE STIM TEST LEAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4300	N	CATH IMPL VASC ACCESS PORTAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4301	N	IMPLANTABLE ACCESS SYST PERC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4305	N	DRUG DELIVERY SYSTEM >=50 ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4306	N	DRUG DELIVERY SYSTEM <=50 ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4310	N	INSERT TRAY W/O BAG/CATH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4311	N	CATHETER W/O BAG 2-WAY LATEX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4312	N	CATH W/O BAG 2-WAY SILICONE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4313	N	CATHETER W/BAG 3-WAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4314	N	CATH W/DRAINAGE 2-WAY LATEX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4315	N	CATH W/DRAINAGE 2-WAY SILCNE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4316	N	CATH W/DRAINAGE 3-WAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4320	N	IRRIGATION TRAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4321	N	CATH THERAPEUTIC IRRIG AGENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4322	N	IRRIGATION SYRINGE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4326	N	MALE EXTERNAL CATHETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4327	N	FEM URINARY COLLECT DEV CUP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4328	N	FEM URINARY COLLECT POUCH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4330	N	STOOL COLLECTION POUCH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4331	N	EXTENSION DRAINAGE TUBING	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4332	N	LUBE STERILE PACKET	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4333	N	URINARY CATH ANCHOR DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4334	N	URINARY CATH LEG STRAP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4335	N	INCONTINENCE SUPPLY	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4336	N	URETHRAL INSERT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4337	N	INCONTINENT RECTAL INSERT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4338	N	INDWELLING CATHETER LATEX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4340	N	INDWELLING CATHETER SPECIAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4341	N	IDUC VALVE PAT INST REPL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4342	N	IDUC VALVE SPLY REPL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4344	N	CATH INDW FOLEY 2 WAY SILICN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4346	N	CATH INDW FOLEY 3 WAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4349	E	DISPOSABLE MALE EXTERNAL CAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4351	N	STRAIGHT TIP URINE CATHETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4352	N	COUDE TIP URINARY CATHETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4353	N	INTERMITTENT URINARY CATH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4354	N	CATH INSERTION TRAY W/BAG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4355	N	BLADDER IRRIGATION TUBING	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4356	N	EXT URETH CLMP OR COMPR DVC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4357	N	BEDSIDE DRAINAGE BAG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4358	N	URINARY LEG OR ABDOMEN BAG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4360	N	DISPOSABLE EXT URETHRAL DEV	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4361	N	OSTOMY FACE PLATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4362	N	SOLID SKIN BARRIER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4363	E	OSTOMY CLAMP, REPLACEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4364	N	ADHESIVE, LIQUID OR EQUAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4366	E	OSTOMY VENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4367	N	OSTOMY BELT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4368	N	OSTOMY FILTER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4369	N	SKIN BARRIER LIQUID PER OZ	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4371	N	SKIN BARRIER POWDER PER OZ	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4373	N	SKIN BARRIER WITH FLANGE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4375	N	DRAINABLE PLASTIC PCH W FCPL	-	-	-	Bundled	000	-	-	-	-	000	999	-

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A4376	N	DRAINABLE RUBBER PCH W FCPLT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4377	N	DRAINABLE PLSTIC PCH W/O FP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4378	N	DRAINABLE RUBBER PCH W/O FP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4379	N	URINARY PLASTIC POUCH W FCPL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4380	N	URINARY RUBBER POUCH W FCPLT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4381	N	URINARY PLASTIC POUCH W/O FP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4382	N	URINARY HVY PLSTC PCH W/O FP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4383	N	URINARY RUBBER POUCH W/O FP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4384	N	OSTOMY FACEPLT/SILICONE RING	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4385	N	OST SKN BARRIER SLD EXT WEAR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4387	N	OST CLSD POUCH W ATT ST BARR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4388	N	DRAINABLE PCH W EX WEAR BARR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4389	N	DRAINABLE PCH W ST WEAR BARR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4390	N	DRAINABLE PCH EX WEAR CONVEX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4391	N	URINARY POUCH W EX WEAR BARR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4392	N	URINARY POUCH W ST WEAR BARR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4393	N	URINE PCH W EX WEAR BAR CONV	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4394	N	OSTOMY POUCH LIQ DEODORANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4395	N	OSTOMY POUCH SOLID DEODORANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4396	N	PERISTOMAL HERNIA SUPPRT BLT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4398	N	OSTOMY IRRIGATION BAG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4399	N	OSTOMY IRRIG CONE/CATH W BRS	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4400	N	OSTOMY IRRIGATION SET	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4402	N	LUBRICANT PER OUNCE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4404	N	OSTOMY RING EACH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4405	N	NONPECTIN BASED OSTOMY PASTE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4406	N	PECTIN BASED OSTOMY PASTE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4407	N	EXT WEAR OST SKN BARR <=4SQ*	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4408	N	EXT WEAR OST SKN BARR >4SQ*	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4409	N	OST SKN BARR CONVEX <=4 SQ I	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4410	N	OST SKN BARR EXTND >4 SQ	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4411	E	OST SKN BARR EXTND =4SQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4412	E	OST POUCH DRAIN HIGH OUTPUT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4413	N	2 PC DRAINABLE OST POUCH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4414	N	OST SKNBAR W/O CONV<=4 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4415	N	OST SKN BARR W/O CONV >4 SQI	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4416	E	OST PCH CLSD W BARRIER/FILTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4417	E	OST PCH W BAR/BLTINCONV/FLTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4418	E	OST PCH CLSD W/O BAR W FILTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4419	E	OST PCH FOR BAR W FLANGE/FLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4420	E	OST PCH CLSD FOR BAR W LK FL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4421	E	OSTOMY SUPPLY MISC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4422	N	OST POUCH ABSORBENT MATERIAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4423	E	OST PCH FOR BAR W LK FL/FILTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4424	E	OST PCH DRAIN W BAR & FILTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4425	E	OST PCH DRAIN FOR BARRIER FL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4426	E	OST PCH DRAIN 2 PIECE SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4427	E	OST PCH DRAIN/BARR LK FLNG/F	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4428	E	URINE OST POUCH W FAUCET/TAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4429	E	URINE OST POUCH W BLTINCONV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4430	E	OST URINE PCH W B/BLTIN CONV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4431	E	OST PCH URINE W BARRIER/TAPV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4432	E	OS PCH URINE W BAR/FANGE/TAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4433	E	URINE OST PCH BAR W LOCK FLN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4434	E	OST PCH URINE W LOCK FLNG/FT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4435	E	1PC OST PCH DRAIN GHG OUTPUT	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-

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A4436	N	IRR SUPPLY SLEEV REUS PER MO	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4437	N	IRR SUPPLY SLEEV DISP PER MO	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4438	E	ADHESIVE CLIP EXT ENS CONTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4450	N	NON-WATERPROOF TAPE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4452	N	WATERPROOF TAPE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4453	E	REC CATH MAN PUMP ENEMA REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4455	N	ADHESIVE REMOVER PER OUNCE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4456	N	ADHESIVE REMOVER, WIPES	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4457	E	ENEMA TUBE ANY TYPE REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4458	E	REUSABLE ENEMA BAG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4459	N	MANUAL PUMP ENEMA, REUSABLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4461	E	SURGICL DRESS HOLD NON-REUSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4463	E	SURGICAL DRESS HOLDER REUSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4465	N	NON-ELASTIC EXTREMITY BINDER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4467	E	BELT STRAP SLEEV GRMNT COVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4468	E	XSUFF BELT INCL ALL SUP ACC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4470	N	GRAVLEE JET WASHER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4480	N	VABRA ASPIRATOR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4481	N	TRACHEOSTOMA FILTER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4483	N	MOISTURE EXCHANGER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4490	E	ABOVE KNEE SURGICAL STOCKING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4495	E	THIGH LENGTH SURG STOCKING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4500	E	BELOW KNEE SURGICAL STOCKING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4510	E	FULL LENGTH SURG STOCKING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4520	E	INCONTINENCE GARMENT ANYTYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4540	E	TRANS ELEC NERV PERIPH NERV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4541	E	MONTHLY SUPP USE WITH E0733	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4542	E	SUPP EXT UP LIMB TREMOR STIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4550	E	SURGICAL TRAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4553	E	NONDISP UNDERPADS, ALL SIZES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4554	E	DISPOSABLE UNDERPADS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4555	E	CA TX E-STIM ELECTR/TRANSDUC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4556	E	ELECTRODES, PAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4557	E	LEAD WIRES, PAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4558	E	CONDUCTIVE GEL OR PASTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4559	E	COUPLING GEL OR PASTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4560	E	NMES DISPOSABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4561	N	PESSARY REUSABLE RUB ANYTYPE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4562	N	PESSARY REUSABLE NONRUBBER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4563	E	VAG INSER RECTAL CONTROL SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4564	E	PESSARY, DISPOSABLE ANY TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4565	N	SLINGS	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4566	E	SHOULD SLING/VEST/ABRESTRAIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4570	E	SPLINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4575	E	HYPERBARIC O2 CHAMBER DISPS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4580	E	CAST SUPPLIES (PLASTER)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4590	E	SPECIAL CASTING MATERIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4593	E	NEUROMOD STI SYS ADJ REHAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4594	E	NEUROMOD ADJ REHAB MOUTHPIE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4595	E	TENS SUPPL 2 LEAD PER MONTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4596	E	CES SYSTEM MONTHLY SUPP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4600	E	SLEEVE, INTER LIMB COMP DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4601	E	LITH ION NON PROSTH RECHARGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4602	N	REPLACE LITHIUM BATTERY 1.5V	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4604	E	TUBING WITH HEATING ELEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4605	E	TRACH SUCTION CATH CLOSE SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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A4606	N	OXYGEN PROBE USED W OXIMETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4608	E	TRANSTRACHEAL OXYGEN CATH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4611	E	HEAVY DUTY BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4612	E	BATTERY CABLES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4613	E	BATTERY CHARGER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4614	E	HAND-HELD PEFR METER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4615	E	CANNULA NASAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4616	E	TUBING (OXYGEN) PER FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4617	E	MOUTH PIECE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4618	E	BREATHING CIRCUITS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4619	E	FACE TENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4620	E	VARIABLE CONCENTRATION MASK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4623	N	TRACHEOSTOMY INNER CANNULA	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4624	E	TRACHEAL SUCTION TUBE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4625	N	TRACH CARE KIT FOR NEW TRACH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4626	N	TRACHEOSTOMY CLEANING BRUSH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4627	E	SPACER BAG/RESERVOIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4628	E	OROPHARYNGEAL SUCTION CATH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4629	N	TRACHEOSTOMY CARE KIT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4630	E	REPL BAT T.E.N.S. OWN BY PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4633	E	UVL REPLACEMENT BULB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4634	N	REPLACEMENT BULB TH LIGHTBOX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4635	E	UNDERARM CRUTCH PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4636	E	HANDGRIP FOR CANE ETC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4637	E	REPL TIP CANE/CRUTCH/WALKER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4638	E	REPL BATT PULSE GEN SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4639	E	INFRARED HT SYS REPLCMNT PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4640	E	ALTERNATING PRESSURE PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4641	N	RADIOPHARM DX AGENT NOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4642	N	IN111 SATUMOMAB	-	-	-	Bundled	000	-	-	Y	-	000	999	-
A4648	N	IMPLANTABLE TISSUE MARKER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4649	N	SURGICAL SUPPLIES	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4650	N	IMPLANT RADIATION DOSIMETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4651	N	CALIBRATED MICROCAP TUBE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4652	N	MICROCAPILLARY TUBE SEALANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4653	N	PD CATHETER ANCHOR BELT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4657	N	SYRINGE W/WO NEEDLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4660	N	SPHYG/BP APP W CUFF AND STET	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4663	N	DIALYSIS BLOOD PRESSURE CUFF	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4670	E	AUTOMATIC BP MONITOR, DIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4671	E	DISPOSABLE CYCLER SET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4672	E	DRAINAGE EXT LINE, DIALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4673	E	EXT LINE W EASY LOCK CONNECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4674	E	CHEM/ANTISEPT SOLUTION, 8OZ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4680	N	ACTIVATED CARBON FILTER, EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4690	N	DIALYZER, EACH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4706	N	BICARBONATE CONC SOL PER GAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4707	N	BICARBONATE CONC POW PER PAC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4708	N	ACETATE CONC SOL PER GALLON	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4709	N	ACID CONC SOL PER GALLON	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4714	N	TREATED WATER PER GALLON	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4719	N	"Y SET" TUBING	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4720	N	DIALYSAT SOL FLD VOL > 249CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4721	N	DIALYSAT SOL FLD VOL > 999CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4722	N	DIALYS SOL FLD VOL > 1999CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4723	N	DIALYS SOL FLD VOL > 2999CC	-	-	-	Bundled	000	-	-	-	-	000	999	-

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A4724	N	DIALYS SOL FLD VOL > 3999CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4725	N	DIALYS SOL FLD VOL > 4999CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4726	N	DIALYS SOL FLD VOL > 5999CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4728	E	DIALYSATE SOLUTION, NON-DEX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A4730	N	FISTULA CANNULATION SET, EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4736	N	TOPICAL ANESTHETIC, PER GRAM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4737	N	INJ ANESTHETIC PER 10 ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4740	N	SHUNT ACCESSORY	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4750	N	ART OR VENOUS BLOOD TUBING	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4755	N	COMB ART/VENOUS BLOOD TUBING	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4760	N	DIALYSATE SOL TEST KIT, EACH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4765	N	DIALYSATE CONC POW PER PACK	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4766	N	DIALYSATE CONC SOL ADD 10 ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4770	N	BLOOD COLLECTION TUBE/VACUUM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4771	N	SERUM CLOTTING TIME TUBE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4772	N	BLOOD GLUCOSE TEST STRIPS	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4773	N	OCCULT BLOOD TEST STRIPS	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4774	N	AMMONIA TEST STRIPS	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4802	N	PROTAMINE SULFATE PER 50 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4860	N	DISPOSABLE CATHETER TIPS	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4870	N	PLUMB/ELEC WK HM HEMO EQUIP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4890	N	REPAIR/MAINT CONT HEMO EQUIP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4911	N	DRAIN BAG/BOTTLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4913	N	MISC DIALYSIS SUPPLIES NOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4918	N	VENOUS PRESSURE CLAMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4927	N	NON-STERILE GLOVES	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4928	N	SURGICAL MASK	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4929	N	TOURNIQUET FOR DIALYSIS, EA	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4930	N	STERILE, GLOVES PER PAIR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4931	N	REUSABLE ORAL THERMOMETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A4932	E	REUSABLE RECTAL THERMOMETER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5051	N	POUCH CLSD W BARR ATTACHED	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5052	N	CLSD OSTOMY POUCH W/O BARR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5053	N	CLSD OSTOMY POUCH FACEPLATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5054	N	CLSD OSTOMY POUCH W/FLANGE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5055	N	STOMA CAP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5056	E	1 PC OST POUCH W FILTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5057	E	1 PC OST POU W BUILT-IN CONV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5061	N	POUCH DRAINABLE W BARRIER AT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5062	N	DRNBLE OSTOMY POUCH W/O BARR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5063	N	DRAIN OSTOMY POUCH W/FLANGE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5071	N	URINARY POUCH W/BARRIER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5072	N	URINARY POUCH W/O BARRIER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5073	N	URINARY POUCH ON BARR W/FLNG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5081	N	STOMA PLUG OR SEAL, ANY TYPE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5082	N	CONTINENT STOMA CATHETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5083	N	STOMA ABSORPTIVE COVER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5093	N	OSTOMY ACCESSORY CONVEX INSE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5105	N	URINARY SUSPENSORY	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5112	N	URINARY LEG BAG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5113	E	LATEX LEG STRAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5114	E	FOAM/FABRIC LEG STRAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5120	E	SKIN BARRIER, WIPE OR SWAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5121	N	SOLID SKIN BARRIER 6X6	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5122	N	SOLID SKIN BARRIER 8X8	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
A5126	N	DISK/FOAM PAD +OR- ADHESIVE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5131	N	APPLIANCE CLEANER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5200	N	PERCUTANEOUS CATHETER ANCHOR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A5500	E	DIAB SHOE FOR DENSITY INSERT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5501	E	DIABETIC CUSTOM MOLDED SHOE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5503	E	DIABETIC SHOE W/ROLLER/ROCKR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5504	E	DIABETIC SHOE WITH WEDGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5505	E	DIAB SHOE W/METATARSAL BAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5506	E	DIABETIC SHOE W/OFF SET HEEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5507	E	MODIFICATION DIABETIC SHOE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5508	E	DIABETIC DELUXE SHOE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5510	E	COMPRESSION FORM SHOE INSERT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5512	E	MULTI DEN INSERT DIRECT FORM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5513	E	MULTI DEN INSERT CUSTOM MOLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A5514	E	MULT DEN INSERT DIR CARV/CAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6000	E	WOUND WARMING WOUND COVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6010	N	COLLAGEN BASED WOUND FILLER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6011	N	COLLAGEN GEL/PASTE WOUND FIL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6021	N	COLLAGEN DRESSING <=16 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6022	N	COLLAGEN DRSG>16<=48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6023	N	COLLAGEN DRESSING >48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6024	N	COLLAGEN DSG WOUND FILLER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6025	E	SILICONE GEL SHEET, EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6154	N	WOUND POUCH EACH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6196	N	ALGINATE DRESSING <=16 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6197	N	ALGINATE DRSG >16 <=48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6198	N	ALGINATE DRESSING > 48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6199	N	ALGINATE DRSG WOUND FILLER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6203	N	COMPOSITE DRSG <= 16 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6204	N	COMPOSITE DRSG >16<=48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6205	N	COMPOSITE DRSG > 48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6206	N	CONTACT LAYER <= 16 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6207	N	CONTACT LAYER >16<= 48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6208	N	CONTACT LAYER > 48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6210	N	FOAM DRG >16<=48 SQ IN W/O B	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6212	N	FOAM DRG <=16 SQ IN W/BORDER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6213	N	FOAM DRG >16<=48 SQ IN W/BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6214	N	FOAM DRG > 48 SQ IN W/BORDER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6215	N	FOAM DRESSING WOUND FILLER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6216	N	NON-STERILE GAUZE<=16 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6217	N	NON-STERILE GAUZE>16<=48 SQ	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6218	N	NON-STERILE GAUZE > 48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6219	N	GAUZE <= 16 SQ IN W/BORDER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6220	N	GAUZE >16 <=48 SQ IN W/BORDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6221	N	GAUZE > 48 SQ IN W/BORDER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6222	N	GAUZE <=16 IN NO W/SAL W/O B	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6223	N	GAUZE >16<=48 NO W/SAL W/O B	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6224	N	GAUZE > 48 IN NO W/SAL W/O B	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6228	N	GAUZE <= 16 SQ IN WATER/SAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6230	N	GAUZE > 48 SQ IN WATER/SALNE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6231	N	HYDROGEL DSG<=16 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6232	N	HYDROGEL DSG>16<=48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6233	N	HYDROGEL DRESSING >48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-

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A6234	N	HYDROCOLLD DRG <=16 W/O BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6235	N	HYDROCOLLD DRG >16<=48 W/O B	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6236	N	HYDROCOLLD DRG > 48 IN W/O B	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6240	N	HYDROCOLLD DRG FILLER PASTE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6241	N	HYDROCOLLOID DRG FILLER DRY	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6242	N	HYDROGEL DRG <=16 IN W/O BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6243	N	HYDROGEL DRG >16<=48 W/O BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6244	N	HYDROGEL DRG >48 IN W/O BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6245	N	HYDROGEL DRG <= 16 IN W/BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6246	N	HYDROGEL DRG >16<=48 IN W/B	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6247	N	HYDROGEL DRG > 48 SQ IN W/B	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6248	N	HYDROGEL DRSG GEL FILLER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6250	N	SKIN SEAL PROTECT MOISTURIZR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6251	N	ABSORPT DRG <=16 SQ IN W/O B	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6252	N	ABSORPT DRG >16 <=48 W/O BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6253	N	ABSORPT DRG > 48 SQ IN W/O B	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6255	N	ABSORPT DRG >16<=48 IN W/BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6257	N	TRANSPARENT FILM <= 16 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6258	N	TRANSPARENT FILM >16<=48 IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6259	N	TRANSPARENT FILM > 48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6260	N	WOUND CLEANSER ANY TYPE/SIZE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6261	N	WOUND FILLER GEL/PASTE /OZ	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6262	N	WOUND FILLER DRY FORM / GRAM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6266	N	IMPREG GAUZE NO H2O/SAL/YARD	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6402	N	STERILE GAUZE <= 16 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6403	N	STERILE GAUZE>16 <= 48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6404	N	STERILE GAUZE > 48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6407	E	PACKING STRIPS, NON-IMPREG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6410	N	STERILE EYE PAD	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6411	N	NON-STERILE EYE PAD	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6412	N	OCCLUSIVE EYE PATCH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6413	E	ADHESIVE BANDAGE, FIRST-AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6441	E	PAD BAND W>=3" <5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6442	E	CONFORM BAND N/S W<3"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6443	E	CONFORM BAND N/S W>=3" <5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6444	E	CONFORM BAND N/S W>=5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6445	E	CONFORM BAND S W <3"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6446	E	CONFORM BAND S W>=3" <5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6447	E	CONFORM BAND S W >=5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6448	E	LT COMPRES BAND <3"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6449	E	LT COMPRES BAND >=3" <5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6450	E	LT COMPRES BAND >=5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6451	E	MOD COMPRES BAND W>=3" <5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6452	E	HIGH COMPRES BAND W>=3" <5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6453	E	SELF-ADHER BAND W <3"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6454	E	SELF-ADHER BAND W>=3" <5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6455	E	SELF-ADHER BAND >=5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6456	E	ZINC PASTE BAND W >=3" <5"/YD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6457	E	TUBULAR DRESSING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6460	N	SYNTHETIC DRSG <= 16 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6461	N	SYNTHETIC DRSG >16<=48 SQ IN	-	-	-	Bundled	000	-	-	-	-	000	999	-

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A6501	N	COMPRES BURNGARMENT BODYSUIT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6502	N	COMPRES BURNGARMENT CHINSTRP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6503	N	COMPRES BURNGARMENT FACEHOOD	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6504	N	CMPRS BURNGARMENT GLOVE-WRIST	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6505	N	CMPRS BURNGARMENT GLOVE-ELBOW	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6506	N	CMPRS BURNGRMNT GLOVE-AXILLA	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6507	N	CMPRS BURNGARMENT FOOT-KNEE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6508	N	CMPRS BURNGARMENT FOOT-THIGH	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6509	N	COMPRES BURN GARMENT JACKET	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6510	N	COMPRES BURN GARMENT LEOTARD	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6511	N	COMPRES BURN GARMENT PANTY	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6512	N	COMPRES BURN GARMENT, NOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6513	E	COMPRESS BURN MASK FACE/NECK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6520	E	G COM GARMNT GLOVE NGHTTIME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6521	E	G COM GARMNT GLOVE NGHT CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6522	E	G COM GARMENT ARM NIGHTTIME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6523	E	G COM GARMENT ARM NGHT CUSTM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6524	E	G COM GARMNT LWR LEG/FT NGHT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6525	E	G COM GARM LWRLEG/FT NGT CUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6526	E	G COM GARMT FULL LEG/FT NGHT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6527	E	G GARMT FULL LEG/FT NGHT CUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6528	E	G COM GARMENT BRA NIGHTTIME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6529	E	G COM GARMT BRA NIGHT CUSTM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6530	E	COMPRESSION STOCKING BK18-30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6531	E	COMPRESSION STKING BK30-40 SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6532	E	COMPRESSION STKING BK40-50 SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6533	E	GC STOCKING THIGHLNGTH 18-30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6534	E	GC STOCKING THIGHLNGTH 30-40	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6535	E	GC STOCKING THIGHLNGTH 40+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6536	E	GC STOCKING FULL LNGTH 18-30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6537	E	GC STOCKING FULL LNGTH 30-40	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6538	E	GC STOCKING FULL LNGTH 40+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6539	E	GC STOCKING WAISTLNGTH 18-30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6540	E	GC STOCKING WAISTLNGTH 30-40	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6541	E	GC STOCKING WAISTLNGTH 40+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6544	E	GC STOCKING GARTER BELT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6545	E	GRAD COM NON-ELASTIC BK SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6549	E	G COMPRESSION GARMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6550	E	NEG PRES WOUND THER DRSG SET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6552	E	GRAD COM STOCKING BK 30-40	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6553	E	G COM STCKING BK 30-40 CUSTM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6554	E	GRAD COM STOCKING BK 40+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6555	E	G COM STCKING BK 40+ CUSTM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6556	E	G COM STCKING THGH18-30 CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6557	E	G COM STCKING THGH30-40 CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6558	E	G COM STCKING THGH 40+ CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6559	E	G STCKNG FULL/CHAP18-30 CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6560	E	G STCKNG FULL/CHAP30-40 CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6561	E	G STCKNG FULL/CHAP 40+ CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6562	E	G COM STCKNG WAIST18-30 CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6563	E	G COM STCKNG WAIST30-40 CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6564	E	G COM STCKNG WAIST 40+ CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6565	E	GRAD COMP GAUNTLET CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6566	E	GRAD COM GARMENT NECK/HEAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6567	E	G COM GARMENT NECK/HEAD CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6568	E	G COM GARMENT TORSO/SHLDR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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A6569	E	G COM GARMNT TORSO/SHDR CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6570	E	GRAD COM GARMENT GENITAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6571	E	G COM GARMENT GENITAL CUSTM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6572	E	GRAD COM GARMENT TOE CAPS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6573	E	GRAD COM GARMNT TOE CAP CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6574	E	CUSTOM GRADIENT SLEEV/GLOV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6575	E	GRADIENT COMP SLEEV/GLOV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6576	E	CUSTOM GRAD COM SLEEVE MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6577	E	CUSTOM GRAD CM SLEEVE HEAVY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6578	E	GRADIENT COMP SLEEVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6579	E	CUSTOM GRAD COM GLOVE MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6580	E	CUSTOM GRAD COM GLOVE HEAVY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6581	E	GRADIENT COMP GLOVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6582	E	GRADIENT COMP GAUNTLET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6583	E	GRAD COM WRAP W STRAPS BK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6584	E	GRAD COM WRAP W STRAPS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6585	E	GRAD COM WRAP W STRAPS AK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6586	E	GRAD COM WRAP W STRAPS LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6587	E	GRAD COM WRAP W STRAPS FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6588	E	GRAD COM WRAP W STRAPS ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6589	E	GRAD COM WRAP W STRAPS BRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6590	N	URINARY CATH DISP SUC PUMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6591	N	URINARY CATH SUC PUMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A6593	E	GRAD COM ACCESSORY GMT_WRAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6594	E	G COMP BANDGE LINER LWR EXTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6595	E	G COMP BANDGE LINER UPR EXTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6596	E	G COMP BANDGE CONFORM GAUZE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6597	E	G COMP BANDAGE LONG STRETCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6598	E	G COMP BANDAGE MED STRETCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6599	E	G COMP BANDAGE SHORT STRETCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6600	E	G COM BANDGE HGH DN FOAM SHT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6601	E	G COM BANDGE HGH DN FOAM PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6602	E	G COM BANDGE HGH DN FOAMROLL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6603	E	G COM BANDGE LOW DN FOAMCHNL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6604	E	G COM BANDGE LOW DN FOAM FLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6605	E	G COM BANDAGE PADDED FOAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6606	E	G COM BANDAGE PADDED TEXTILE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6607	E	G COM BANDAGE TUB PROTCT LYR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6608	E	G COM BANDAGE TUB PROTCT PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6609	E	G COMPRESSION BANDAGING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A6610	E	G COM STCKING BK 18-30 CUSTM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7000	E	DISPOSABLE CANISTER FOR PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7001	E	NONDISPOSABLE PUMP CANISTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7002	E	TUBING USED W SUCTION PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7003	E	NEBULIZER ADMINISTRATION SET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7004	E	DISPOSABLE NEBULIZER SML VOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7005	E	NONDISPOSABLE NEBULIZER SET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7006	E	FILTERED NEBULIZER ADMIN SET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7007	E	LG VOL NEBULIZER DISPOSABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7008	E	DISPOSABLE NEBULIZER PREFILL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7009	E	NEBULIZER RESERVOIR BOTTLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7010	E	DISPOSABLE CORRUGATED TUBING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7012	E	NEBULIZER WATER COLLEC DEVIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7013	E	DISPOSABLE COMPRESSOR FILTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7014	E	COMPRESSOR NONDISPOS FILTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7015	E	AEROSOL MASK USED W NEBULIZE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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A7016	E	NEBULIZER DOME & MOUTHPIECE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7017	E	NEBULIZER NOT USED W OXYGEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7018	E	WATER DISTILLED W/NEBULIZER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7020	E	INTERFACE, COUGH STIM DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7023	E	MECH ALLERGEN PARTI BARRIER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7025	E	REPLACE CHEST COMPRESS VEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7026	E	REPLACE CHST CMPRSS SYS HOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7027	E	COMBINATION ORAL/NASAL MASK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7028	E	REPL ORAL CUSHION COMBO MASK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7029	E	REPL NASAL PILLOW COMB MASK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7030	E	CPAP FULL FACE MASK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7031	E	REPLACEMENT FACEMASK INTERFA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7032	E	REPLACEMENT NASAL CUSHION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7033	E	REPLACEMENT NASAL PILLOWS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7034	E	NASAL APPLICATION DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7035	E	POS AIRWAY PRESS HEADGEAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7036	E	POS AIRWAY PRESS CHINSTRAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7037	E	POS AIRWAY PRESSURE TUBING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7038	E	POS AIRWAY PRESSURE FILTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7039	E	FILTER, NON DISPOSABLE W PAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7040	E	ONE WAY CHEST DRAIN VALVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7041	E	WATER SEAL DRAIN CONTAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7044	E	PAP ORAL INTERFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7045	E	REPL EXHALATION PORT FOR PAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7046	E	REPL WATER CHAMBER, PAP DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7047	N	RESP SUCTION ORAL INTERFACE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7048	N	VACUUM DRAIN BOTTLE/TUBE KIT	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7049	E	EPAP NASAL VALVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7501	N	TRACHEOSTOMA VALVE W DIAPHRA	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7502	N	REPLACEMENT DIAPHRAGM/FPLATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7503	N	HMES FILTER HOLDER OR CAP	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7504	N	TRACHEOSTOMA HMES FILTER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7505	N	HMES OR TRACH VALVE HOUSING	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7506	N	HMES/TRACHVALVE ADHESIVEDISK	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7507	N	INTEGRATED FILTER & HOLDER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7508	N	HOUSING & INTEGRATED ADHESIV	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7509	N	HEAT & MOISTURE EXCHANGE SYS	-	-	-	Bundled	000	-	-	-	-	000	999	-
A7520	E	TRACH/LARYN TUBE NON-CUFFED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7521	E	TRACH/LARYN TUBE CUFFED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7522	E	TRACH/LARYN TUBE STAINLESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7523	E	TRACHEOSTOMY SHOWER PROTECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7524	E	TRACHEOSTOMA STENT/STUD/BTTN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7525	E	TRACHEOSTOMY MASK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7526	E	TRACHEOSTOMY TUBE COLLAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A7527	E	TRACH/LARYN TUBE PLUG/STOP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A8000	E	SOFT PROTECT HELMET PREFAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A8001	E	HARD PROTECT HELMET PREFAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A8002	E	SOFT PROTECT HELMET CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A8003	E	HARD PROTECT HELMET CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A8004	E	REPL SOFT INTERFACE, HELMET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9150	E	MISC/EXPER NON-PRESCRIPT DRU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9152	E	SINGLE VITAMIN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9153	E	MULTI-VITAMIN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9155	E	ARTIFICIAL SALIVA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9156	N	ORAL MUCOADHESIVE PER 1 ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9180	E	LICE TREATMENT, TOPICAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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A9268	E	PROGRAMMER ORALLY INGEST CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9269	E	PROGRAMABLE INGEST CAPSULE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9270	E	NON-COVERED ITEM OR SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9272	E	DISP WOUND SUCT, DRSG/ACCESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9273	E	HOT/COLD BOTLE/CAP/COL/WRAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9274	E	EXT AMB INSULIN DELIVERY SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9275	E	DISP HOME GLUCOSE MONITOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9276	E	DISPOSABLE SENSOR, CGM SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9277	E	EXTERNAL TRANSMITTER, CGM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9278	E	EXTERNAL RECEIVER, CGM SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9279	E	MONITORING FEATURE/DEVICENOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9280	E	ALERT DEVICE, NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9281	E	REACHING/GRABBING DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9282	E	WIG ANY TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9283	E	FOOT PRESS OFF LOAD SUPP DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9284	N	NON-ELECTRONIC SPIROMETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9285	E	INVERSION EVERSION COR DEVIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9286	E	ANY HYGIENIC ITEM, DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9291	E	PRES DIG COG BEHAV THERA FDA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9292	E	PRES DIG VISUAL THERAPY FDA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9293	E	FERTILITY CYCL TRACKING SOFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9300	E	EXERCISE EQUIPMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9500	N	TC99M SESTAMIBI	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9501	N	TECHNETIUM TC-99M TEBOROXIME	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9502	N	TC99M TETROFOSMIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9503	N	TC99M MEDRONATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9504	N	TC99M APCITIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9505	N	TL201 THALLIUM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9507	N	IN111 CAPROMAB	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9508	N	I131 IODOBENGUATE, DX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9509	N	IODINE I-123 SOD IODIDE MIL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9510	N	TC99M DISOFENIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9512	N	TC99M PERTECHNETATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9513	K	LUTETIUM LU 177 DOTATAT THER	-	09067	0.0000	APC (blood and non-blood products)	290	-	-	-	-	000	999	-
A9515	N	CHOLINE C-11	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9516	N	IODINE I-123 SOD IODIDE MIC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9517	K	I131 IODIDE CAP, RX	-	01064	0.0000	APC (blood and non-blood products)	021	-	-	-	-	000	999	-
A9520	N	TC99 TILMANOCEPT DIAG 0.5MCI	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9521	N	TC99M EXAMETAZIME	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9524	N	I131 SERUM ALBUMIN, DX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9526	N	NITROGEN N-13 AMMONIA	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9527	U	IODINE I-125 SODIUM IODIDE	-	02632	0.6884	APC	042	-	-	-	-	000	999	-
A9528	N	IODINE I-131 IODIDE CAP, DX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9529	N	I131 IODIDE SOL, DX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9530	K	I131 IODIDE SOL, RX	-	01150	0.0000	APC (blood and non-blood products)	020	-	-	-	-	000	999	-
A9531	N	I131 MAX 100UCI	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9532	N	I125 SERUM ALBUMIN, DX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9536	N	TC99M DEPREOTIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9537	N	TC99M MEBROFENIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9538	N	TC99M PYROPHOSPHATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9539	N	TC99M PENTETATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9540	N	TC99M MAA	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9541	N	TC99M SULFUR COLLOID	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9542	N	IN111 IBRITUMOMAB, DX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9543	K	Y90 IBRITUMOMAB, RX	-	01643	0.0000	APC (blood and non-blood products)	65477	-	-	-	-	000	999	-
A9546	N	CO57/58	-	-	-	Bundled	000	-	-	-	-	000	999	-

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A9547	N	IN111 OXYQUINOLINE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9548	N	IN111 PENTETATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9550	N	TC99M GLUCEPTATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9551	N	TC99M SUCCIMER	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9552	N	F18 FDG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9553	N	CR51 CHROMATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9554	N	I125 IOTHALAMATE, DX	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9555	N	RB82 RUBIDIUM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9556	N	GA67 GALLIUM	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9557	N	TC99M BICISATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9558	N	XE133 XENON 10MCI	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9559	N	CO57 CYANO	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9560	N	TC99M LABELED RBC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9561	N	TC99M OXIDRONATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9562	N	TC99M MERTIATIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9563	N	P32 NA PHOSPHATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9564	E	P32 CHROMIC PHOSPHATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9566	N	TC99M FANOLESOMAB	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9567	N	TECHNETIUM TC-99M AEROSOL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9568	N	TECHNETIUM TC99M ARCITUMOMAB	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9569	N	TECHNETIUM TC-99M AUTO WBC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9570	N	INDIUM IN-111 AUTO WBC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9571	N	INDIUM IN-111 AUTO PLATELET	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9572	N	INDIUM IN-111 PENTETREOTIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9573	N	INJ, GADOPICLENOL, 1 ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9575	N	INJ GADOTERATE MEGLUMI 0.1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9576	N	INJ PROHANCE MULTIPACK	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9577	N	INJ MULTIHANCE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9578	N	INJ MULTIHANCE MULTIPACK	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9579	N	GAD-BASE MR CONTRAST NOS,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9580	N	SODIUM FLUORIDE F-18	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9581	N	GADOXETATE DISODIUM INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9582	N	IODINE I-123 IOBENGUANE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9583	N	GADOFOSVESET TRISODIUM INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9584	N	IODINE I-123 IOFLUPANE	-	-	-	Bundled	000	-	-	-	-	018	999	-
A9585	N	GADOBUTROL INJECTION	-	-	-	Bundled	000	-	-	-	-	002	999	-
A9586	N	FLORBETAPIR F18	-	-	-	Bundled	000	-	-	-	Y	000	999	-
A9587	N	GALLIUM GA-68	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9588	N	FLUCICLOVINE F-18	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9589	N	INSTI HEXAMINOLEVULINATE HCL	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9590	K	IODINE I-131 IOBENGUANE 1MCI	-	09339	0.0000	APC (blood and non-blood products)	340	-	-	-	-	000	999	-
A9591	N	FLUOROESTRADIOL F 18	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9592	N	COPPER CU 64 DOTATATE DIAG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9593	G	GALLIUM GA-68 PSMA-11 UCSF	-	-	-	APC – pays by fee schedule amount	887	-	-	-	-	000	999	-
A9594	G	GALLIUM GA-68 PSMA-11, UCLA	-	-	-	APC – pays by fee schedule amount	868	-	-	-	-	000	999	-
A9595	G	PIFLU F-18, DIA 1 MILLICURIE	-	-	-	APC – pays by fee schedule amount	615	-	-	-	-	000	999	-
A9596	G	GALLIUM ILLUCCIX 1 MILLICURE	-	-	-	APC – pays by fee schedule amount	975	-	-	-	-	000	999	-
A9597	N	PET, DX, FOR TUMOR ID, NOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9598	N	PET DX FOR NON-TUMOR ID, NOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9600	K	SR89 STRONTIUM	-	00701	0.0000	APC (blood and non-blood products)	4157	-	-	-	-	000	999	-
A9601	G	FLORTAUCIPIR INJ 1 MILLICURI	-	-	-	APC – pays by fee schedule amount	3710	-	-	-	-	000	999	-
A9602	G	FLUORODOPA F-18 DIAG PER MCI	-	-	-	APC – pays by fee schedule amount	447	-	-	-	-	000	999	-
A9603	N	INJ, PAFOLACIANINE, 0.1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9604	K	SM 153 LEXIDRONAM	-	01295	0.0000	APC (blood and non-blood products)	17260	-	-	-	-	000	999	-
A9606	K	RADIUM RA223 DICHLORIDE THER	-	01745	0.0000	APC (blood and non-blood products)	162	-	-	-	-	000	999	-
A9607	G	LUTETIUM LU 177 VIPIVOTIDE	-	-	-	APC – pays by fee schedule amount	230	-	-	-	-	000	999	-

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A9608	G	FLOTUFOLASTAT F18 DIAG 1 MCI	-	-	-	APC – pays by fee schedule amount	628	-	-	-	-	000	999	-
A9609	E	F18 FDG, 15 MILLICURIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9697	N	INJ, MAGTRACE PER STUDY DOSE	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9698	N	NON-RAD CONTRAST MATERIALNOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9699	N	RADIOPHARM RX AGENT NOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9700	N	ECHOCARDIOGRAPHY CONTRAST	-	-	-	Bundled	000	-	-	-	-	000	999	-
A9800	G	GALLIUM LOCAMETZ 1 MILLICURI	-	-	-	APC – pays by fee schedule amount	873	-	-	-	-	000	999	-
A9900	E	SUPPLY/ACCESSORY/SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9901	E	DELIVERY/SET UP/DISPENSING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
A9999	E	DME SUPPLY OR ACCESSORY, NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4034	E	ENTER FEED SUPKIT SYR BY DAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4035	E	ENTERAL FEED SUPP PUMP PER D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4036	E	ENTERAL FEED SUP KIT GRAV BY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4081	E	ENTERAL NG TUBING W/ STYLET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4082	E	ENTERAL NG TUBING W/O STYLET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4083	E	ENTERAL STOMACH TUBE LEVINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4087	E	GASTRO/JEJUNO TUBE, STD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4088	E	GASTRO/JEJUNO TUBE, LOW-PRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4100	E	FOOD THICKENER ORAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4102	E	EF ADULT FLUIDS AND ELECTRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4103	E	EF PED FLUID AND ELECTROLYTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4104	E	ADDITIVE FOR ENTERAL FORMULA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4105	E	ENZYME CARTRIDGE ENTERAL NUT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4148	E	ENTERAL FEED ELASTOMER DAILY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4149	E	EF BLENDERIZED FOODS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4150	E	EF COMPLETE W/INTACT NUTRIENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4152	E	EF CALORIE DENSE>=1.5KCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4153	E	EF HYDROLYZED/AMINO ACIDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4154	E	EF SPEC METABOLIC NONINHERIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4155	E	EF INCOMPLETE/MODULAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4157	E	EF SPECIAL METABOLIC INHERIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4158	E	EF PED COMPLETE INTACT NUT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4159	E	EF PED COMPLETE SOY BASED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4160	E	EF PED CALORIC DENSE>=0.7KC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4161	E	EF PED HYDROLYZED/AMINO ACID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4162	E	EF PED SPECMETABOLIC INHERIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4164	E	PARENTERAL 50% DEXTROSE SOLU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4168	E	PARENTERAL SOL AMINO ACID 3.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4172	E	PARENTERAL SOL AMINO ACID 5.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4176	E	PARENTERAL SOL AMINO ACID 7-	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4178	E	PARENTERAL SOL AMINO ACID >	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4180	E	PARENTERAL SOL CARB > 50%	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4185	E	PN SOLN NOS 10 GRAMS LIPIDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4187	E	OMEGAVEN, 10 GRAMS LIPIDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4189	E	PARENTERAL SOL AMINO ACID &	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4193	E	PARENTERAL SOL 52-73 GM PROT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4197	E	PARENTERAL SOL 74-100 GM PRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4199	E	PARENTERAL SOL > 100GM PROTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4216	E	PARENTERAL NUTRITION ADDITIV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4220	E	PARENTERAL SUPPLY KIT PREMIX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4222	E	PARENTERAL SUPPLY KIT HOMEEMI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B4224	E	PARENTERAL ADMINISTRATION KI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B5000	E	PARENTERAL SOL RENAL-AMIROSY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B5100	E	PARENTERAL SOLUTION HEPATIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B5200	E	PARENTERAL SOL HEPATIC FREAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B9002	E	ENTER NUTR INF PUMP ANY TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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B9004	E	PARENTERAL INFUS PUMP PORTAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B9006	E	PARENTERAL INFUS PUMP STATIO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B9998	E	ENTERAL SUPP NOT OTHERWISE C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
B9999	E	PARENTERAL SUPP NOT OTHRWS C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C1052	N	HEMOSTATIC AGENT, GI, TOPIC	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1062	N	INTRAVERTEBRAL FX AUG IMPL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1600	H	CATH, BLADED, VASC PREP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1601	H	ENDO, SINGLE, PULMONARY	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1602	H	ORTH/MATRX/BN FILL DRUG-ELUT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1603	H	RET DEV, LASER, IVC FILTER	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1604	H	GRFT, TRNSMURL/TRNSVENS BYPS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1713	N	ANCHOR/SCREW BN/BN, TIS/BN	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1714	N	CATH, TRANS ATHERECTOMY, DIR	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1715	N	BRACHYTHERAPY NEEDLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1716	U	BRACHYTX, NON-STR, GOLD-198	-	02645	3.1003	APC	188	-	-	-	-	000	999	-
C1717	U	BRACHYTX, NON-STR,HDR IR-192	-	02646	3.9708	APC	241	-	-	-	-	000	999	-
C1719	U	BRACHYTX, NS, NON-HDRIR-192	-	02647	3.9873	APC	242	-	-	-	-	000	999	-
C1721	N	AICD, DUAL CHAMBER	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1722	N	AICD, SINGLE CHAMBER	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1724	N	CATH, TRANS ATHEREC,ROTATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1725	N	CATH, TRANSLUMIN NON-LASER	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1726	N	CATH, BAL DIL, NON-VASCULAR	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1727	N	CATH, BAL TIS DIS, NON-VAS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1728	N	CATH, BRACHYTX SEED ADM	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1729	N	CATH, DRAINAGE	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1730	N	CATH, EP, 19 OR FEW ELECT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1731	N	CATH, EP, 20 OR MORE ELEC	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1733	N	CATH, EP, OTHR THAN COOL-TIP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1734	N	ORTH/DEVIC/DRUG BN/BN,TIS/BN	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1747	H	ENDO, SINGLE, URINARY TRACT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1748	N	ENDOSCOPE, SINGLE, UGI	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1749	N	ENDO, COLON, RETRO IMAGING	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1750	N	CATH, HEMODIALYSIS, LONG-TERM	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1751	N	CATH, INF, PER/CENT/MIDLINE	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1752	N	CATH, HEMODIALYSIS, SHORT-TERM	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1753	N	CATH, INTRAVAS ULTRASOUND	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1754	N	CATHETER, INTRADISCAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1755	N	CATHETER, INTRASPINAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1756	N	CATH, PACING, TRANSESOPH	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1757	N	CATH, THROMBECTOMY/EMBOLECT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1758	N	CATHETER, URETERAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1759	N	CATH, INTRA ECHOCARDIOGRAPHY	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1760	N	CLOSURE DEV, VASC	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1761	H	CATH, TRANS INTRA LITHO/CORO	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1762	N	CONN TISS, HUMAN(INC FASCIA)	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1763	N	CONN TISS, NON-HUMAN	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1764	N	EVENT RECORDER, CARDIAC	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1765	N	ADHESION BARRIER	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1766	N	INTRO/SHEATH,STRBLE,NON-PEEL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1767	N	GENERATOR, NEURO NON-RECHARG	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1768	N	GRAFT, VASCULAR	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1769	N	GUIDE WIRE	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1770	N	IMAGING COIL, MR, INSERTABLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1771	N	REP DEV, URINARY, W/SLING	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1772	N	INFUSION PUMP, PROGRAMMABLE	-	-	-	Bundled	000	-	-	-	-	000	999	-

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C1773	N	RET DEV, INSERTABLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1776	N	JOINT DEVICE (IMPLANTABLE)	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1777	N	LEAD, AICD, ENDO SINGLE COIL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1778	N	LEAD, NEUROSTIMULATOR	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1779	N	LEAD, PMKR, TRANSVENOUS VDD	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1780	N	LENS, INTRAOCULAR (NEW TECH)	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1781	N	MESH (IMPLANTABLE)	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1782	N	MORCELLATOR	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1783	N	OCULAR IMP, AQUEOUS DRAIN DE	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1784	N	OCULAR DEV, INTRAOP, DET RET	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1785	N	PMKR, DUAL, RATE-RESP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1786	N	PMKR, SINGLE, RATE-RESP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1787	N	PATIENT PROGR, NEUROSTIM	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1788	N	PORT, INDWELLING, IMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1789	N	PROSTHESIS, BREAST, IMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1813	E	PROSTHESIS, PENILE, INFLATAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C1814	N	RETINAL TAMP, SILICONE OIL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1815	N	PROS, URINARY SPH, IMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1816	N	RECEIVER/TRANSMITTER, NEURO	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1817	N	SEPTAL DEFECT IMP SYS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1818	N	INTEGRATED KERATOPROSTHESIS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1819	N	TISSUE LOCALIZATION-EXCISION	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1820	N	GENERATOR NEURO RECHG BAT SY	-	-	-	Bundled	000	-	-	-	Y	000	999	-
C1821	N	INTERSPINOUS IMPLANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1822	N	GEN, NEURO, HF, RECHG BAT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1823	N	GEN, NEURO, TRANS SEN/STIM	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1824	N	GENERATOR, CCM, IMPLANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1825	N	GEN, NEURO, CAROT SINUS BARO	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1826	H	GEN, NEURO, CLO LOOP, RECHG	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1827	H	GEN, NEURO, IMP LED, EX CNTR	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1830	N	POWER BONE MARROW BX NEEDLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1831	E	PERSONALIZED INTERBODY CAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C1832	H	AUTO CELL PROCESS SYS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1833	H	CARDIAC MONITOR SYS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1839	N	IRIS PROSTHESIS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1840	N	TELESCOPIC INTRAOCULAR LENS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1874	N	STENT, COATED/COV W/DEL SYS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1875	N	STENT, COATED/COV W/O DEL SY	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1876	N	STENT, NON-COA/NON-COV W/DEL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1877	N	STENT, NON-COAT/COV W/O DEL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1878	N	MATRL FOR VOCAL CORD	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1880	N	VENA CAVA FILTER	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1881	N	DIALYSIS ACCESS SYSTEM	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1882	N	AICD, OTHER THAN SING/DUAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1883	N	ADAPT/EXT, PACING/NEURO LEAD	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1884	N	EMBOLIZATION PROTECT SYST	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1885	N	CATH, TRANSLUMIN ANGIO LASER	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1886	N	CATHETER, ABLATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1887	N	CATHETER, GUIDING	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1888	N	ENDOVAS NON-CARDIAC ABL CATH	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1889	N	IMPLANT/INSERT DEVICE, NOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1890	E	NO DEVICE W/DEV-INTENSIVE PX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C1891	N	INFUSION PUMP, NON-PROG, PERM	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1892	N	INTRO/SHEATH, FIXED, PEEL-AWAY	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1893	N	INTRO/SHEATH, FIXED, NON-PEEL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1894	N	INTRO/SHEATH, NON-LASER	-	-	-	Bundled	000	-	-	-	-	000	999	-

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C1895	N	LEAD, AICD, ENDO DUAL COIL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1896	N	LEAD, AICD, NON SING/DUAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1897	N	LEAD, NEUROSTIM TEST KIT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1898	N	LEAD, PMKR, OTHER THAN TRANS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1899	N	LEAD, PMKR/AICD COMBINATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1900	N	LEAD, CORONARY VENOUS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C1982	N	CATH, PRESSURE,VALVE-OCCLU	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2596	N	PROBE, ROBOTIC, WATER-JET	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2613	N	LUNG BX PLUG W/DEL SYS	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2614	N	PROBE, PERC LUMB DISC	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2615	N	SEALANT, PULMONARY, LIQUID	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2616	U	BRACHYTX, NON-STR, YTTRIUM-90	-	02616	196.5738	APC	11936	-	-	-	-	000	999	-
C2617	N	STENT, NON-COR, TEM W/O DEL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2618	N	PROBE/NEEDLE, CRYO	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2619	N	PMKR, DUAL, NON RATE-RESP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2620	N	PMKR, SINGLE, NON RATE-RESP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2621	N	PMKR, OTHER THAN SING/DUAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2622	E	PROSTHESIS, PENILE, NON-INF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C2623	N	CATH, TRANSLUMIN, DRUG-COAT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2624	N	WIRELESS PRESSURE SENSOR	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2625	N	STENT, NON-COR, TEM W/DEL SY	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2626	N	INFUSION PUMP, NON-PROG,TEMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2628	N	CATHETER, OCCLUSION	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2629	N	INTRO/SHEATH, LASER	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2630	N	CATH, EP, COOL-TIP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2631	N	REP DEV, URINARY, W/O SLING	-	-	-	Bundled	000	-	-	-	-	000	999	-
C2634	U	BRACHYTX, NON-STR, HA, I-125	-	02634	1.7259	APC	105	-	-	-	Y	000	999	-
C2635	U	BRACHYTX, NON-STR, HA, P-103	-	02635	0.6767	APC	041	-	-	-	Y	000	999	-
C2636	U	BRACHY LINEAR, NON-STR,P-103	-	02636	0.6186	APC	038	-	-	-	-	000	999	-
C2637	E	BRACHY,NON-STR,YTTERBIUM-169	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C2638	U	BRACHYTX, STRANDED, I-125	-	02638	0.4781	APC	029	-	-	-	-	000	999	-
C2639	U	BRACHYTX, NON-STRANDED,I-125	-	02639	0.4000	APC	024	-	-	-	-	000	999	-
C2640	U	BRACHYTX, STRANDED, P-103	-	02640	0.8719	APC	053	-	-	-	-	000	999	-
C2641	U	BRACHYTX, NON-STRANDED,P-103	-	02641	0.8452	APC	051	-	-	-	-	000	999	-
C2642	U	BRACHYTX, STRANDED, C-131	-	02642	1.1159	APC	068	-	-	-	-	000	999	-
C2643	U	BRACHYTX, NON-STRANDED,C-131	-	02643	0.9193	APC	056	-	-	-	-	000	999	-
C2644	E	BRACHYTX CESIUM-131 CHLORIDE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C2645	U	BRACHYTX PLANAR, P-103	-	02648	0.0537	APC	003	-	-	-	-	000	999	-
C2698	U	BRACHYTX, STRANDED, NOS	-	02698	0.4781	APC	029	-	-	-	-	000	999	-
C2699	U	BRACHYTX, NON-STRANDED, NOS	-	02699	0.4000	APC	024	-	-	-	-	000	999	-
C5271	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
C5272	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C5273	T	LOW COST SKIN SUBSTITUTE APP	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
C5274	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C5275	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
C5276	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C5277	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.8481	APC	416	-	-	-	-	000	999	-
C5278	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C7500	E	DEB BONE 20 CM2 W/DRUG DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7501	E	PERC BX BREAST LESIONS STERO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7502	E	PERC BX BREAST LESIONS MR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7503	E	OPEN EXC CERV NODE(S) W/ ID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7504	E	PERQ CVT&LS INJ VERT BODIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7505	E	PERQ LS&CVT INJ VERT BODIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7506	E	FUSION OF FINGER JOINTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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C7507	E	PERQ THOR&LUMB VERT AUG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7508	E	PERQ LUMB&THOR VERT AUG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7509	E	DX BRONCH W/ NAVIGATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7510	E	BRONCH/LAVAG W/ NAVIGATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7511	E	BRONCH/BPSY(S) W/ NAVIGATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7512	E	BRONCH/BPSY(S) W/ EBUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7513	E	CATH/ANGIO DIALCIR W/APLASTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7514	E	CATH/ANGIO DIAL CIR W/STENTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7515	E	CATH/ANGIO DIAL CIR W/EMBOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7516	E	COR ANGIO W/ IVUS OR OCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7517	E	COR ANGIO W/ILIC/FEM ANGIO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7518	E	COR/GFT ANGIO W/ IVUS OR OCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7519	E	COR/GFT ANGIO W/ FLOW RESRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7520	E	COR/GFT ANGIO W/ILIC/FEM ANG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7521	E	R HRT ANGIO W/ IVUS OR OCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7522	E	R HRT ANGIO W/FLOW RESRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7523	E	L HRT ANGIO W/ IVUS OR OCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7524	E	L HRT ANGIO W/FLOW RESRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7525	E	L HRT GFT ANG W/ IVUS OR OCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7526	E	L HRT GFT ANG W/FLOW RESRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7527	E	R&L HRT ANGIO W/ IVUS OR OCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7528	E	R&L HRT ANGIO W/FLOW RESRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7529	E	R&L HRT GFT ANG W/FLOW RESRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7530	E	CATH/APLASTY DIAL CIR W/STNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7531	E	ANGIO FEM/POP W/ US	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7532	E	ANGIO W/ US NON-CORONARY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7533	E	PTCA W/ PLCMT BRACHYTX DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7534	E	FEM/POP REVASC W/ARTHR & US	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7535	E	FEM/POP REVASC W/STENT & US	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7537	E	INSRT ATRIL PM W/L VENT LEAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7538	E	INSRT VENT PM W/L VENT LEAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7539	E	INSRT A & V PM W/L VENT LEAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7540	E	RMV&RPLC PM DUL W/L VNT LEAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7541	E	ERCP W/ PANCREATOSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7542	E	ERCP W/BX & PANCREATOSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7543	E	ERCP W/OTOMY, PANCREATOSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7544	E	ERCP RMV CALC PANCREATOSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7545	E	EXCH BIL CATH W/ RMV CALCULI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7546	E	REP NPH/URT CATH W/DIL STRIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7547	E	CNVRT NEPH CATH W/ DIL STRIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7548	E	EXCH NEPH CATH W/ DIL STRIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7549	E	CHGE URTR STENT W/ DIL STRIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7550	E	CYSTO W/ BX(S) W/ BLUE LIGHT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7551	E	EXC NEUROMA W/ IMPLNT NV END	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7552	E	R HRT ART/GRFT ANG HRT FLOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7553	E	R&I HRT ART/VENT ANG DRG AD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7554	E	CYSTURETH BLU LI CYST FL IMG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7555	E	RMVL THYRD W/AUTOTRAN PARATH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7556	E	BRONCH LAVAGE W/EBUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7557	E	COR ANGIO/VENT W/FFR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7558	E	COR ANGIO/VENT W/DRUG ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7560	E	ERCP REMOVE FORGN BODY&ENDO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C7900	S	HOPD MNTL HLT, 15-29 MIN	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
C7901	S	HOPD MNTL HLT, 30-60 MIN	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
C7902	N	HOPD MNTL HLT, EA ADDL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C7903	S	HOPD MNTL HLT, GRP	-	05821	0.3129	APC	019	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
C8900	N	MRA W/CONT, ABD	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8901	N	MRA W/O CONT, ABD	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
C8902	N	MRA W/O FOL W/CONT, ABD	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8903	N	MRI W/CONT, BREAST, UNI	-	05571	2.0034	Bundled, sometimes payable	122	-	-	-	-	000	999	-
C8905	N	MRI W/O FOL W/CONT, BRST, UN	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8906	N	MRI W/CONT, BREAST, BI	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8908	N	MRI W/O FOL W/CONT, BREAST,	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8909	N	MRA W/CONT, CHEST	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8910	N	MRA W/O CONT, CHEST	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
C8911	N	MRA W/O FOL W/CONT, CHEST	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8912	N	MRA W/CONT, LWR EXT	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8913	N	MRA W/O CONT, LWR EXT	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
C8914	N	MRA W/O FOL W/CONT, LWR EXT	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8918	N	MRA W/CONT, PELVIS	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	Y	000	999	-
C8919	N	MRA W/O CONT, PELVIS	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	Y	000	999	-
C8920	N	MRA W/O FOL W/CONT, PELVIS	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	Y	000	999	-
C8921	S	TTE W OR W/O FOL W/CONT, COM	-	05573	8.7304	APC	530	-	-	-	-	000	999	-
C8922	S	TTE W OR W/O FOL W/CONT, F/U	-	05573	8.7304	APC	530	-	-	-	-	000	999	-
C8923	S	2D TTE W OR W/O FOL W/CON,CO	-	05573	8.7304	APC	530	-	-	-	-	000	999	-
C8924	S	2D TTE W OR W/O FOL W/CON,FU	-	05572	4.1933	APC	255	-	-	-	-	000	999	-
C8925	S	2D TEE W OR W/O FOL W/CON,IN	-	05573	8.7304	APC	530	-	-	-	-	000	999	-
C8926	S	TEE W OR W/O FOL W/CONT,CONG	-	05573	8.7304	APC	530	-	-	-	-	000	999	-
C8927	S	TEE W OR W/O FOL W/CONT, MON	-	05573	8.7304	APC	530	-	-	-	-	000	999	-
C8928	S	TTE W OR W/O FOL W/CON,STRES	-	05573	8.7304	APC	530	-	-	-	-	000	999	-
C8929	S	TTE W OR WO FOL WCON,DOPPLER	-	05573	8.7304	APC	530	-	-	-	-	000	999	-
C8930	S	TTE W OR W/O CONTR, CONT ECG	-	05573	8.7304	APC	530	-	-	-	-	000	999	-
C8931	N	MRA, W/DYE, SPINAL CANAL	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8932	N	MRA, W/O DYE, SPINAL CANAL	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
C8933	N	MRA, W/O&W/DYE, SPINAL CANAL	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8934	N	MRA, W/DYE, UPPER EXTREMITY	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8935	N	MRA, W/O DYE, UPPER EXTR	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
C8936	N	MRA, W/O&W/DYE, UPPER EXTR	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C8937	N	CAD BREAST MRI	-	-	-	Bundled	000	-	-	-	-	000	999	-
C8957	S	PROLONGED IV INF, REQ PUMP	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
C9046	N	COCAINE HCL NASAL (GOPRELTO)	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9047	K	INJECTION, CAPLACIZUMAB-YHDP	-	09199	0.0000	APC (blood and non-blood products)	740	-	-	-	-	000	999	-
C9067	N	GALLIUM GA-68 DOTATOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9088	G	INSTILL, BUPIVAC AND MELOXIC	-	-	-	APC – pays by fee schedule amount	001	-	-	-	-	000	999	-
C9089	N	BUPIVACAINE IMPLANT, 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9101	G	INJ, OLICERIDINE 0.1 MG	-	-	-	APC – pays by fee schedule amount	001	-	-	-	-	000	999	-
C9113	N	INJ PANTOPRAZOLE SODIUM, VIA	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9143	N	COCAINE HCL NASAL (NUMBRINO)	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9144	G	INJ, BUPIVACAINE (POSIMIR)	-	-	-	APC – pays by fee schedule amount	001	-	-	-	-	000	999	-
C9145	G	INJ, APONVIE, 1 MG	-	-	-	APC – pays by fee schedule amount	002	-	-	-	-	000	999	-
C9150	N	XE129 XENON, DIAGNOSTIC	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9166	G	INJECTION, SECUKINUMAB	-	-	-	APC – pays by fee schedule amount	017	-	-	-	-	000	999	-
C9167	G	INJECTION, APADAMTASE ALFA	-	-	-	APC – pays by fee schedule amount	003	-	-	-	-	000	999	-
C9168	G	INJECTION, MIRIKIZUMAB-MRKZ	-	-	-	APC – pays by fee schedule amount	033	-	-	-	-	000	999	-
C9248	N	INJ, CLEVIDIPINE BUTYRATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9250	K	ARTISS FIBRIN SEALANT	-	01848	0.0000	APC (blood and non-blood products)	136	-	-	-	-	000	999	-
C9254	N	INJECTION, LACOSAMIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9257	K	BEVACIZUMAB INJECTION	-	01281	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
C9285	N	PATCH, LIDOCAINE/TETRACAINE	-	-	-	Bundled	000	-	-	-	-	003	999	-
C9290	N	INJ, BUPIVACAINE LIPOSOME	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9293	E	INJECTION, GLUCARPIDASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C9352	N	NEURAGEN NERVE GUIDE, PER CM	-	-	-	Bundled	000	-	-	-	-	000	999	-

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C9353	N	NEURAWRAP NERVE PROTECTOR,CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9354	N	VERITAS COLLAGEN MATRIX, CM2	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9355	N	NEUROMATRIX NERVE CUFF, CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9356	N	TENOGLIDE TENDON PROT, CM2	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9358	N	SURGIMEND, FETAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9359	N	IMPLNT,BON VOID FILLER-PUTTY	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9360	N	SURGIMEND, NEONATAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9361	N	NEUROMEND NERVE WRAP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9362	N	IMPLNT,BON VOID FILLER-STRIP	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9363	N	INTEGRA MESHED BIL WOUND MAT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9364	N	PORCINE IMPLANT, PERMACOL	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9399	M	UNCLASSIFIED DRUGS OR BIOLOG	-	-	-	Charge Ratio	000	-	-	-	-	000	999	-
C9460	K	INJECTION, CANGRELOR	-	09460	0.0000	APC (blood and non-blood products)	018	-	-	-	-	000	999	-
C9462	E	INJECTION, DELAFLOXACIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C9482	K	SOTALOL HYDROCHLORIDE IV	-	09482	0.0000	APC (blood and non-blood products)	021	-	-	-	-	000	999	-
C9488	K	CONIVAPTAN HCL	-	09488	0.0000	APC (blood and non-blood products)	047	-	-	-	-	000	999	-
C9507	R	COVID-19 CONVALESCENT PLASMA	-	09540	5.6091	APC	341	-	-	-	-	000	999	-
C9600	N	PERC DRUG-EL COR STENT SING	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
C9601	N	PERC DRUG-EL COR STENT BRAN	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9602	N	PERC D-E COR STENT ATHER S	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
C9603	N	PERC D-E COR STENT ATHER BR	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9604	N	PERC D-E COR REVASC T CABG S	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
C9605	N	PERC D-E COR REVASC T CABG B	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9606	C	PERC D-E COR REVASC W AMI S	-	-	-	IP Only	000	-	-	-	-	000	999	-
C9607	N	PERC D-E COR REVASC CHRO SIN	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
C9608	N	PERC D-E COR REVASC CHRO ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9725	T	PLACE ENDORECTAL APP	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
C9726	N	RXT BREAST APPL PLACE/REMOV	-	-	-	Bundled	000	-	-	-	Y	000	999	-
C9727	N	INSERT PALATE IMPLANTS	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
C9728	S	PLACE DEVICE/MARKER, NON PRO	-	05613	15.1085	APC	917	-	-	-	-	000	999	-
C9733	N	NON-OPHTHALMIC FVA	-	05572	4.1933	Bundled, sometimes payable	255	-	-	-	-	000	999	-
C9734	N	U/S TRTMT, NOT LEIOMYOMATA	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
C9738	N	BLUE LIGHT CYSTO IMAG AGENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9739	N	CYSTOSCOPY PROSTATIC IMP 1-3	-	05375	56.4199	Bundled, sometimes payable	3426	-	-	-	-	000	999	-
C9740	N	CYSTO IMPL 4 OR MORE	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
C9751	T	MICROWAVE BRONCH, 3D, EBUS	-	01562	64.2319	APC	3900	-	-	-	-	000	999	-
C9756	N	FLUORESCENCE LYMPH MAP W/ICG	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9757	N	SPINE DEVICE IMPLANT SURGERY	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
C9758	T	BLIND INTERATRIAL SHUNT IDE	-	01590	0.0000	APC	17501	-	-	-	-	000	999	-
C9759	N	TRANSCATH INTRAOP MICROINF	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9760	T	NON-BLIND INTERATRIAL SHUNT	-	01592	0.0000	APC	27501	-	-	-	-	000	999	-
C9761	N	CYSTO, LITHO, VACUUM KIDNEY	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
C9762	N	CARDIAC MRI SEG DYS STRAIN	-	05524	6.0153	Bundled, sometimes payable	365	-	-	-	-	000	999	-
C9763	N	CARDIAC MRI SEG DYS STRESS	-	05524	6.0153	Bundled, sometimes payable	365	-	-	-	-	000	999	-
C9764	N	REVASC INTRAVASC LITHOTRIPSY	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
C9765	N	REVASC INTRA LITHOTRIP-STENT	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
C9766	N	REVASC INTRA LITHOTRIP-ATHER	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
C9767	N	REVASC LITHOTRIP-STENT-ATHER	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
C9768	N	ENDO US-GUIDE HEP PORTO GRAD	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9769	N	CYSTO W/TEMP PROS IMPLANT	-	05376	100.4487	Bundled, sometimes payable	6099	-	-	-	-	000	999	-
C9772	N	REVASC LITHOTRIP TIBI/PERONE	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
C9773	N	REVASC LITHOTR-STENT TIB/PER	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
C9774	N	REVASC LITHOTR-ATHER TIB/PER	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
C9775	N	REVASC LITH-STEN-ATH TIB/PER	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
C9776	N	FLUO BILE DUCT IMAGING W/ICG	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9777	N	ESOPHAG MUC INTEG W/ESO EGD	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-

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C9778	N		COLPOPEXY, MIN/INV, EX-PERIT	-	05415	54.2343	Bundled, sometimes payable	3293	-	-	-	-	000	999	-
C9779	N		ESD ENDOSCOPY OR COLONOSCOPY	-	05303	41.7587	Bundled, sometimes payable	2536	-	-	-	-	000	999	-
C9780	E		INSERT CV CATH INF & SUP APP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C9781	N		ARTHRO/SHOUL SURG; W/SPACER	-	05115	143.5058	Bundled, sometimes payable	8714	-	-	-	-	000	999	-
C9782	E		BLIND MYOCAR TRPL BON MARROW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
C9783	N		BLIND COR SINUS REDUCER IMPL	-	05193	119.9539	Bundled, sometimes payable	7284	-	-	-	-	000	999	-
C9784	N		ENDO SLEEVE GASTRO W/TUBE	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
C9785	N		ENDO OUTLET RESTRICT W/TUBE	-	05362	112.2401	Bundled, sometimes payable	6815	-	-	-	-	000	999	-
C9786	S		ECHO CAD FOR HF PRESERVED EF	-	05743	3.2568	APC	068	-	-	-	-	000	999	-
C9787	S		GASTRIC EP MAPG SIMULT PT SX	-	05723	5.8442	APC	330	-	-	-	-	000	999	-
C9789	T		INSTILL PHARM RENAL PELVIS	-	01559	0.0000	APC	2251	-	-	-	-	000	999	-
C9790	S		KIDNEY HISTOTRIPSY W/IMAGE	-	01576	0.0000	APC	12501	-	-	-	-	000	999	-
C9791	T		MRI HYPERPOLARIZED XENON129	-	01551	0.0000	APC	1251	-	-	-	-	000	999	-
C9792	S		BLIND/NONBLIND TRANS ATRIAL	-	01537	0.0000	APC	9751	-	-	-	-	000	999	-
C9793	S		PRE-PLAN 3D MODEL W/CCTA	-	05724	11.4003	APC	692	-	-	-	-	000	999	-
C9794	S		COMPLEX SIMULATION W/PET-CT	-	01521	33.4047	APC	2028	-	-	-	-	000	999	-
C9795	S		SBRT W/POSITRON EMISSION DEL	-	01525	64.2319	APC	3900	-	-	-	-	000	999	-
C9796	N		RPR INTST EXCL ANRECT FIST	-	05313	30.6155	Bundled, sometimes payable	1859	-	-	-	-	000	999	-
C9797	N		VASC EMB/OCC W/PRS CATH	-	05194	191.1985	Bundled, sometimes payable	11610	-	-	-	-	000	999	-
C9898	N		INPNT STAY RADIOLABELED ITEM	-	-	-	Bundled	000	-	-	-	-	000	999	-
C9899	E		INPT IMPLANT PROS DEV.NO COV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0120	N		PERIODIC ORAL EVALUATION	-	05012	1.4414	Bundled, sometimes payable	088	-	-	-	-	000	999	-
D0140	N		LIMIT ORAL EVAL PROBLM FOCUS	-	05012	1.4414	Bundled, sometimes payable	088	-	-	-	-	000	999	-
D0145	M		ORAL EVALUATION, PT < 3YRS	-	-	-	Fee Schedule	069	-	-	-	-	000	002	-
D0150	N		COMPREHENSVE ORAL EVALUATION	-	05012	1.4414	Bundled, sometimes payable	088	-	-	-	-	000	999	-
D0160	E		EXTENSV ORAL EVAL PROB FOCUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0170	N		RE-EVAL,EST PT,PROBLEM FOCUS	-	05012	1.4414	Bundled, sometimes payable	088	-	-	-	-	000	999	-
D0171	N		RE-EVAL POST-OP VISIT	-	05012	1.4414	Bundled, sometimes payable	088	-	-	-	-	000	999	-
D0180	E		COMP PERIODONTAL EVALUATION	-	-	-	Not Allowed	000	-	-	-	-	000	020	-
D0190	M		SCREENING OF A PATIENT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
D0191	N		ASSESSMENT OF A PATIENT	-	05012	1.4414	Bundled, sometimes payable	088	-	-	-	-	000	999	-
D0210	N		INTRAOR COMPREHENSIVE SERIES	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
D0220	N		INTRAORAL PERIAPICAL FIRST	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
D0230	N		INTRAORAL PERIAPICAL EA ADD	-	-	-	Bundled	000	-	-	-	-	000	999	-
D0240	N		INTRAORAL OCCLUSAL FILM	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
D0250	N		EXTRAORAL 2D PROJECT IMAGE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
D0251	N		EXTRAORAL POSTERIOR IMAGE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
D0270	N		DENTAL BITEWING SINGLE IMAGE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
D0272	N		DENTAL BITEWINGS TWO IMAGES	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
D0273	N		BITEWINGS - THREE IMAGES	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
D0274	N		BITEWINGS FOUR IMAGES	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
D0277	N		VERT BITEWINGS 7 TO 8 IMAGES	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
D0310	E		DENTAL SALIOGRAPHY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0320	E		DENTAL TMJ ARTHROGRAM INCL I	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0321	E		OTHER TMJ IMAGES BY REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0322	E		DENTAL TOMOGRAPHIC SURVEY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0330	N		PANORAMIC IMAGE	-	05523	2.6718	Bundled, sometimes payable	162	-	-	-	-	000	999	-
D0340	N		2D CEPHALOMETRIC IMAGE	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	999	-
D0350	N		ORAL/FACIAL PHOTO IMAGES	-	05521	0.9908	Bundled, sometimes payable	060	-	-	-	-	000	020	-
D0360	E		CONE BEAM CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0362	E		CONE BEAM, TWO DIMENSIONAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0364	E		CONE BEAM CT CAPT & INTERP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0365	E		CONE BEAM CT INTERPRETE MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0366	E		CONE BEAM CT INTERPRETE MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0367	N		CONE BEAM CT INTERP BOTH JAW	-	05522	1.1988	Bundled, sometimes payable	073	-	-	-	-	000	999	-
D0368	E		CONE BEAM CT INTERPRETE TMJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D0369	E	MAX MRI CAPTURE & INTERPRETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0370	E	MAX ULTRASOUND CAPT & INTERP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0371	E	SIALOENDOSCOPY CAPT & INTERP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0372	E	TOMO COMP SERIES IMAGES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0373	E	TOMO BITEWING IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0374	E	TOMO PERIAPICAL IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0380	E	CONE BEAM CT CAPTURE LIMITED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0381	E	CONE BEAM CT CAPT MANDIBLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0382	E	CONE BEAM CT CAPT MAXILLA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0383	E	CONE BEAM CT BOTH JAWS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0384	E	CONE BEAM CT CAPTURE TMJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0385	E	MAX MRI IMAGE CAPTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0386	E	MAX ULTRASOUND IMAGE CAPTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0387	E	COMP IMAGE CAPTURE ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0388	E	BITEWING IMAGE CAPTURE ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0389	E	PERIOPIC IMAGE CAPTURE ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0391	E	INTERPRETE DIAGNOSTIC IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0393	E	TRTMNT SIMULATION 3D IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0394	E	DIGITAL SUB 2 OR MORE IMAGES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0395	E	FUSION 2 OR MORE 3D IMAGES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0396	E	3D PRINT OF 3D SURFACE SCAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0411	E	HBA1C IN OFFICE TESTING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0412	E	BLOOD GLUCOSE LEVEL TEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0414	E	LAB PROCESS MICROBIAL SPEC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0415	E	COLLECTION OF MICROORGANISMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0416	E	VIRAL CULTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0417	E	COLLECT & PREP SALIVA SAMPLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0418	E	ANALYSIS OF SALIVA SAMPLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0419	E	ASSESS OF SALIVARY FLOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0422	E	COLLECT & PREP GENETIC SAMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0423	E	GENETIC TEST SPEC ANALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0425	M	CARIES SUSCEPTIBILITY TEST	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D0431	E	DIAG TST DETECT MUCOS ABNORM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0460	S	PULP VITALITY TEST	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D0470	M	DIAGNOSTIC CASTS	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D0472	E	GROSS EXAM, PREP & REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0473	E	MICRO EXAM, PREP & REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0474	E	MICRO W EXAM OF SURG MARGINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0475	E	DECALCIFICATION PROCEDURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0476	E	SPEC STAINS FOR MICROORGANIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0477	E	SPEC STAINS NOT FOR MICROORG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0478	E	IMMUNOHISTOCHEMICAL STAINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0479	E	TISSUE IN-SITU HYBRIDIZATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0480	E	CYTOPATH SMEAR PREP & REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0481	E	ELECTRON MICROSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0482	E	DIRECT IMMUNOFLUORESCENCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0483	E	INDIRECT IMMUNOFLUORESCENCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0484	E	CONSULT SLIDES PREP ELSEWHERE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0485	E	CONSULT INC PREP OF SLIDES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0486	M	ACCESS OF TRANSEP CYTOL SAMP	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D0502	E	OTHER ORAL PATHOLOGY PROCEDU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0600	S	NON-IONIZING DIAG PROC	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D0601	M	CARIES RISK ASSESS LOW RISK	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D0602	M	CARIES RISK ASSESS MOD RISK	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D0603	M	CARIES RISK ASSESS HIGH RISK	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D0604	E	ANTIGEN TEST PUB HLTH PATHOG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D0605	E	ANTIBODY TEST PUB HLTH PATH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0606	E	MOLECULAR TEST PUB HLTH PATH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0701	E	PANO RADIO IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0702	E	2D CEPHAL RADIO IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0703	E	2D ORAL/FACIAL PHOTO IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0705	E	EXTRA ORAL POST RADIO IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0706	E	INTRAORAL OCCLUS RADIO IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0707	E	INTRAORAL PERIAP RADIO IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0708	E	INTRAORAL BITE RADIO IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0709	E	INTRAORAL COMP IMAGE CAPTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0801	E	3D DENTAL SCAN DIRECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0802	E	3D DENTAL SCAN INDIRECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0803	E	3D FACIAL SCAN DIRECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0804	E	3D FACIAL SCAN INDIRECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D0999	E	UNSPECIFIED DIAGNOSTIC PROCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1110	N	DENTAL PROPHYLAXIS ADULT	-	05012	1.4414	Bundled, sometimes payable	088	-	-	-	-	000	999	-
D1120	M	DENTAL PROPHYLAXIS CHILD	-	-	-	Fee Schedule	000	-	-	-	-	000	017	-
D1206	M	TOPICAL FLUORIDE VARNISH	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D1208	M	TOPICAL APP FLUORID EX VRNSH	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
D1301	E	IMMUNIZATION COUNSELING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1310	M	NUTRI COUNSEL-CONTROL CARIES	-	-	-	Fee Schedule	069	-	-	-	-	000	005	-
D1320	M	TOBACCO COUNSELING	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
D1321	E	COUNS FOR HIGH RISK SUB USE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1330	M	ORAL HYGIENE INSTRUCTION	-	-	-	Fee Schedule	069	-	-	-	-	000	005	-
D1351	M	DENTAL SEALANT PER TOOTH	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
D1352	M	PREV RESIN REST, PERM TOOTH	-	-	-	Fee Schedule	000	-	-	-	-	000	020	-
D1353	M	SEALANT REPAIR PER TOOTH	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
D1354	N	INT CARIES MED APP PER TOOTH	-	-	-	Bundled	000	-	-	-	-	000	999	-
D1355	E	CARIES MED APP PER TOOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1510	S	SPACE MAINTAINER FXD UNILAT	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D1516	S	FIXED BILAT SPACE MAINT, MAX	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D1517	S	FIXED BILAT SPACE MAINT, MAN	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D1520	E	REMOVE UNILAT SPACE MAINTAIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1526	E	REMOVE BILAT SPACE MAIN, MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1527	E	REMOVE BILAT SPACE MAIN, MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1551	S	RECEMENT SPACE MAINT - MAX	-	05871	9.6004	APC	953	-	-	-	-	000	999	-
D1552	S	RECEMENT SPACE MAINT - MAN	-	05871	9.6004	APC	953	-	-	-	-	000	999	-
D1553	S	RECEMENT UNILAT SPACE MAINT	-	05871	9.6004	APC	953	-	-	-	-	000	999	-
D1556	E	REM FIXED UNILAT SPACE MAINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1557	E	REMOVE FIXED BILAT MAINT MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1558	E	REMOVE FIXED BILAT MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1575	S	DIST SPACE MAINT, FIXED UNIL	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D1701	E	PFIZER VACC ADMIN 1ST DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1702	E	PFIZER VACC ADMIN 2ND DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1703	E	MODERNA VACC ADMIN 1ST DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1704	E	MODERNA VACC ADMIN 2ND DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1705	E	ASTRAZENECA VACC ADM 1ST DOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1706	E	ASTRAZENECA VACC ADM 2ND DOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1707	E	JANSSEN VACCINE ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1708	E	PFIZER VACC ADMIN 3RD DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1709	E	PFIZER VACCINE ADMIN BOOSTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1710	E	MODERNA VACC ADMIN 3RD DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1711	E	MODERNA VACC ADMIN BOOSTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1712	E	JANSSEN VACC ADMIN BOOSTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1713	E	PFIZER VACC ADM PED 1ST DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1714	E	PFIZER VACC ADM PED 2ND DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D1781	E	VAC ADMIN HUMAN PAP DOSE 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1782	E	VAC ADMIN HUMAN PAP DOSE 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1783	E	VAC ADMIN HUMAN PAP DOSE 3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D1999	E	UNSPECIFIED PREVENTIVE PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2140	T	AMALGAM ONE SURFACE PERMANEN	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2150	T	AMALGAM TWO SURFACES PERMANE	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2160	T	AMALGAM THREE SURFACES PERMA	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2161	T	AMALGAM 4 OR > SURFACES PERM	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2330	T	RESIN ONE SURFACE-ANTERIOR	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2331	T	RESIN TWO SURFACES-ANTERIOR	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2332	T	RESIN THREE SURFACES-ANTERIO	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2335	T	RESIN 4/> SURF OR W INCIS AN	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2390	T	ANT RESIN-BASED CMPST CROWN	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2391	T	POST 1 SRFC RESINBASED CMPST	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2392	T	POST 2 SRFC RESINBASED CMPST	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2393	T	POST 3 SRFC RESINBASED CMPST	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2394	T	POST >=4SRFC RESINBASE CMPST	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2410	E	DENTAL GOLD FOIL ONE SURFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2420	E	DENTAL GOLD FOIL TWO SURFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2430	E	DENTAL GOLD FOIL THREE SURFA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2510	E	DENTAL INLAY METALLIC 1 SURF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2520	E	DENTAL INLAY METALLIC 2 SURF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2530	E	DENTAL INLAY METL 3/MORE SUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2542	E	DENTAL ONLAY METALLIC 2 SURF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2543	E	DENTAL ONLAY METALLIC 3 SURF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2544	E	DENTAL ONLAY METL 4/MORE SUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2610	E	INLAY PORCELAIN/CERAMIC 1 SU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2620	E	INLAY PORCELAIN/CERAMIC 2 SU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2630	E	DENTAL ONLAY PORC 3/MORE SUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2642	E	DENTAL ONLAY PORCELIN 2 SURF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2643	E	DENTAL ONLAY PORCELIN 3 SURF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2644	E	DENTAL ONLAY PORC 4/MORE SUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2650	E	INLAY COMPOSITE/RESIN ONE SU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2651	E	INLAY COMPOSITE/RESIN TWO SU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2652	E	DENTAL INLAY RESIN 3/MRE SUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2662	E	DENTAL ONLAY RESIN 2 SURFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2663	E	DENTAL ONLAY RESIN 3 SURFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2664	E	DENTAL ONLAY RESIN 4/MRE SUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2710	T	CROWN RESIN-BASED INDIRECT	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2712	T	CROWN 3/4 RESIN-BASED COMPOS	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2720	T	CROWN RESIN W/ HIGH NOBLE ME	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2721	T	CROWN RESIN W/ BASE METAL	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2722	T	CROWN RESIN W/ NOBLE METAL	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2740	T	CROWN PORCELAIN/CERAMIC	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2750	T	CROWN PORCELAIN W/ H NOBLE M	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2751	T	CROWN PORCELAIN FUSED BASE M	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2752	T	CROWN PORCELAIN W/ NOBLE MET	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2753	E	CROWN PORC FUSED TO TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2780	T	CROWN 3/4 CAST HI NOBLE MET	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2781	T	CROWN 3/4 CAST BASE METAL	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2782	T	CROWN 3/4 CAST NOBLE METAL	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2783	T	CROWN 3/4 PORCELAIN/CERAMIC	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2790	T	CROWN FULL CAST HIGH NOBLE M	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2791	T	CROWN FULL CAST BASE METAL	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2792	T	CROWN FULL CAST NOBLE METAL	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2794	T	CROWN-TITANIUM	-	05871	9.6004	APC	583	-	-	-	-	000	020	-

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D2799	T	INTERIM CROWN	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2910	T	RECEMENT INLAY ONLAY OR PART	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2915	E	RECEMENT CAST OR PREFAB POST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2920	T	RE-CEMENT OR RE-BOND CROWN	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2921	T	REATTACH TOOTH FRAGMENT	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2928	E	PREFAB PORC/CER CROWN PERM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2929	T	PREFAB PORC/CERAM CROWN PRI	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2930	T	PREFAB STNLSS STEEL CRWN PRI	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2931	T	PREFAB STNLSS STEEL CROWN PE	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2932	T	PREFABRICATED RESIN CROWN	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2933	T	PREFAB STAINLESS STEEL CROWN	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2934	E	PREFAB STEEL CROWN PRIMARY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2940	T	PROTECTIVE RESTORATION	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2941	E	INT THERAPEUTIC RESTORATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2949	E	RESTORATIVE FOUNDATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2950	T	CORE BUILD-UP INCL ANY PINS	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2951	T	TOOTH PIN RETENTION	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D2952	T	POST AND CORE CAST + CROWN	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2953	N	EACH ADDTNL CAST POST	-	-	-	Bundled	000	-	-	-	-	000	999	-
D2954	T	PREFAB POST/CORE + CROWN	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2955	E	POST REMOVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2957	T	EACH ADDTNL PREFAB POST	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2960	T	LABIAL VENEER RESIN DIRECT	-	05871	9.6004	APC	583	-	-	Y	-	000	020	-
D2961	T	LABIAL VENEER RESIN INDIRECT	-	05871	9.6004	APC	583	-	-	Y	-	000	020	-
D2962	T	LABIAL VENEER PORC INDIRECT	-	05871	9.6004	APC	583	-	-	Y	-	000	020	-
D2971	E	ADD PROC CONSTRUCT NEW CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2975	E	COPING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2976	E	BAND STABILIZATION PER TOOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2980	T	CROWN REPAIR	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D2981	E	INLAY REPAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2982	E	ONLAY REPAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2983	E	VENEER REPAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2989	E	EXCAVATE TOOTH NON-RESTORABL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2990	E	RESIN INFILTRATION OF LESION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2991	E	APP OF HYDROXYAPATITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D2999	E	DENTAL UNSPEC RESTORATIVE PR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3110	N	PULP CAP DIRECT	-	05871	9.6004	Bundled, sometimes payable	583	-	-	-	-	000	999	-
D3120	N	PULP CAP INDIRECT	-	05871	9.6004	Bundled, sometimes payable	583	-	-	-	-	000	999	-
D3220	T	THERAPEUTIC PULPOTOMY	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D3221	T	GROSS PULPAL DEBRIDEMENT	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D3222	E	PART PULP FOR APEXOGENESIS	-	-	-	Not Allowed	000	-	-	-	-	000	020	-
D3230	T	PULPAL THERAPY ANTERIOR PRIM	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D3240	T	PULPAL THERAPY POSTERIOR PRI	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D3310	T	END THXPY, ANTERIOR TOOTH	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D3320	T	END THXPY, PREMOLAR TOOTH	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D3330	T	END THXPY, MOLAR TOOTH	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D3331	T	NON-SURG TX ROOT CANAL OBS	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D3332	E	INCOMPLETE ENDODONTIC TX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3333	E	INTERNAL ROOT REPAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3346	T	RETREAT ROOT CANAL ANTERIOR	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D3347	T	RETREAT ROOT CANAL PREMOLAR	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D3348	T	RETREAT ROOT CANAL MOLAR	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D3351	E	APEXIFICATION/RECALC INITIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3352	E	APEXIFICATION/RECALC INTERIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3353	E	APEXIFICATION/RECALC FINAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3355	E	PULPAL REGENERATION INITIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D3356	E	PULPAL REGENERATION INTERIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3357	E	PULPAL REGENERATION COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3410	T	APICOECTOMY - ANTERIOR	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D3421	T	ROOT SURGERY PREMOLAR	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D3425	T	ROOT SURGERY MOLAR	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D3426	N	ROOT SURGERY EA ADD ROOT	-	-	-	Bundled	000	-	-	-	-	000	020	-
D3428	E	BONE GRAFT PERI PER TOOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3429	E	BONE GRAFT PERI EACH ADDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3430	T	RETROGRADE FILLING	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D3431	E	BIOLOGICAL MATERIALS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3432	E	GUIDED TISSUE REGENERATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3450	E	ROOT AMPUTATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3460	E	ENDODONTIC ENDOSSEOUS IMPLAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3470	E	INTENTIONAL REPLANTATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3471	E	SURG REP ROOT RES ANTERIOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3472	E	SURG REP ROOT RES PREMOLAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3473	E	SURG REP ROOT RES MOLAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3501	E	SURG EXP ROOT SURF ANTERIOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3502	E	SURG EXP ROOT SURF PREMOLAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3503	E	SURG EXP ROOT SURF MOLAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3910	E	ISOLATION- TOOTH W RUBB DAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3911	E	INTRAORIFICE BARRIER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3920	E	TOOTH SPLITTING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3921	E	DECOR OR SUBMERG ERUPT TOOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3950	E	CANAL PREP/FITTING OF DOWEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D3999	E	ENDODONTIC PROCEDURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4210	N	GINGIVECTOMY/PLASTY 4 OR MOR	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	020	-
D4211	N	GINGIVECTOMY/PLASTY 1 TO 3	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	020	-
D4212	N	GINGIVECTOMY/PLASTY REST	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
D4230	N	ANA CROWN EXP 4 OR> PER QUAD	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	020	-
D4231	N	ANA CROWN EXP 1-3 PER QUAD	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	020	-
D4240	N	GINGIVAL FLAP PROC W/ PLANIN	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	020	-
D4241	N	NGVVL FLAP W ROOTPLAN 1-3 TH	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	020	-
D4245	E	APICALLY POSITIONED FLAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4249	E	CROWN LENGTHEN HARD TISSUE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4260	N	OSSEOUS SURGERY 4 OR MORE	-	05165	63.8542	Bundled, sometimes payable	3877	-	-	-	-	000	999	-
D4261	N	OSSEOUS SURG 1 TO 3 TEETH	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
D4263	E	BONE REPLCE GRAFT FIRST SITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4264	E	BONE REPLCE GRAFT EACH ADD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4265	E	BIO MTRLS TO AID SOFT/OS REG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4266	E	GUIDED TISS REGEN RESORBABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4267	E	GUIDED TISS REGEN NONRESORB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4268	E	SURGICAL REVISION PROCEDURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4270	N	PEDICLE SOFT TISSUE GRAFT PR	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
D4273	N	AUTO TISSUE GRAFT 1ST TOOTH	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
D4274	E	MESIAL/DISTAL WEDGE PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4275	N	NON-AUTO GRAFT 1ST TOOTH	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
D4276	E	CON TISSUE W PEDICLE GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4277	N	SOFT TISSUE GRAFT FIRSTTOOTH	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
D4278	N	SOFT TISSUE GRAFT ADDL TOOTH	-	-	-	Bundled	000	-	-	-	-	000	999	-
D4283	E	AUTO TISSUE GRAFT ADDL TOOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4285	E	NON-AUTO GRAFT ADDL TOOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4286	E	REMOVE NON-RESORB BARRIER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4322	E	SPLINT INTRA-CORONAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4323	E	SPLINT EXTRA-CORONAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4341	T	PERIODONTAL SCALING & ROOT	-	05871	9.6004	APC	583	-	-	-	-	000	999	-

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D4342	T	PERIODONTAL SCALING 1-3TEETH	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D4346	E	SCALING GINGIV INFLAMMATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4355	S	FULL MOUTH DEBRIDEMENT	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D4381	E	LOCALIZED DELIVERY ANTIMICRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4910	T	PERIODONTAL MAINT PROCEDURES	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D4920	N	UNSCHEDULED DRESSING CHANGE	-	05871	9.6004	Bundled, sometimes payable	583	-	-	-	-	000	999	-
D4921	E	GINGIVAL IRRIGATION PER QUAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D4999	E	UNSPECIFIED PERIODONTAL PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5110	M	DENTURES COMPLETE MAXILLARY	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5120	M	DENTURES COMPLETE MANDIBL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5130	M	DENTURES IMMEDIAT MAXILLARY	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5140	M	DENTURES IMMEDIAT MANDIBL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5211	M	DENTURES MAXILL PART RESIN	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5212	M	DENTURES MAND PART RESIN	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5213	M	DENTURES MAXILL PART METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5214	M	DENTURES MANDIBL PART METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5221	E	IMMED MAX PART DENTURE RESIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5222	E	IMMED MAN PART DENTURE RESIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5223	E	IMMED MAX PART DENT METAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5224	E	IMMED MAND PART DENT METAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5225	M	MAXILLARY PART DENTURE FLEX	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5226	M	MANDIBULAR PART DENTURE FLEX	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5227	E	IMMED MAX PART DENTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5228	E	IMMED MAND PART DENTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5282	E	REMOVE UNIL PART DENTURE,MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5283	E	REMOVE UNIL PART DENTURE,MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5284	E	REM UNILAT DENT FLEX BASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5286	E	REM UNILAT DENT 1 PC RESIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5410	M	DENTURES ADJUST CMLPT MAXIL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5411	M	DENTURES ADJUST CMLPT MAND	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5421	M	DENTURES ADJUST PART MAXILL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5422	M	DENTURES ADJUST PART MANDBL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5511	M	REP BROKE COMP DENT BASE MAN	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5512	M	REP BROKE COMP DENT BASE MAX	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5520	M	REPLACE DENTURE TEETH COMPLT	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5611	M	REP RESIN PART DENT BASE MAN	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5612	M	REP RESIN PART DENT BASE MAX	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5621	M	REP CAST PART FRAME MAN	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5622	M	REP CAST PART FRAME MAX	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5630	M	REP PARTIAL DENTURE CLASP	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5640	M	REPLACE PART DENTURE TEETH	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5650	M	ADD TOOTH TO PARTIAL DENTURE	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5660	M	ADD CLASP TO PARTIAL DENTURE	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5670	E	REPLC TTH&ACRLC ON MTL FRMWK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5671	E	REPLC TTH&ACRLC MANDIBULAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5710	M	DENTURES REBASE CMLPT MAXIL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5711	M	DENTURES REBASE CMLPT MAND	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5720	M	DENTURES REBASE PART MAXILL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5721	M	DENTURES REBASE PART MANDBL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5725	E	REBASE HYBRID PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5730	M	DENTURE RELN CMLPT MAX DIR	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5731	M	DENTURE RELN CMLPT MAND DIR	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5740	M	DENTURE RELN PART MAX DIR	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5741	M	DENTURE RELN PART MAND DIR	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5750	M	DENTURE RELN CMLPT MAX INDIR	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5751	M	DENTURE RELN CMLPT MAND IND	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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D5760	M	DENTURE RELN PART MAX INDIR	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5761	M	DENTURE RELN PART MAND INDIR	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5765	E	LINER COMPL/PARTIAL REM DENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5810	M	DENTURE INTERM CMLPT MAXILL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5811	E	DENTURE INTERM CMLPT MANDBL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5820	M	DENTURE INTERM PART MAXILL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5821	M	DENTURE INTERM PART MANDBL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5850	M	DENTURE TISS CONDITN MAXILL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5851	M	DENTURE TISS CONDITN MANDBL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D5862	E	PRECISION ATTACHMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5863	E	OVERDENTURE COMPLETE MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5864	E	OVERDENTURE PARTIAL MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5865	E	OVERDENTURE COMPLETE MANDIB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5866	E	OVERDENTURE PARTIAL MANDIB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5867	E	REPLACEMENT OF PRECISION ATT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5875	E	PROSTHESIS MODIFICATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5876	E	ADD METAL SUB TO ACRYLC DENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5899	E	REMOVABLE PROSTHODONTIC PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5911	E	FACIAL MOULAGE SECTIONAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5912	E	FACIAL MOULAGE COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5913	E	NASAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5914	E	AURICULAR PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5915	E	ORBITAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5916	E	OCULAR PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5919	E	FACIAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5922	E	NASAL SEPTAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5923	E	OCULAR PROSTHESIS INTERIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5924	E	CRANIAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5925	E	FACIAL AUGMENTATION IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5926	E	REPLACEMENT NASAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5927	E	AURICULAR REPLACEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5928	E	ORBITAL REPLACEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5929	E	FACIAL REPLACEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5931	E	SURGICAL OBTURATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5932	E	POSTSURGICAL OBTURATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5933	E	REFITTING OF OBTURATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5934	E	MANDIBULAR FLANGE PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5935	E	MANDIBULAR DENTURE PROSTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5936	E	TEMP OBTURATOR PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5937	E	TRISMUS APPLIANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5951	E	FEEDING AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5952	E	PEDIATRIC SPEECH AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5953	E	ADULT SPEECH AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5954	E	SUPERIMPOSED PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5955	E	PALATAL LIFT PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5958	E	INTRAORAL CON DEF INTER PLT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5959	E	INTRAORAL CON DEF MOD PALAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5960	E	MODIFY SPEECH AID PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5982	E	SURGICAL STENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5983	E	RADIATION APPLICATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5984	E	RADIATION SHIELD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5985	E	RADIATION CONE LOCATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5986	E	FLUORIDE APPLICATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5987	E	COMMISSURE SPLINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5988	E	SURGICAL SPLINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5991	E	VESICULOBULLOUS DISEASE CARR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D5992	E	ADJUST MAX PROST APPLIANCE	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
D5993	E	MAIN/CLEAN MAX PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
D5995	E	PERI MEDICAMENT W/SEAL, MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5996	E	PERI MEDICAMENT W/SEAL, MAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D5999	E	MAXILLOFACIAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6010	E	ODONTICS ENDOSTEAL IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6011	E	SECOND STAGE IMPLANT SURGERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6012	E	ENDOSTEAL IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6013	E	SURGICAL PLACE MINI IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6040	E	ODONTICS EOSTEAL IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6050	E	ODONTICS TRANSOSTEAL IMPLNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6051	E	INTERIM IMPLANT ABUTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6053	E	IMPLNT/ABTMNT SPVRT REMV DNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6054	E	IMPLNT/ABTMNT SPVRT REMV/PRTL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6055	E	IMPLANT CONNECTING BAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6056	E	PREFABRICATED ABUTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6057	E	CUSTOM ABUTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6058	E	ABUTMENT SUPPORTED CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6059	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6060	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6061	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6062	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6063	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6064	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6065	E	IMPLANT SUPPORTED CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6066	E	IMPLANT SUPPORTED MTL CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6067	E	IMPLANT SUPPORTED MTL CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6068	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6069	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6070	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6071	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6072	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6073	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6074	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6075	E	IMPLANT SUPPORTED RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6076	E	IMPLANT SUPPORTED RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6077	E	IMPLANT SUPPORTED RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6078	E	IMPLNT/ABUT SUPRTD FIXD DENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6079	E	IMPLNT/ABUT SUPRTD FIXD DENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6080	E	IMPLANT MAINTENANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6081	E	SCALE & DEBRIDE, SINGLE IMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6082	E	IMP CROWN PORC TO BASE ALLOY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6083	E	IMP CROWN PORC TO NOBLE ALLO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6084	E	IMP CROWN PORC TO TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6085	E	INTERIM IMPLANT CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6086	E	IMP CROWN BASE ALLOYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6087	E	IMPLANT CROWN NOBLE ALLOYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6088	E	IMP CROWN TITANIUM ALLOYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6089	E	ACCESS/RETORQ IMPLANT SCREW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6090	E	REPAIR IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6091	E	REPL SEMI/PRECISION ATTACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6092	E	RECEMENT SUPP CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6093	E	RECEMENT SUPP PART DENTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6094	E	ABUT SUPPORT CROWN TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6095	E	ODONTICS REPR ABUTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6096	E	REMOVE BROKEN IMP RET SCREW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D6097	E	ABUT CROWN PORC TO TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6098	E	IMP RETAIN PORC TO BASE ALLO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6099	E	IMP RETAINER FOR FPD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6100	E	SURG REMOVAL OF IMPLANT BODY	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
D6101	E	DEBRIDEMENT OF A PERIIMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6102	E	DEBRIDEMENT & CONTOURING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6103	E	BONE GRAFT REPAIR PERIMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6104	E	BONE GRAFT TIME OF IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6105	E	REMOVE IMPLANT BODY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6106	E	TISSUE REGEN RESORBABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6107	E	TISSUE REGEN NON-RESORBABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6110	E	IMPLNT/ABUT REMOV DENT MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6111	E	IMPLNT/ABUT REMOV DENT MAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6112	E	IMP/ABUT REM DENT PART MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6113	E	IMP/ABUT REM DENT PART MAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6114	E	IMPLNT/ABUT FIXED DENT MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6115	E	IMPLNT/ABUT FIXED DENT MAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6116	E	IMP/ABUT FIXED DENT PART MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6117	E	IMP/ABUT FIXED DENT PART MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6118	E	IMP/ABUT INT FIXED DENT MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6119	E	INT/ABUT INT FIXED DENT MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6120	E	IMP RETAIN PORC TO TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6121	E	RETAIN METAL FPD BASE ALLOYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6122	E	RETAIN METAL FPD NOBLE ALLOY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6123	E	RETAIN METAL FPD TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6190	E	RADIO/SURGICAL IMPLANT INDEX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6191	E	SEMI PRECISION ABUTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6192	E	SEMI PRECISION ATTACHMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6194	E	ABUT SUPPORT RETAINER TITANI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6195	E	ABUT RETAIN PORC TO TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6197	E	REPLACE MATERIAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6198	E	REMOVE INTERIM IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6199	E	IMPLANT PROCEDURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6205	M	PONTIC-INDIRECT RESIN BASED	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6210	M	PROSTHODONT HIGH NOBLE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6211	M	BRIDGE BASE METAL CAST	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6212	M	BRIDGE NOBLE METAL CAST	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6214	M	PONTIC TITANIUM	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6240	M	BRIDGE PORCELAIN HIGH NOBLE	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6241	M	BRIDGE PORCELAIN BASE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6242	M	BRIDGE PORCELAIN NOBEL METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6243	E	PONTIC PORCELAIN TO TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6245	M	BRIDGE PORCELAIN/CERAMIC	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6250	M	BRIDGE RESIN W/HIGH NOBLE	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6251	M	BRIDGE RESIN BASE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6252	M	BRIDGE RESIN W/NOBLE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6253	E	INTERIM PONTIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6254	E	INTERIM PONTIC	-	-	-	Not Allowed	000	-	-	-	-	018	020	-
D6545	E	DENTAL RETAINR CAST METL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6548	E	PORCELAIN/CERAMIC RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6549	E	RESIN RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6600	E	PORCELAIN/CERAMIC INLAY 2SRF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6601	E	PORC/CERAM INLAY >= 3 SURFAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6602	E	CST HGH NBLE MTL INLAY 2 SRF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6603	E	CST HGH NBLE MTL INLAY >=3SR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6604	E	CST BSE MTL INLAY 2 SURFACES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D6605	E	CST BSE MTL INLAY >= 3 SURFA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6606	E	CAST NOBLE METAL INLAY 2 SUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6607	E	CST NOBLE MTL INLAY >=3 SURF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6608	E	ONLAY PORC/CRMC 2 SURFACES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6609	E	ONLAY PORC/CRMC >=3 SURFACES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6610	E	ONLAY CST HGH NBL MTL 2 SRFC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6611	E	ONLAY CST HGH NBL MTL >=3SRF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6612	E	ONLAY CST BASE MTL 2 SURFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6613	E	ONLAY CST BASE MTL >=3 SURFA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6614	E	ONLAY CST NBL MTL 2 SURFACES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6615	E	ONLAY CST NBL MTL >=3 SURFAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6624	E	INLAY TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6634	E	ONLAY TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6710	M	CROWN-INDIRECT RESIN BASED	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6720	M	RETAIN CROWN RESIN W HI NBLE	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6721	M	CROWN RESIN W/BASE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6722	M	CROWN RESIN W/NOBLE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6740	M	CROWN PORCELAIN/CERAMIC	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6750	M	CROWN PORCELAIN HIGH NOBLE	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6751	M	CROWN PORCELAIN BASE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6752	M	CROWN PORCELAIN NOBLE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6753	E	RETAIN CROWN PORC TO TITANIU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6780	M	CROWN 3/4 HIGH NOBLE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6781	M	CROWN 3/4 CAST BASED METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6782	M	CROWN 3/4 CAST NOBLE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6784	E	RETAINER CROWN 3/4 TITANIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6790	M	CROWN FULL HIGH NOBLE METAL	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6791	M	CROWN FULL BASE METAL CAST	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6792	M	CROWN FULL NOBLE METAL CAST	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6793	E	INTERIM RETAINER CROWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6794	M	CROWN TITANIUM	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6795	E	INTERIM RETAINER CROWN	-	-	-	Not Allowed	000	-	-	-	-	018	020	-
D6920	E	DENTAL CONNECTOR BAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6930	M	RECEMENT/BOND PART DENTURE	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D6940	E	STRESS BREAKER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6950	M	PRECISION ATTACHMENT	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D6970	E	POST & CORE PLUS RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6972	E	PREFAB POST & CORE PLUS RETA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6973	E	CORE BUILD UP FOR RETAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6975	E	COPING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6976	E	EACH ADDTNL CAST POST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6977	E	EACH ADDTL PREFAB POST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6980	M	FIXED PARTIAL REPAIR	-	-	-	Fee Schedule	189	-	-	-	-	000	020	-
D6985	E	PEDIATRIC PARTIAL DENTURE FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D6999	E	FIXED PROSTHODONTIC PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7111	S	EXTRACTION CORONAL REMNANTS	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7140	S	EXTRACTION ERUPTED TOOTH/EXR	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7210	N	REM IMP TOOTH W MUCOPER FLP	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
D7220	S	IMPACT TOOTH REMOV SOFT TISS	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7230	S	IMPACT TOOTH REMOV PART BONY	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7240	S	IMPACT TOOTH REMOV COMP BONY	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7241	S	IMPACT TOOTH REM BONY W/COMP	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7250	S	TOOTH ROOT REMOVAL	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7251	E	CORONECTOMY	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
D7260	E	ORAL ANTRAL FISTULA CLOSURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D7261	E	PRIMARY CLOSURE SINUS PERF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7270	T	TOOTH REIMPLANTATION	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7272	E	TOOTH TRANSPLANTATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7280	T	EXPOSURE OF UNERUPTED TOOTH	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7282	M	MOBILIZE ERUPTED/MALPOS TOOT	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D7283	M	PLACE DEVICE IMPACTED TOOTH	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D7284	E	EXC BIOPSY OF SALIV GLANDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7285	E	BIOPSY OF ORAL TISSUE HARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7286	E	BIOPSY OF ORAL TISSUE SOFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7287	E	EXFOLIATIVE CYTOLOG COLLECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7288	E	BRUSH BIOPSY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7290	E	REPOSITIONING OF TEETH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7291	E	TRANSSEPTAL FIBEROTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7292	E	SCREW RETAINED PLATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7293	E	TEMP ANCHORAGE DEV W FLAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7294	E	TEMP ANCHORAGE DEV W/O FLAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7295	E	BONE HARVEST,AUTO GRAFT PROC	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
D7296	E	CORTICOTOMY, 1-3 TEETH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7297	E	CORTICOTOMY, 4 OR MORE TEETH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7298	E	REMOVE SCREW RETAINED PLATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7299	E	REM ANCHORAGE DEVICE W/FLAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7300	E	REM ANCHORAGE DEV W/O FLAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7310	N	ALVEOLOPLASTY W/ EXTRACTION	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
D7311	N	ALVEOLOPLASTY W/EXTRACT 1-3	-	05163	16.6287	Bundled, sometimes payable	1010	-	-	-	-	000	999	-
D7320	M	ALVEOLOPLASTY W/O EXTRACTION	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D7321	M	ALVEOLOPLASTY NOT W/EXTRACTS	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D7340	E	VESTIBULOPLASTY RIDGE EXTENS	-	-	-	Not Allowed	000	-	-	-	-	000	020	-
D7350	E	VESTIBULOPLASTY EXTEN GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	020	-
D7410	E	RAD EXC LESION UP TO 1.25 CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7411	E	EXCISION BENIGN LESION>1.25C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7412	E	EXCISION BENIGN LESION COMPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7413	E	EXCISION MALIG LESION<=1.25C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7414	E	EXCISION MALIG LESION>1.25CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7415	E	EXCISION MALIG LES COMPLICAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7440	E	MALIG TUMOR EXC TO 1.25 CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7441	E	MALIG TUMOR > 1.25 CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7450	E	REM ODONTOGEN CYST TO 1.25CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7451	E	REM ODONTOGEN CYST > 1.25 CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7460	E	REM NONODONTO CYST TO 1.25CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7461	E	REM NONODONTO CYST > 1.25 CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7465	E	LESION DESTRUCTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7471	E	REM EXOSTOSIS ANY SITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7472	E	REMOVAL OF TORUS PALATINUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7473	E	REMOVE TORUS MANDIBULARIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7485	E	SURG REDUCT OSSEOUTUBEROSIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7490	E	MAXILLA OR MANDIBLE RESECTIO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7509	E	MARSUPIALIZATION ODON CYST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7510	T	I&D ABSC INTRAORAL SOFT TISS	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
D7511	T	INCISION/DRAIN ABSCESS INTRA	-	05071	7.6716	APC	466	-	-	-	Y	000	999	-
D7520	T	I&D ABSCESS EXTRAORAL	-	05071	7.6716	APC	466	-	-	-	-	000	999	-
D7521	T	INCISION/DRAIN ABSCESS EXTRA	-	05071	7.6716	APC	466	-	-	-	Y	000	999	-
D7530	E	REMOVAL FB SKIN/AREOLAR TISS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7540	T	REMOVAL OF FB REACTION	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7550	T	REMOVAL OF SLOUGHED OFF BONE	-	05871	9.6004	APC	583	-	-	-	-	000	999	-
D7560	M	MAXILLARY SINUSOTOMY	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D7610	E	MAXILLA OPEN REDUCT SIMPLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D7620	E	CLSD REDUCT SIMPL MAXILLA FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7630	E	OPEN RED SIMPL MANDIBLE FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7640	E	CLSD RED SIMPL MANDIBLE FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7660	E	CLSD RED SIMP MALAR/ZYGOM FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7671	E	ALVEOLUS OPEN REDUCTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7680	E	REDUCT SIMPLE FACIAL BONE FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7710	E	MAXILLA OPEN REDUCT COMPOUND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7720	E	CLSD REDUCT COMPD MAXILLA FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7730	E	OPEN REDUCT COMPD MANDBLE FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7740	E	CLSD REDUCT COMPD MANDBLE FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7750	E	OPEN RED COMP MALAR/ZYGMA FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7760	E	CLSD RED COMP MALAR/ZYGMA FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7770	E	OPEN REDUC COMPD ALVEOLUS FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7771	E	ALVEOLUS CLSD REDUC STBLZ TE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7780	E	REDUCT COMPD FACIAL BONE FX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7810	E	TMJ OPEN REDUCT-DISLOCATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7820	E	CLOSED TMP MANIPULATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7830	E	TMJ MANIPULATION UNDER ANEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7840	E	REMOVAL OF TMJ CONDYLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7850	E	TMJ MENISCECTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7852	E	TMJ REPAIR OF JOINT DISC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7854	E	TMJ EXCISN OF JOINT MEMBRANE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7856	E	TMJ CUTTING OF A MUSCLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7858	E	TMJ RECONSTRUCTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7860	E	TMJ CUTTING INTO JOINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7865	E	TMJ RESHAPING COMPONENTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7870	E	TMJ ASPIRATION JOINT FLUID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7871	E	LYSIS + LAVAGE W CATHETERS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7872	E	TMJ DIAGNOSTIC ARTHROSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7873	E	TMJ ARTHROSCOPY LYSIS ADHESN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7874	E	TMJ ARTHROSCOPY DISC REPOSIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7875	E	TMJ ARTHROSCOPY SYNOVECTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7876	E	TMJ ARTHROSCOPY DISCECTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7877	E	TMJ ARTHROSCOPY DEBRIDEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7880	E	OCCCLUSAL ORTHOTIC APPLIANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7881	E	OCC ORTHOTIC DEVICE ADJUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7899	E	TMJ UNSPECIFIED THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7910	M	DENT SUTUR RECENT WND TO 5CM	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D7911	M	DENTAL SUTURE WOUND TO 5 CM	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D7912	M	SUTURE COMPLICATE WND > 5 CM	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D7920	E	DENTAL SKIN GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	020	-
D7921	E	COLLECT & APPL BLOOD PRODUCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7922	E	PLACE INTRA-SOCKET BIO DRESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7939	E	INDEXING FOR OSTEOATOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7940	E	RESHAPING BONE ORTHOGNATHIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7941	E	BONE CUTTING RAMUS CLOSED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7943	E	CUTTING RAMUS OPEN W/GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7944	E	BONE CUTTING SEGMENTED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7945	E	BONE CUTTING BODY MANDIBLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7946	E	RECONSTRUCTION MAXILLA TOTAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7947	E	RECONSTRUCT MAXILLA SEGMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7948	E	RECONSTRUCT MIDFACE NO GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7949	E	RECONSTRUCT MIDFACE W/GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7950	E	MANDIBLE GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D7951	M	SINUS AUG W BONE OR BONE SUB	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D7952	E	SINUS AUGMENTATION VERTICAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7953	E	BONE REPLACEMENT GRAFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7955	E	REPAIR MAXILLOFACIAL DEFECTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7956	E	TISS REGEN EDENT RESORB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7957	E	TISS REGEN EDENT NONRESORB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7961	M	BUCCAL/LABIAL FRENECTOMY	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
D7962	M	LINGUAL FRENECTOMY	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
D7963	E	FRENULOPLASTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7970	M	EXCISION HYPERPLASTIC TISSUE	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D7971	E	EXCISION PERICORONAL GINGIVA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7972	E	SURG REDCT FIBROUS TUBEROSIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7979	E	NON-SURGICAL SIALOLITHOTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7980	E	SURGICAL SIALOLITHOTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7981	E	EXCISION OF SALIVARY GLAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7982	E	SIALODOCHOPLASTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7983	E	CLOSURE OF SALIVARY FISTULA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7990	E	EMERGENCY TRACHEOTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7991	E	DENTAL CORONOIDECTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7993	E	SURG PLACE CRANIOFACIAL IMPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7994	E	SURG PLACE ZYGOMATIC IMPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7995	E	SYNTHETIC GRAFT FACIAL BONES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7996	E	IMPLANT MANDIBLE FOR AUGMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7997	E	APPLIANCE REMOVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D7998	M	INTRAORAL PLACE OF FIX DEV	-	-	-	Fee Schedule	069	-	-	-	-	000	020	-
D7999	E	ORAL SURGERY PROCEDURE	-	-	-	Not Allowed	000	-	-	-	-	000	020	-
D8010	E	LIMITED DENTAL TX PRIMARY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8020	E	LIMITED DENTAL TX TRANSITION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8030	E	LIMITED DENTAL TX ADOLESCENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8040	E	LIMITED DENTAL TX ADULT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8070	M	COMPRES DENTAL TX TRANSITION	-	-	-	Fee Schedule	069	-	-	Y	-	000	020	-
D8080	M	COMPRES DENTAL TX ADOLESCENT	-	-	-	Fee Schedule	069	-	-	Y	-	000	020	-
D8090	M	COMPRES DENTAL TX ADULT	-	-	-	Fee Schedule	069	-	-	Y	-	000	020	-
D8210	E	ORTHODONTIC REM APPLIANCE TX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8220	M	FIXED APPLIANCE THERAPY HABT	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D8660	E	PREORTHODONTIC TX VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8670	M	PERIODIC ORTHODONTIC TX VISIT	-	-	-	Fee Schedule	069	-	-	Y	-	000	020	-
D8680	M	ORTHODONTIC RETENTION	-	-	-	Fee Schedule	069	-	-	Y	-	000	020	-
D8681	E	REMOVABLE RETAINER ADJUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8695	E	REMOVE FIXED ORTHO APPLIANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8696	E	REP OF ORTHO APPLIANCE MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8697	E	REP OF ORTHO APPLIANCE MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8698	E	RECEMENT FIXED RETAINER MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8699	E	RECEMENT FIXED RETAINER MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8701	E	REPAIR FIXED RETAINER MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8702	E	REPAIR OF FIXED RETAINER MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8703	E	REPLACE BROKEN RETAINER MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8704	E	REPLACE BROKEN RETAINER MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D8999	E	ORTHODONTIC PROCEDURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9110	N	PALLIATIVE TX DENTAL PAIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
D9120	E	FIX PARTIAL DENTURE SECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9130	E	TEMPOROMANDIBULAR JOINT DYSF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9210	E	DENT ANESTHESIA W/O SURGERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9211	E	REGIONAL BLOCK ANESTHESIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9212	E	TRIGEMINAL BLOCK ANESTHESIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9215	E	LOCAL ANESTHESIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D9219	E	EVAL MOD/DEEP SED/GEN ANEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9222	M	DEEP ANEST, 1ST 15 MIN	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D9223	M	GENERAL ANESTH EA ADDL 15 MI	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D9230	N	ANALGESIA	-	-	-	Bundled	000	-	-	-	-	000	012	-
D9239	M	IV MOD SEDATION, 1ST 15 MIN	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D9243	M	IV SEDATION EA ADDL 15M	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D9248	N	SEDATION (NON-IV)	-	-	-	Bundled	000	-	-	-	-	000	999	-
D9310	M	DENTAL CONSULTATION	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D9311	E	CONSULT W/MED HLTH CARE PROF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9410	M	DENTAL HOUSE CALL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D9420	M	HOSPITAL/ASC CALL	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D9430	E	OFFICE VISIT DURING HOURS	-	-	-	Not Allowed	000	-	-	-	-	000	020	-
D9440	M	OFFICE VISIT AFTER HOURS	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D9450	E	CASE PRESENTATION TX PLAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9610	E	DENT THERAPEUTIC DRUG INJECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9612	M	THERA PAR DRUGS 2 OR > ADMIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
D9613	E	INFILTRATION THERA DRUG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9630	M	DRUGS/MEDS DISP FOR HOME USE	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D9910	E	DENT APPL DESENSITIZING MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9911	E	APPL DESENSITIZING RESIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9912	E	PRE-VISIT PATIENT SCREENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9920	M	BEHAVIOR MANAGEMENT	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
D9930	E	TREATMENT OF COMPLICATIONS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9932	E	CLEAN & INSPECT REM DENT MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9933	E	CLEAN & INSPECT REM DENT MAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9934	E	CLEAN REM PART DENTURE MAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9935	E	CLEAN REM PART DENTURE MAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9938	E	FAB REMOVABLE APPLIANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9939	E	PLACEMNT REMOVABLE APPLIANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9941	E	FABRICATION ATHLETIC GUARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9942	E	REPAIR/RELIN OCCLUSAL GUARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9943	E	OCCLUSAL GUARD ADJUSTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9944	S	OCC GUARD, HARD, FULL ARCH	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D9945	S	OCC GUARD, SOFT, FULL ARCH	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D9946	S	OCC GUARD, HARD, PART ARCH	-	05871	9.6004	APC	583	-	-	-	-	000	020	-
D9947	E	SLEEP APNEA APPLIANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9948	E	ADJUST SLEEP APNEA APPLIANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9949	E	REPAIR SLEEP APNEA APPLIANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9950	E	OCCLUSION ANALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9951	E	LIMITED OCCLUSAL ADJUSTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9952	E	COMPLETE OCCLUSAL ADJUSTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9953	E	RELIN SLEEP APNEA APPLIANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9954	E	FAB/DEL ORAL APPLIANCE THXPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9955	E	ORAL APP THXPY TITRATION VIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9956	E	ADMIN HOME SLEEP APNEA TEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9957	E	SCREENING SLEEP DISORDERS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9961	E	DUP/COPY PATIENT'S RECORDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9970	E	ENAMEL MICROABRASION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9971	E	ODONTOPLASTY PER TOOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9972	E	EXTRNL BLEACHING PER ARCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9973	E	EXTRNL BLEACHING PER TOOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9974	E	INTRNL BLEACHING PER TOOTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9975	E	EXTERNAL BLEACHING HOME APP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9985	E	SALES TAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9986	E	MISSED APPOINTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9987	E	CANCELLED APPOINTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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D9990	E	TRANS OR SIGN LANGUAGE SVCS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9991	E	CASE MGMT, APPT BARRIERS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9992	M	CASE MGMT, CARE COORDINATION	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
D9993	E	CASE MGMT, INTERVIEWING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9994	E	CASE MGMT, PT EDUCATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9995	M	TELEDENTISTRY REAL-TIME	-	-	-	Fee Schedule	027	-	-	-	-	000	999	-
D9996	M	TELEDENTISTRY DENT REVIEW	-	-	-	Fee Schedule	027	-	-	-	-	000	999	-
D9997	E	DENT CASE MGMT SPECIAL NEEDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
D9999	M	ADJUNCTIVE PROCEDURE	-	-	-	Fee Schedule	069	-	-	-	-	000	999	-
E0100	E	CANE ADJUST/FIXED WITH TIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0105	E	CANE ADJUST/FIXED QUAD/3 PRO	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
E0110	E	CRUTCH FOREARM PAIR	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
E0111	E	CRUTCH FOREARM EACH	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
E0112	E	CRUTCH UNDERARM PAIR WOOD	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
E0113	E	CRUTCH UNDERARM EACH WOOD	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
E0114	E	CRUTCH UNDERARM PAIR NO WOOD	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
E0116	E	CRUTCH UNDERARM EACH NO WOOD	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
E0117	E	UNDERARM SPRINGASSIST CRUTCH	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
E0118	E	CRUTCH SUBSTITUTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0130	E	WALKER RIGID ADJUST/FIXED HT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0135	E	WALKER FOLDING ADJUST/FIXED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0140	E	WALKER W TRUNK SUPPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0141	E	RIGID WHEELED WALKER ADJ/FIX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0143	E	WALKER FOLDING WHEELED W/O S	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0144	E	ENCLOSED WALKER W REAR SEAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0147	E	WALKER VARIABLE WHEEL RESIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0148	E	HEAVYDUTY WALKER NO WHEELS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0149	E	HEAVY DUTY WHEELED WALKER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0152	E	WALKER, BATTERY POWER WHEELS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0153	E	FOREARM CRUTCH PLATFORM ATTA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0154	E	WALKER PLATFORM ATTACHMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0155	E	WALKER WHEEL ATTACHMENT,PAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0156	E	WALKER SEAT ATTACHMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0157	E	WALKER CRUTCH ATTACHMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0158	E	WALKER LEG EXTENDERS SET OF4	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0159	E	BRAKE FOR WHEELED WALKER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0160	E	SITZ TYPE BATH OR EQUIPMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0161	E	SITZ BATH/EQUIPMENT W/FAUCET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0162	E	SITZ BATH CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0163	E	COMMODE CHAIR WITH FIXED ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0165	E	COMMODE CHAIR WITH DETACHARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0167	E	COMMODE CHAIR PAIL OR PAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0168	E	HEAVYDUTY/WIDE COMMODE CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0170	E	COMMODE CHAIR ELECTRIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0171	E	COMMODE CHAIR NON-ELECTRIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0172	E	SEAT LIFT MECHANISM TOILET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0175	E	COMMODE CHAIR FOOT REST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0181	E	PRESS PAD ALTERNATING W/ PUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0182	E	REPLACE PUMP, ALT PRESS PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0183	E	PRESS UNDERLAY ALTER W/PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0184	E	DRY PRESSURE MATTRESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0185	E	GEL PRESSURE MATTRESS PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0186	E	AIR PRESSURE MATTRESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0187	E	WATER PRESSURE MATTRESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0188	E	SYNTHETIC SHEEPSKIN PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0189	E	LAMBSWOOL SHEEPSKIN PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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E0190	E	POSITIONING CUSHION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0191	E	PROTECTOR HEEL OR ELBOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0193	E	POWERED AIR FLOTATION BED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0194	E	AIR FLUIDIZED BED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0196	E	GEL PRESSURE MATTRESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0197	E	AIR PRESSURE PAD FOR MATTRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0198	E	WATER PRESSURE PAD FOR MATTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0199	E	DRY PRESSURE PAD FOR MATTRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0200	E	HEAT LAMP WITHOUT STAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0202	E	PHOTOTHERAPY LIGHT W/ PHOTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0203	E	THERAPEUTIC LIGHTBOX TABLEP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0205	E	HEAT LAMP WITH STAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0210	E	ELECTRIC HEAT PAD STANDARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0215	E	ELECTRIC HEAT PAD MOIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0217	E	WATER CIRC HEAT PAD W PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0218	E	FLUID CIRC COLD PAD W PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0221	E	INFRARED HEATING PAD SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0225	E	HYDROCOLLATOR UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0231	E	WOUND WARMING DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0232	E	WARMING CARD FOR NWT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0235	E	PARAFFIN BATH UNIT PORTABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0236	E	PUMP FOR WATER CIRCULATING P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0239	E	HYDROCOLLATOR UNIT PORTABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0240	E	BATH/SHOWER CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0241	E	BATH TUB WALL RAIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0242	E	BATH TUB RAIL FLOOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0243	E	TOILET RAIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0244	E	TOILET SEAT RAISED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0245	E	TUB STOOL OR BENCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0246	E	TRANSFER TUB RAIL ATTACHMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0247	E	TRANS BENCH W/WO COMM OPEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0248	E	HDTRANS BENCH W/WO COMM OPEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0249	E	PAD WATER CIRCULATING HEAT U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0250	E	HOSP BED FIXED HT W/ MATTRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0251	E	HOSP BED FIXD HT W/O MATTRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0255	E	HOSPITAL BED VAR HT W/ MATTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0256	E	HOSPITAL BED VAR HT W/O MATT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0260	E	HOSP BED SEMI-ELECTR W/ MATT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0261	E	HOSP BED SEMI-ELECTR W/O MAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0265	E	HOSP BED TOTAL ELECTR W/ MAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0266	E	HOSP BED TOTAL ELEC W/O MATT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0270	E	HOSPITAL BED INSTITUTIONAL T	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0271	E	MATTRESS INNERSPRING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0272	E	MATTRESS FOAM RUBBER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0273	E	BED BOARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0274	E	OVER-BED TABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0275	E	BED PAN STANDARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0276	E	BED PAN FRACTURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0277	E	POWERED PRES-REDU AIR MATTRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0280	E	BED CRADLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0290	E	HOSP BED FX HT W/O RAILS W/M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0291	E	HOSP BED FX HT W/O RAIL W/O	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0292	E	HOSP BED VAR HT NO SR W/MATT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0293	E	HOSP BED VAR HT NO SR NO MAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0294	E	HOSP BED SEMI-ELECT W/ MATTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0295	E	HOSP BED SEMI-ELECT W/O MATT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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E0296	E	HOSP BED TOTAL ELECT W/ MATT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0297	E	HOSP BED TOTAL ELECT W/O MAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0300	E	ENCLOSED PED CRIB HOSP GRADE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0301	E	HD HOSP BED, 350-600 LBS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0302	E	EX HD HOSP BED > 600 LBS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0303	E	HOSP BED HVY DTY XTRA WIDE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0304	E	HOSP BED XTRA HVY DTY X WIDE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0305	E	RAILS BED SIDE HALF LENGTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0310	E	RAILS BED SIDE FULL LENGTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0315	E	BED ACCESSORY BRD/TBL/SUPPRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0316	E	BED SAFETY ENCLOSURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0325	E	URINAL MALE JUG-TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0326	E	URINAL FEMALE JUG-TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0328	E	PED HOSPITAL BED, MANUAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0329	E	PED HOSPITAL BED SEMI/ELECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0350	E	CONTROL UNIT BOWEL SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0352	E	DISPOSABLE PACK W/BOWEL SYST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0370	E	AIR ELEVATOR FOR HEEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0371	E	NONPOWER MATTRESS OVERLAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0372	E	POWERED AIR MATTRESS OVERLAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0373	E	NONPOWERED PRESSURE MATTRESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0424	E	STATIONARY COMPRESSED GAS O2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0425	E	GAS SYSTEM STATIONARY COMPRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0430	E	OXYGEN SYSTEM GAS PORTABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0431	E	PORTABLE GASEOUS O2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0433	E	PORTABLE LIQUID OXYGEN SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0434	E	PORTABLE LIQUID O2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0435	E	OXYGEN SYSTEM LIQUID PORTABL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0439	E	STATIONARY LIQUID O2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0440	E	OXYGEN SYSTEM LIQUID STATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0441	E	STATIONARY O2 CONTENTS, GAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0442	E	STATIONARY O2 CONTENTS, LIQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0443	E	PORTABLE O2 CONTENTS, GAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0444	E	PORTABLE O2 CONTENTS, LIQUID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0445	E	OXIMETER NON-INVASIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0446	E	TOPICAL OX DELIVER SYS, NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0447	E	PORT O2 CONT, LIQ OVER 4 LPM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0455	E	OXYGEN TENT EXCL CROUP/PED T	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0457	E	CHEST SHELL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0459	E	CHEST WRAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0462	E	ROCKING BED W/ OR W/O SIDE R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0465	E	HOME VENT INVASIVE INTERFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0466	E	HOME VENT NON-INVASIVE INTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0467	E	HOME VENT MULTI-FUNCTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0468	E	HOME VENT DUAL FNCT INCL ALL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0470	E	RAD W/O BACKUP NON-INV INTRFC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0471	E	RAD W/BACKUP NON INV INTRFC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0472	E	RAD W BACKUP INVASIVE INTRFC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0480	E	PERCUSSOR ELECT/PNEUM HOME M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0481	E	INTRPULMNRY PERCUSS VENT SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0482	E	COUGH STIMULATING DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0483	E	HI FREQ CHEST WALL OSCIL SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0484	E	NON-ELEC OSCILLATORY PEP DVC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0485	E	ORAL DEVICE/APPLIANCE PREFAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0487	N	ELECTRONIC SPIROMETER	-	-	-	Bundled	000	-	-	-	-	000	999	-

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E0490	E	CONTROL UNIT NM HW REMOTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0491	E	ORAL DV NM MOUTHPC HW REMOTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0492	E	CONTROL UNIT NM STIM W PHONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0493	E	ORAL DV/APP NEUROMUS MOUTHPI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0500	E	IPPB ALL TYPES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0530	E	ELECTRONIC POSA TREATMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0550	E	HUMIDIF EXTENS SUPPLE W IPPB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0555	E	HUMIDIFIER FOR USE W/ REGULA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0560	E	HUMIDIFIER SUPPLEMENTAL W/ I	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0561	E	HUMIDIFIER NONHEATED W PAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0562	E	HUMIDIFIER HEATED USED W PAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0565	E	COMPRESSOR AIR POWER SOURCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0570	E	NEBULIZER WITH COMPRESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0572	E	AEROSOL COMPRESSOR ADJUST PR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0574	E	ULTRASONIC GENERATOR W SVNEB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0575	E	NEBULIZER ULTRASONIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0580	E	NEBULIZER FOR USE W/ REGULAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0585	E	NEBULIZER W/ COMPRESSOR & HE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0600	E	SUCTION PUMP PORTAB HOM MODL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0601	E	CONT AIRWAY PRESSURE DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0602	E	MANUAL BREAST PUMP	-	-	-	Not Allowed	000	-	-	-	-	009	999	-
E0603	E	ELECTRIC BREAST PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0604	E	HOSP GRADE ELEC BREAST PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0605	E	VAPORIZER ROOM TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0606	E	DRAINAGE BOARD POSTURAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0607	E	BLOOD GLUCOSE MONITOR HOME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0610	E	PACEMAKER MONITR AUDIBLE/VIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0615	E	PACEMAKER MONITR DIGITAL/VIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0616	N	CARDIAC EVENT RECORDER	-	-	-	Bundled	000	-	-	-	-	000	999	-
E0617	E	AUTOMATIC EXT DEFIBRILLATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0618	E	APNEA MONITOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0619	E	APNEA MONITOR W RECORDER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0620	E	CAP BLD SKIN PIERCING LASER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0621	E	PATIENT LIFT SLING OR SEAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0625	E	PATIENT LIFT BATHROOM OR TOI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0627	E	SEAT LIFT MECH, ELECTRIC ANY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0629	E	SEAT LIFT MECH, NON-ELECTRIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0630	E	PATIENT LIFT HYDRAULIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0635	E	PATIENT LIFT ELECTRIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0636	E	PT SUPPORT & POSITIONING SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0637	E	COMBINATION SIT TO STAND SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0638	E	STANDING FRAME SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0639	E	MOVEABLE PATIENT LIFT SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0640	E	FIXED PATIENT LIFT SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0641	E	MULTI-POSITION STND FRAM SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0642	E	DYNAMIC STANDING FRAME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0650	E	PNEUMA COMPRESSOR NON-SEGMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0651	E	PNEUM COMPRESSOR SEGMENTAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0652	E	PNEUM COMPRES W/CAL PRESSURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0655	E	PNEUMATIC APPLIANCE HALF ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0656	E	SEGMENTAL PNEUMATIC TRUNK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0657	E	SEGMENTAL PNEUMATIC CHEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0660	E	PNEUMATIC APPLIANCE FULL LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0665	E	PNEUMATIC APPLIANCE FULL ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0666	E	PNEUMATIC APPLIANCE HALF LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0667	E	SEG PNEUMATIC APPL FULL LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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E0668	E	SEG PNEUMATIC APPL FULL ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0669	E	SEG PNEUMATIC APPLI HALF LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0670	E	SEG PNEUM INT LEGS/TRUNK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0671	E	PRESSURE PNEUM APPL FULL LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0672	E	PRESSURE PNEUM APPL FULL ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0673	E	PRESSURE PNEUM APPL HALF LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0675	E	PNEUMATIC COMPRESSION DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0676	E	INTER LIMB COMPRESS DEV NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0677	E	NON PNEUM SEQ COMP TRUNK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0678	E	NON PNEUM SEQ COMP FULL LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0679	E	NON PNEUM SEQ COMP HALF LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0680	E	NON PNEUM COMP CONTROL CAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0681	E	NON PNEU COMP CONTROL W/O CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0682	E	NON PNEUM COMPRESS FULL ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0691	E	UVL PNL 2 SQ FT OR LESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0692	E	UVL SYS PANEL 4 FT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0693	E	UVL SYS PANEL 6 FT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0694	E	UVL MD CABINET SYS 6 FT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0700	E	SAFETY EQUIPMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0705	E	TRANSFER DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0710	E	RESTRAINTS ANY TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0711	E	UE ENCLOSURE RESTR ROM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0720	E	TENS TWO LEAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0730	E	TENS FOUR LEAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0731	E	CONDUCTIVE GARMENT FOR TENS/	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0732	E	CES SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0733	E	TRANS ELEC NERV FOR TRIGEMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0734	E	EXT UP LIMB TREMOR STIM WRIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0735	E	NON-INVASIVE VAGUS NERV STIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0736	E	TRANSCUT TIBIAL NERV STIMULA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0738	E	UPPER EXTREMITY REHAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0739	E	REHAB SYS ACTIVE ASSIST RT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0740	E	NON-IMPLANT PELV FLR E-STIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0744	E	NEUROMUSCULAR STIM FOR SCOLI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0745	E	NEUROMUSCULAR STIM FOR SHOCK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0746	E	ELECTROMYOGRAPH BIOFEEDBACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0747	E	ELEC OSTEOGEN STIM NOT SPINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0748	E	ELEC OSTEOGEN STIM SPINAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0749	N	ELEC OSTEOGEN STIM IMPLANTED	-	-	-	Bundled	000	-	-	Y	-	000	999	-
E0755	E	ELECTRONIC SALIVARY REFLEX S	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0760	E	OSTEOGEN ULTRASOUND STIMLTOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0761	E	NONTHERM ELECTROMGNTC DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0762	E	TRANS ELEC JT STIM DEV SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0764	E	FUNCTIONAL NEUROMUSCULARSTIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0765	E	NERVE STIMULATOR FOR TX N&V	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0766	E	ELEC STIM CANCER TREATMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0769	E	ELECTRIC WOUND TREATMENT DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0770	E	FUNCTIONAL ELECTRIC STIM NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0776	E	IV POLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0779	E	AMB INFUSION PUMP MECHANICAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0780	E	MECH AMB INFUSION PUMP <8HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0781	E	EXTERNAL AMBULATORY INFUS PU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0782	N	NON-PROGRAMMABLE INFUSION PUMP	-	-	-	Bundled	000	-	-	Y	-	000	999	-
E0783	N	PROGRAMMABLE INFUSION PUMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
E0784	E	EXT AMB INFUSN PUMP INSULIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0785	N	REPLACEMENT IMPL PUMP CATHET	-	-	-	Bundled	000	-	-	-	-	000	999	-

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E0786	N	IMPLANTABLE PUMP REPLACEMENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
E0787	E	CGS DOSE ADJ INSULIN INF PMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0791	E	PARENTERAL INFUSION PUMP STA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0830	N	AMBULATORY TRACTION DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
E0840	E	TRACT FRAME ATTACH HEADBOARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0849	E	CERVICAL PNEUM TRAC EQUIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0850	E	TRACTION STAND FREE STANDING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0855	E	CERVICAL TRACTION EQUIPMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0856	E	CERVIC COLLAR W AIR BLADDERS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0860	E	TRACT EQUIP CERVICAL TRACT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0870	E	TRACT FRAME ATTACH FOOTBOARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0880	E	TRAC STAND FREE STAND EXTREM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0890	E	TRACTION FRAME ATTACH PELVIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0900	E	TRAC STAND FREE STAND PELVIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0910	E	TRAPEZE BAR ATTACHED TO BED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0911	E	HD TRAPEZE BAR ATTACH TO BED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0912	E	HD TRAPEZE BAR FREE STANDING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0920	E	FRACTURE FRAME ATTACHED TO B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0930	E	FRACTURE FRAME FREE STANDING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0935	E	CONT PAS MOTION EXERCISE DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0936	E	CPM DEVICE, OTHER THAN KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0940	E	TRAPEZE BAR FREE STANDING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0941	E	GRAVITY ASSISTED TRACTION DE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0942	E	CERVICAL HEAD HARNESS/HALTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0944	E	PELVIC BELT/HARNESS/BOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0945	E	BELT/HARNESS EXTREMITY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0946	E	FRACTURE FRAME DUAL W CROSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0947	E	FRACTURE FRAME ATTACHMNTS PE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0948	E	FRACTURE FRAME ATTACHMNTS CE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0950	E	TRAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0951	E	LOOP HEEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0952	E	TOE LOOP/HOLDER, EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0953	E	W/C LATERAL THIGH/KNEE SUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0954	E	FOOT BOX, ANY TYPE EACH FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0955	E	CUSHIONED HEADREST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0956	E	W/C LATERAL TRUNK/HIP SUPPOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0957	E	W/C MEDIAL THIGH SUPPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0958	E	WHLCHR ATT- CONV 1 ARM DRIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0959	E	AMPUTE ADAPTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0960	E	W/C SHOULDER HARNESS/STRAPS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0961	E	WHEELCHAIR BRAKE EXTENSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0966	E	WHEELCHAIR HEAD REST EXTENSI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0967	E	MAN WC RIM/PROJECTION REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0968	E	WHEELCHAIR COMMODE SEAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0969	E	WHEELCHAIR NARROWING DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0973	E	W/CH ACCESS DET ADJ ARMREST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0974	E	W/CH ACCESS ANTI-ROLLBACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0978	E	W/C ACC,SAF BELT PELV STRAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0980	E	WHEELCHAIR SAFETY VEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0981	E	SEAT UPHOLSTERY, REPLACEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0982	E	BACK UPHOLSTERY, REPLACEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0983	E	ADD PWR JOYSTICK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0984	E	ADD PWR TILLER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0985	E	W/C SEAT LIFT MECHANISM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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E0986	E	MAN W/C PUSH-RIM POWR SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0988	E	LEVER-ACTIVATED WHEEL DRIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0990	E	WHEELCHAIR ELEVATING LEG RES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0992	E	WHEELCHAIR SOLID SEAT INSERT	-	-	-	Not Allowed	000	-	-	-	-	100	999	-
E0994	E	WHEELCHAIR ARM REST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E0995	E	WC CALF REST, PAD REPLACMNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1002	E	PWR SEAT TILT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1003	E	PWR SEAT RECLINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1004	E	PWR SEAT RECLINE MECH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1005	E	PWR SEAT RECLINE PWR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1006	E	PWR SEAT COMBO W/O SHEAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1007	E	PWR SEAT COMBO W/SHEAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1008	E	PWR SEAT COMBO PWR SHEAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1009	E	ADD MECH LEG ELEVATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1010	E	ADD PWR LEG ELEVATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1011	E	PED WC MODIFY WIDTH ADJUSTM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1012	E	CTR MOUNT PWR ELEV LEG REST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1014	E	RECLINING BACK ADD PED W/C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1015	E	SHOCK ABSORBER FOR MAN W/C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1016	E	SHOCK ABSORBER FOR POWER W/C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1017	E	HD SHCK ABSRBR FOR HD MAN WC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1018	E	HD SHCK ABSRBR FOR HD POWWC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1028	E	W/C MANUAL SWINGAWAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1029	E	W/C VENT TRAY FIXED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1030	E	W/C VENT TRAY GIMBALED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1031	E	ROLLABOUT CHAIR WITH CASTERS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1035	E	PATIENT TRANSFER SYSTEM <300	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1036	E	PATIENT TRANSFER SYSTEM >300	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1037	E	TRANSPORT CHAIR, PED SIZE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1038	E	TRANSPORT CHAIR PT WT<=300LB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1039	E	TRANSPORT CHAIR PT WT >300LB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1050	E	WHELCHR FXD FULL LENGTH ARMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1060	E	WHEELCHAIR DETACHABLE ARMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1070	E	WHEELCHAIR DETACHABLE FOOT R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1083	E	HEMI-WHEELCHAIR FIXED ARMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1084	E	HEMI-WHEELCHAIR DETACHABLE A	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1085	E	HEMI-WHEELCHAIR FIXED ARMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1086	E	HEMI-WHEELCHAIR DETACHABLE A	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1087	E	WHEELCHAIR LIGHTWT FIXED ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1088	E	WHEELCHAIR LIGHTWEIGHT DET A	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1089	E	WHEELCHAIR LIGHTWT FIXED ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1090	E	WHEELCHAIR LIGHTWEIGHT DET A	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1092	E	WHEELCHAIR WIDE W/ LEG RESTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1093	E	WHEELCHAIR WIDE W/ FOOT REST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1100	E	WHCHR S-RECL FXD ARM LEG RES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1110	E	WHEELCHAIR SEMI-RECL DETACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1130	E	WHLCHR STAND FXD ARM FT REST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1140	E	WHEELCHAIR STANDARD DETACH A	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1150	E	WHEELCHAIR STANDARD W/ LEG R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1160	E	WHEELCHAIR FIXED ARMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1161	E	MANUAL ADULT WC W TILTINSPAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1170	E	WHLCHR AMPU FXD ARM LEG REST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1171	E	WHEELCHAIR AMPUTEE W/O LEG R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1172	E	WHEELCHAIR AMPUTEE DETACH AR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1180	E	WHEELCHAIR AMPUTEE W/ FOOT R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

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E1190	E	WHEELCHAIR AMPUTEE W/ LEG RE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1195	E	WHEELCHAIR AMPUTEE HEAVY DUT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1200	E	WHEELCHAIR AMPUTEE FIXED ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1220	E	WHLCHR SPECIAL SIZE/CONSTRC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1221	E	WHEELCHAIR SPEC SIZE W FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1222	E	WHEELCHAIR SPEC SIZE W/ LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1223	E	WHEELCHAIR SPEC SIZE W FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1224	E	WHEELCHAIR SPEC SIZE W/ LEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1225	E	MANUAL SEMI-RECLINING BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1226	E	MANUAL FULLY RECLINING BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1227	E	WHEELCHAIR SPEC SZ SPEC HT A	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1228	E	WHEELCHAIR SPEC SZ SPEC HT B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1229	E	PEDIATRIC WHEELCHAIR NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1230	E	POWER OPERATED VEHICLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1231	E	RIGID PED W/C TILT-IN-SPACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1232	E	FOLDING PED WC TILT-IN-SPACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1233	E	RIG PED WC TLTNSPC W/O SEAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1234	E	FLD PED WC TLTNSPC W/O SEAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1235	E	RIGID PED WC ADJUSTABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1236	E	FOLDING PED WC ADJUSTABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1237	E	RGD PED WC ADJSTABL W/O SEAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1238	E	FLD PED WC ADJSTABL W/O SEAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1239	E	PED POWER WHEELCHAIR NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1240	E	WHCHR LITWT DET ARM LEG REST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1260	E	WHEELCHAIR LIGHTWT FOOT REST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1270	E	WHEELCHAIR LIGHTWEIGHT LEG R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1280	E	WHCHR H-DUTY DET ARM LEG RES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1285	E	WHEELCHAIR HEAVY DUTY FIXED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1290	E	WHEELCHAIR HVY DUTY DETACH A	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1295	E	WHEELCHAIR HEAVY DUTY FIXED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1296	E	WHEELCHAIR SPECIAL SEAT HEIG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1297	E	WHEELCHAIR SPECIAL SEAT DEPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1298	E	WHEELCHAIR SPEC SEAT DEPTH/W	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1300	E	WHIRLPOOL PORTABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1301	E	WHIRLPOOL TUB WALKIN PORTABL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1310	E	WHIRLPOOL NON-PORTABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1352	E	O2 FLOW REG POS INSPIR PRESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1353	E	OXYGEN SUPPLIES REGULATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1354	E	WHEELED CART, PORT CYL/CONC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1355	E	OXYGEN SUPPLIES STAND/RACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1356	E	BATT PACK/CART, PORT CONC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1357	E	BATTERY CHARGER, PORT CONC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1358	E	DC POWER ADAPTER, PORT CONC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1372	E	OXY SUPPL HEATER FOR NEBULIZ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1390	E	OXYGEN CONCENTRATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1391	E	OXYGEN CONCENTRATOR, DUAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1392	E	PORTABLE OXYGEN CONCENTRATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1399	E	DURABLE MEDICAL EQUIPMENT MI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1405	E	O2/WATER VAPOR ENRICH W/HEAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1406	E	O2/WATER VAPOR ENRICH W/O HE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1500	E	CENTRIFUGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1510	E	KIDNEY DIALYSATE DELIVRY SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1520	E	HEPARIN INFUSION PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1530	E	REPLACEMENT AIR BUBBLE DETEC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1540	E	REPLACEMENT PRESSURE ALARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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E1550	E	BATH CONDUCTIVITY METER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1560	E	REPLACE BLOOD LEAK DETECTOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1570	E	ADJUSTABLE CHAIR FOR ESRD PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1575	E	TRANSDUCER PROTECT/FLD BAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1580	E	UNIPUNCTURE CONTROL SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1590	E	HEMODIALYSIS MACHINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1592	E	AUTO INTERM PERITONEAL DIALY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1594	E	CYCLER DIALYSIS MACHINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1600	E	DELI/INSTALL CHRG HEMO EQUIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1610	E	REVERSE OSMOSIS H2O PURI SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1615	E	DEIONIZER H2O PURI SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1620	E	REPLACEMENT BLOOD PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1625	E	WATER SOFTENING SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1629	E	TABLO FOR DIALYSIS SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1630	E	RECIPROCATING PERITONEAL DIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1632	E	WEARABLE ARTIFICIAL KIDNEY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1634	E	PERITONEAL DIALYSIS CLAMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1635	E	COMPACT TRAVEL HEMODIALYZER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1636	E	SORBENT CARTRIDGES PER 10	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1637	E	HEMOSTATS FOR DIALYSIS, EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1639	E	SCALE, EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1699	E	DIALYSIS EQUIPMENT NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1700	E	JAW MOTION REHAB SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1701	E	REPL CUSHIONS FOR JAW MOTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1702	E	REPL MEASR SCALES JAW MOTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1800	E	ADJUST ELBOW EXT/FLEX DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1801	E	SPS ELBOW DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1802	E	ADJST FOREARM PRO/SUP DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1805	E	ADJUST WRIST EXT/FLEX DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1806	E	SPS WRIST DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1810	E	ADJUST KNEE EXT/FLEX DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1811	E	SPS KNEE DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1812	E	KNEE EXT/FLEX W ACT RES CTRL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1815	E	ADJUST ANKLE EXT/FLEX DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1816	E	SPS ANKLE DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1818	E	SPS FOREARM DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1820	E	SOFT INTERFACE MATERIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1821	E	REPLACEMENT INTERFACE SPSD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1825	E	ADJUST FINGER EXT/FLEX DEVC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1830	E	ADJUST TOE EXT/FLEX DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1831	E	STATIC STR TOE DEV EXT/FLEX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1840	E	ADJ SHOULDER EXT/FLEX DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1841	E	STATIC STR SHLDR DEV ROM ADJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1902	E	AAC NON-ELECTRONIC BOARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E1905	E	VR CBT THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2000	E	GASTRIC SUCTION PUMP HME MDL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2001	E	SUCT PUM EXT MGMT SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2100	E	BLD GLUCOSE MONITOR W VOICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2101	E	BLD GLUCOSE MONITOR W LANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2102	E	ADJU CGM RECEIVER/MONITOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2103	E	NON-ADJU CGM RECEIVER/MON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2104	E	GLUCOSE MONITOR W CARTRIDGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2120	E	PULSE GEN SYS TX ENDOLYMP FL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2201	E	MAN W/CH ACC SEAT W>=20"<24"	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2202	E	SEAT WIDTH 24-27 IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2203	E	FRAME DEPTH LESS THAN 22 IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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E2204	E	FRAME DEPTH 22 TO 25 IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2205	E	MANUAL WC ACCESSORY, HANDRIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2206	E	MAN WC WHL LOCK COMP REPL EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2207	E	CRUTCH AND CANE HOLDER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2208	E	CYLINDER TANK CARRIER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2209	E	ARM TROUGH EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2210	E	WHEELCHAIR BEARINGS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2211	E	PNEUMATIC PROPULSION TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2212	E	PNEUMATIC PROP TIRE TUBE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2213	E	PNEUMATIC PROP TIRE INSERT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2214	E	PNEUMATIC CASTER TIRE EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2215	E	PNEUMATIC CASTER TIRE TUBE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2216	E	FOAM FILLED PROPULSION TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2217	E	FOAM FILLED CASTER TIRE EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2218	E	FOAM PROPULSION TIRE EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2219	E	FOAM CASTER TIRE ANY SIZE EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2220	E	SOLID PROPULSION TIRE, REPL, EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2221	E	SOLID CASTER TIRE REPL, EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2222	E	SOLID CASTER INTEG WHL, REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2224	E	PROPULSION WHL EXCL TIRE REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2225	E	CASTER WHEEL EXCLUDES TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2226	E	CASTER FORK REPLACEMENT ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2227	E	GEAR REDUCTION DRIVE WHEEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2228	E	MWC ACC, WHEELCHAIR BRAKE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2230	E	MANUAL STANDING SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2231	E	SOLID SEAT SUPPORT BASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2291	E	PLANAR BACK FOR PED SIZE WC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2292	E	PLANAR SEAT FOR PED SIZE WC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2293	E	CONTOUR BACK FOR PED SIZE WC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2294	E	CONTOUR SEAT FOR PED SIZE WC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2295	E	PED DYNAMIC SEATING FRAME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2298	E	PWR SEAT ELEV SYS FOR CRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2301	E	PWR STANDING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2310	E	ELECTRO CONNECT BTW CONTROL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2311	E	ELECTRO CONNECT BTW 2 SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2312	E	MINI-PROP REMOTE JOYSTICK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2313	E	PWC HARNESS, EXPAND CONTROL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2321	E	HAND INTERFACE JOYSTICK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2322	E	MULT MECH SWITCHES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2323	E	SPECIAL JOYSTICK HANDLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2324	E	CHIN CUP INTERFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2325	E	SIP AND PUFF INTERFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2326	E	BREATH TUBE KIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2327	E	HEAD CONTROL INTERFACE MECH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2328	E	HEAD/EXTREMITY CONTROL INTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2329	E	HEAD CONTROL NONPROPORTIONAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2330	E	HEAD CONTROL PROXIMITY SWITC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2331	E	ATTENDANT CONTROL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2340	E	W/C WIDTH 20-23 IN SEAT FRAME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2341	E	W/C WIDTH 24-27 IN SEAT FRAME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2342	E	W/C DPTH 20-21 IN SEAT FRAME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2343	E	W/C DPTH 22-25 IN SEAT FRAME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2351	E	ELECTRONIC SGD INTERFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2358	E	GR 34 NONSEALED LEADACID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2359	E	GR34 SEALED LEADACID BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2360	E	22NF NONSEALED LEADACID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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E2361	E	22NF SEALED LEADACID BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2362	E	GR24 NONSEALED LEADACID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2363	E	GR24 SEALED LEADACID BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2364	E	U1NONSEALED LEADACID BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2365	E	U1 SEALED LEADACID BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2366	E	BATTERY CHARGER, SINGLE MODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2367	E	BATTERY CHARGER, DUAL MODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2368	E	PWR WC DRIVEWHEEL MOTOR REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2369	E	PWR WC DRIVEWHEEL GEAR REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2370	E	PWR WC DR WH MOTOR/GEAR COMB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2371	E	GR27 SEALED LEADACID BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2372	E	GR27 NON-SEALED LEADACID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2374	E	HAND/CHIN CTRL STD JOYSTICK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2375	E	NON-EXPANDABLE CONTROLLER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2376	E	EXPANDABLE CONTROLLER, REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2377	E	EXPANDABLE CONTROLLER, INITL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2378	E	PW ACTUATOR REPLACEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2381	E	PNEUM DRIVE WHEEL TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2383	E	INSERT, PNEUM WHEEL DRIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2384	E	PNEUMATIC CASTER TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2385	E	TUBE, PNEUMATIC CASTER TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2386	E	FOAM FILLED DRIVE WHEEL TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2387	E	FOAM FILLED CASTER TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2388	E	FOAM DRIVE WHEEL TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2389	E	FOAM CASTER TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2390	E	SOLID DRIVE WHEEL TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2391	E	SOLID CASTER TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2392	E	SOLID CASTER TIRE, INTEGRATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2394	E	DRIVE WHEEL EXCLUDES TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2395	E	CASTER WHEEL EXCLUDES TIRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2396	E	CASTER FORK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2397	E	PWC ACC, LITH-BASED BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2398	E	WC DYNAMIC POS BACK HARDWARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2402	E	NEG PRESS WOUND THERAPY PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2500	E	SGD DIGITIZED PRE-REC <=8MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2502	E	SGD PREREC MSG >8MIN <=20MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2504	E	SGD PREREC MSG>20MIN <=40MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2506	E	SGD PREREC MSG > 40 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2508	E	SGD SPELLING PHYS CONTACT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2510	E	SGD W MULTI METHODS MSG/ACCS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2511	E	SGD SFTWRE PRGRM FOR PC/PDA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2512	E	SGD ACCESSORY, MOUNTING SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2599	E	SGD ACCESSORY NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2601	E	GEN W/C CUSHION WDTN < 22 IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2602	E	GEN W/C CUSHION WDTN >=22 IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2603	E	SKIN PROTECT WC CUS WD <22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2604	E	SKIN PROTECT WC CUS WD>=22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2605	E	POSITION WC CUSH WDTN <22 IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2606	E	POSITION WC CUSH WDTN>=22 IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2607	E	SKIN PRO/POS WC CUS WD <22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2608	E	SKIN PRO/POS WC CUS WD>=22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2609	E	CUSTOM FABRICATE W/C CUSHION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2610	E	POWERED W/C CUSHION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2611	E	GEN USE BACK CUSH WDTN <22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
E2612	E	GEN USE BACK CUSH WDTH>=22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2613	E	POSITION BACK CUSH WD <22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2614	E	POSITION BACK CUSH WD>=22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2615	E	POS BACK POST/LAT WDTH <22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2616	E	POS BACK POST/LAT WDTH>=22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2617	E	CUSTOM FAB W/C BACK CUSHION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2619	E	REPLACE COVER W/C SEAT CUSH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2620	E	WC PLANAR BACK CUSH WD <22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2621	E	WC PLANAR BACK CUSH WD>=22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2622	E	ADJ SKIN PRO W/C CUS WD<22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2623	E	ADJ SKIN PRO WC CUS WD>=22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2624	E	ADJ SKIN PRO/POS CUS<22IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2625	E	ADJ SKIN PRO/POS WC CUS>=22	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2626	E	SEO MOBILE ARM SUP ATT TO WC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2627	E	ARM SUPP ATT TO WC RANCHO TY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2628	E	MOBILE ARM SUPPORTS RECLININ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2629	E	FRICITION DAMPENING ARM SUPP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2630	E	MONOSUSPENSION ARM/HAND SUPP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2631	E	ELEVAT PROXIMAL ARM SUPPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2632	E	OFFSET/LAT ROCKER ARM W/ELA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E2633	E	MOBILE ARM SUPPORT SUPINATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E3000	E	SPEECH VOLUME MODULATION SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E8000	E	POSTERIOR GAIT TRAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E8001	E	UPRIGHT GAIT TRAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
E8002	E	ANTERIOR GAIT TRAINER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0008	E	ADMIN INFLUENZA VIRUS VAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0009	E	ADMIN PNEUMOCOCCAL VACCINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0010	E	ADMIN HEPATITIS B VACCINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0011	E	HIV PREP COUNSEL, MD 15-30M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0012	S	INJECTION OF HIV PREP DRUG	-	05691	0.5179	APC	031	-	-	-	-	000	999	-
G0013	S	HIV PREP COUNSEL, CLIN STAFF	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
G0017	E	CRISIS PSYCHOTHERAPY 60M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0018	E	CRISIS PSYCHOTHERAPY ADD 30M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0019	S	COMM HLTH INTG SVS SDOH 60MN	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
G0022	E	COMM HLTH INTG SVS ADD 30 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0023	S	PIN SERVICE 60M PER MONTH	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
G0024	E	PIN SRV ADD 30 MIN PR M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0027	E	SEMEN ANALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0029	E	NO TOB SCR/CESS INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0030	E	PT SCR TOB & CESS INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0031	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0032	E	2+ ANTIPSY SCHIZ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0033	E	2+ BENZO SEIZ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0034	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0035	E	PT ED POS 23	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0036	E	PT/PTN DECLN ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0037	E	PT NOT ABLE TO PARTICIPATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0038	E	CLIN PT NO REF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0039	E	PT NO REF, RN SPEC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0040	E	PT PHYS/OCC THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0041	E	PT/PTN DECLN REFERRAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0042	E	REF TO THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0043	E	PT MECH PROS HT VALV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0044	E	PT MITRAL STENOSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0045	E	MRS 90 DAYS POST STK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0046	E	NO MRS 90 DAYS POST STK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
G0047	E	PED BLUNT HD TRAUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0048	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0049	E	MAIN HEMO IN-CNTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0050	E	PT W/ LMTED LIFE EXPEC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0051	E	PT HOSPICE MNTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0052	E	PT PERI DIALYSIS DUR MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0053	E	ADV RHEUM PT CARE MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0054	E	STRK CR PREV POS OUTCME MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0055	E	ADV CARE HEART DX MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0057	E	BEST PCT PT SAFETY EM MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0058	E	IMPRV CARE LE JNT REPR MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0059	E	PT SFTY POS EXP W ANETH MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0060	E	ALLERGY/IMMUNOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0061	E	ANESTHESIOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0062	E	AUDIOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0063	E	CARDIOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0064	E	CERT NURSE MIDWIFE SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0065	E	CHIROPRACTIC SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0066	E	CLINICAL SOCIAL WORK SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0067	E	DENTISTRY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0068	E	ADM IV INFUSION DRUG IN HOME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0069	E	ADM SQ INFUSION DRUG IN HOME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0070	E	ADM OF CHEMO DRUG IN HOME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0071	E	COMM SVCS BY RHC/FQHC 5 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0076	E	CARE MANAG H VST NEW PT 20 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0077	E	CARE MANAG H VST NEW PT 30 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0078	E	CARE MANAG H VST NEW PT 45 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0079	E	CARE MANAG H VST NEW PT 60 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0080	E	CARE MANAG H VST NEW PT 75 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0081	E	CARE MAN H V EXT PT 20 MI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0082	E	CARE MAN H V EXT PT 30 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0083	E	CARE MAN H V EXT PT 45 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0084	E	CARE MAN H V EXT PT 60 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0085	E	CARE MAN H V EXT PT 75 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0086	E	CARE MAN HOME CARE PLAN 30 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0087	E	CARE MAN HOME CARE PLAN 60 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0088	E	ADM IV DRUG 1ST HOME VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0089	E	ADM SUBQ DRUG 1ST HOME VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0090	E	ADM IV CHEMO 1ST HOME VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0101	S	CA SCREEN;PELVIC/BREAST EXAM	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
G0102	N	PROSTATE CA SCREENING; DRE	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0103	Q	PSA SCREENING	-	-	-	Medicare	032	020	019	-	-	000	999	-
G0104	T	CA SCREEN;FLEXI SIGMOIDSCOPE	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
G0105	T	COLORECTAL SCRIN; HI RISK IND	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
G0106	S	COLON CA SCREEN;BARIUM ENEMA	-	05571	2.0034	APC	122	-	-	-	-	000	999	-
G0108	M	DIAB MANAGE TRN PER INDIV	-	-	-	Fee Schedule	072	-	-	-	Y	000	999	-
G0109	M	DIAB MANAGE TRN IND/GROUP	-	-	-	Fee Schedule	020	-	-	-	Y	000	999	-
G0117	S	GLAUCOMA SCRIN HGH RISK DIREC	-	05731	0.3247	APC	020	-	-	-	-	000	999	-
G0118	S	GLAUCOMA SCRIN HGH RISK DIREC	-	05732	0.4373	APC	027	-	-	-	-	000	999	-
G0120	S	COLON CA SCRIN; BARIUM ENEMA	-	05572	4.1933	APC	255	-	-	-	-	000	999	-
G0121	T	COLON CA SCRIN NOT HI RSK IND	-	05311	9.9656	APC	605	-	-	-	-	000	999	-
G0122	E	COLON CA SCRIN; BARIUM ENEMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0123	Q	SCREEN CERV/VAG THIN LAYER	-	-	-	Medicare	034	021	020	-	-	000	999	-
G0124	E	SCREEN C/V THIN LAYER BY MD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0127	N	TRIM NAIL(S)	-	05733	0.6669	Bundled, sometimes payable	040	-	-	-	-	000	999	-
G0128	E	CORF SKILLED NURSING SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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G0129	E	PHP/IOP OT SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0130	S	SINGLE ENERGY X-RAY STUDY	-	05522	1.1988	APC	073	-	-	-	-	000	999	-
G0136	S	ADM OF SOC DTR ASSESS 5-15 M	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
G0137	E	INTEN OUTPT SVS,MIN 9 PR 7 D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0138	S	IV CIPAGLUCOSIDASE ALFA-ATGA	-	01508	0.0000	APC	651	-	-	-	-	000	999	-
G0140	S	NAV SRV PEER SUP 60 MIN PR M	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
G0141	E	SCR C/V CYTO,AUTOSYS AND MD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0143	Q	SCR C/V CYTO,THINLAYER,RESCR	-	-	-	Medicare	045	028	027	-	-	000	999	-
G0144	Q	SCR C/V CYTO,THINLAYER,RESCR	-	-	-	Medicare	073	045	044	-	-	000	999	-
G0145	Q	SCR C/V CYTO,THINLAYER,RESCR	-	-	-	Medicare	044	027	026	-	-	000	999	-
G0146	E	NAV SRV PEER SUP ADD 30 PR M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0147	Q	SCR C/V CYTO, AUTOMATED SYS	-	-	-	Medicare	030	018	018	-	-	000	999	-
G0148	Q	SCR C/V CYTO, AUTOSYS, RESCR	-	-	-	Medicare	053	033	032	-	-	000	999	-
G0151	M	HHCP-SERV OF PT,EA 15 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0152	M	HHCP-SERV OF OT,EA 15 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0153	M	HHCP-SVS OF S/L PATH,EA 15MN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0155	M	HHCP-SVS OF CSW,EA 15 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0156	M	HHCP-SVS OF AIDE,EA 15 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0157	E	HHC PT ASSISTANT EA 15	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0158	E	HHC OT ASSISTANT EA 15	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0159	E	HHC PT MAINT EA 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0160	E	HHC OCCUP THERAPY EA 15	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0161	E	HHC SLP EA 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0162	E	HHC RN E&M PLAN SVS, 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0166	N	EXTRNL COUNTERPULSE, PER TX	-	05734	1.3928	Bundled, sometimes payable	085	-	-	-	-	000	999	-
G0168	E	WOUND CLOSURE BY ADHESIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0175	V	OPPS SERVICE,SCHED TEAM CONF	-	05024	4.8294	APC	293	-	-	-	-	000	999	-
G0176	E	OPPS/PHP/IOP; ACTIVITY THRPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0177	E	OPPS/PHP/IOP; TRAIN & EDUC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0179	E	MD RECERTIFICATION HHA PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0180	E	MD CERTIFICATION HHA PATIENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0181	E	HOME HEALTH CARE SUPERVISION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0182	E	HOSPICE CARE SUPERVISION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0186	T	DSTRY EYE LESN,FDR VSSL TECH	-	05481	6.3380	APC	385	-	-	-	-	000	999	-
G0219	E	PET IMG WHOLBOD MELANO NONCO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0235	E	PET NOT OTHERWISE SPECIFIED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0237	S	THERAPEUTIC PROC'D STRG ENDUR	-	05731	0.3247	APC	020	-	-	-	Y	000	999	-
G0238	S	OTH RESP PROC, INDIV	-	05731	0.3247	APC	020	-	-	-	Y	000	999	-
G0239	S	OTH RESP PROC, GROUP	-	05732	0.4373	APC	027	-	-	-	Y	000	999	-
G0245	V	INITIAL FOOT EXAM PT LOPS	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
G0246	V	FOLLOWUP EVAL OF FOOT PT LOP	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
G0247	N	ROUTINE FOOTCARE PT W LOPS	-	05051	2.1829	Bundled, sometimes payable	133	-	-	-	-	000	999	-
G0248	V	DEMONSTRATE USE HOME INR MON	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
G0249	V	PROVIDE INR TEST MATER/EQUIP	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
G0250	E	MD INR TEST REVIE INTER MGMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0252	E	PET IMAGING INITIAL DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0255	E	CURRENT PERCEP THRESHOLD TST	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
G0257	S	UNSCHED DIALYSIS ESRD PT HOS	-	05401	7.6195	APC	463	-	-	-	-	000	999	-
G0259	N	INJECT FOR SACROILIAC JOINT	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0260	T	INJ FOR SACROILIAC JT ANESTH	-	05442	7.5404	APC	458	-	-	-	-	000	999	-
G0268	N	REMOVAL OF IMPACTED WAX MD	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0269	N	OCCLUSIVE DEVICE IN VEIN ART	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0270	M	MNT SUBS TX FOR CHANGE DX	-	-	-	Fee Schedule	036	-	-	-	-	000	020	-
G0271	M	GROUP MNT 2 OR MORE 30 MINS	-	-	-	Fee Schedule	020	-	-	-	-	000	020	-
G0276	N	PILD/PLACEBO CONTROL CLIN TR	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	-	000	999	-
G0277	S	HBOT, FULL BODY CHAMBER, 30M	-	05061	1.5130	APC	092	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
G0278	N	ILIAC ART ANGIO,CARDIAC CATH	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0279	M	TOMOSYNTHESIS, MAMMO	-	-	-	Fee Schedule	070	-	-	-	-	000	999	-
G0281	E	ELEC STIM UNATTEND FOR PRESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0282	E	ELECT STIM WOUND CARE NOT PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0283	Y	ELEC STIM OTHER THAN WOUND	-	-	-	Fee Schedule	016	-	-	-	-	000	999	-
G0288	N	RECON, CTA FOR SURG PLAN	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0289	N	ARTHRO, LOOSE BODY + CHONDRO	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0293	N	NON-COV SURG PROC.CLIN TRIAL	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
G0294	N	NON-COV PROC, CLINICAL TRIAL	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
G0295	E	ELECTROMAGNETIC THERAPY ONC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0296	S	VISIT TO DETERM LDCT ELIG	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
G0299	M	HHS/HOSPICE OF RN EA 15 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0300	M	HHS/HOSPICE OF LPN EA 15 MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0302	S	PRE-OP SERVICE LVRS COMPLETE	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
G0303	S	PRE-OP SERVICE LVRS 10-15DOS	-	05722	3.4225	APC	208	-	-	-	Y	000	999	-
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
G0305	S	POST OP SERVICE LVRS MIN 6	-	05723	5.8442	APC	355	-	-	-	Y	000	999	-
G0306	Q	CBC/DIFFWBC W/O PLATELET	-	-	-	Medicare	013	008	008	-	-	000	999	-
G0307	Q	CBC WITHOUT PLATELET	-	-	-	Medicare	011	007	006	-	-	000	999	-
G0310	E	IMMUNIZE COUNSEL 5-15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0311	E	IMMUNIZE COUNSEL 16-30 MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0312	E	IMMUNIZE COUNS < 21YR 5-15 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0313	E	IMMUNIZE COUNS < 21YR 6-30 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0314	E	COUNSEL IMMUNE <21 16-30 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0315	E	COUNSEL IMMUNE <21 5-15 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0316	N	PROLONG INPT EVAL ADD15 M	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0317	E	PROLONG NURSIN FAC EVAL 15M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0318	E	PROLONG HOME EVAL ADD 15M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0320	E	TWO-WAY AUDIO AND VIDEO HHS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0321	E	AUDIO-ONLY HHS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0322	E	HOME H PHYSIO DATA COLLEC TR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0323	S	CARE MANAGE BEH SVS 20MINS	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
G0327	E	COLON CA SCRNB;BLD-BSD BIOMRK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0328	Q	FECAL BLOOD SCRNB IMMUNOASSAY	-	-	-	Medicare	030	019	018	-	-	000	999	-
G0329	M	ELECTROMAGNTIC TX FOR ULCERS	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0330	N	FACILITY SVS DENTAL REHAB	-	05164	35.1059	Bundled, sometimes payable	2132	-	-	-	-	000	999	-
G0333	E	DISPENSE FEE INITIAL 30 DAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0337	M	HOSPICE EVALUATION PREELECTI	-	-	-	Fee Schedule	070	-	-	-	-	000	999	-
G0339	E	ROBOT LIN-RADSURG COM, FIRST	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
G0340	E	ROBT LIN-RADSURG FRACTX 2-5	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
G0341	C	PERCUTANEOUS ISLET CELLTRANS	-	-	-	IP Only	000	-	-	Y	Y	000	020	-
G0342	C	LAPAROSCOPY ISLET CELL TRANS	-	-	-	IP Only	000	-	-	Y	Y	000	020	-
G0343	C	LAPAROTOMY ISLET CELL TRANSP	-	-	-	IP Only	000	-	-	Y	Y	000	020	-
G0372	E	MD SERVICE REQUIRED FOR PMD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0378	N	HOSPITAL OBSERVATION PER HR	-	-	-	Bundled	000	-	-	-	Y	000	999	-
G0379	N	DIRECT REFER HOSPITAL OBSERV	-	05025	7.0036	Bundled, sometimes payable	425	-	-	-	Y	000	999	-
G0380	E	LEV 1 HOSP TYPE B ED VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0381	E	LEV 2 HOSP TYPE B ED VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0382	E	LEV 3 HOSP TYPE B ED VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0383	E	LEV 4 HOSP TYPE B ED VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0384	E	LEV 5 HOSP TYPE B ED VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0390	S	TRAUMA RESPONS W/HOSP CRITI	-	05045	14.9284	APC	906	-	-	-	-	000	999	-
G0396	S	ALCOHOL/SUBS INTERV 15-30MN	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
G0397	S	ALCOHOL/SUBS INTERV >30 MIN	-	05823	1.7385	APC	106	-	-	-	-	000	999	-
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA	-	05721	1.7032	APC	103	-	-	-	-	000	999	-
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA	-	05721	1.7032	APC	103	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA	-	05722	3.4225	APC	208	-	-	-	-	000	999	-
G0402	V	INITIAL PREVENTIVE EXAM	-	05012	1.4414	APC	088	-	-	-	-	000	999	-
G0403	E	EKG FOR INITIAL PREVENT EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0404	S	EKG TRACING FOR INITIAL PREV	-	05731	0.3247	APC	020	-	-	-	-	000	999	-
G0405	E	EKG INTERPRET & REPORT PREVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0406	E	INPT/TELE FOLLOW UP 15	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0407	E	INPT/TELE FOLLOW UP 25	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0408	E	INPT/TELE FOLLOW UP 35	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0409	E	CORF RELATED SERV 15 MINS EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0410	E	GRP PSYCH PHP/IOP 45-50	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0411	E	INTERACTIVE GRP PSYC PHP/IOP	-	-	-	Not Allowed	000	-	-	-	-	000	012	-
G0412	C	OPEN TX ILIAC SPINE UN/BIL	-	-	-	IP Only	000	-	-	-	-	000	999	-
G0413	N	PELVIC RING FRACTURE UN/BIL	-	05114	78.0061	Bundled, sometimes payable	4737	-	-	-	Y	000	999	-
G0414	C	PELVIC RING FX TREAT INT FIX	-	-	-	IP Only	000	-	-	-	-	000	999	-
G0415	C	OPEN TX POST PELVIC FXCTURE	-	-	-	IP Only	000	-	-	-	-	000	999	-
G0416	N	PROSTATE BIOPSY, ANY MTHD	-	05673	3.9193	Bundled, sometimes payable	238	-	-	-	-	000	999	-
G0420	E	ED SVC CKD IND PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0421	E	ED SVC CKD GRP PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0422	S	INTENS CARDIAC REHAB W/EXERC	-	05771	1.4408	APC	087	-	-	Y	Y	000	999	-
G0423	S	INTENS CARDIAC REHAB NO EXER	-	05771	1.4408	APC	087	-	-	Y	Y	000	999	-
G0425	E	INPT/ED TELECONSULT30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0426	E	INPT/ED TELECONSULT50	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0427	E	INPT/ED TELECONSULT70	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0428	E	COLLAGEN MENISCUS IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0429	T	DERMAL FILLER INJECTION(S)	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
G0432	Q	EIA HIV-1/HIV-2 SCREEN	-	-	-	Medicare	033	020	020	-	-	000	999	-
G0433	Q	ELISA HIV-1/HIV-2 SCREEN	-	-	-	Medicare	030	019	018	-	-	000	999	-
G0435	Q	ORAL HIV-1/HIV-2 SCREEN	-	-	-	Medicare	020	012	012	-	-	000	999	-
G0438	M	PPPS, INITIAL VISIT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0439	M	PPPS, SUBSEQ VISIT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0442	S	ANNUAL ALCOHOL SCREEN 15 MIN	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
G0443	S	BRIEF ALCOHOL MISUSE COUNSEL	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
G0444	S	DEPRESSION SCREEN ANNUAL	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
G0445	S	HIGH INTEN BEH COUNS STD 30M	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
G0446	S	INTENS BEHAVE THER CARDIO DX	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
G0447	S	BEHAVIOR COUNSEL OBESITY 15M	-	05822	0.9719	APC	059	-	-	-	-	000	999	-
G0448	E	PLACE PERM PACING CARDIOVERT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0451	N	DEVLOPMENT TEST INTERPT&REP	-	05822	0.9719	Bundled, sometimes payable	059	-	-	-	-	000	999	-
G0452	E	MOLECULAR PATHOLOGY INTERPR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0453	N	CONT INTRAOP NEURO MONITOR	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0454	E	MD DOCUMENT VISIT BY NPP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0455	T	FECAL MICROBIOTA PREP INSTIL	-	05311	9.9656	APC	582	-	-	-	-	000	999	-
G0458	E	LDR PROSTATE BRACHY COMP RAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0459	E	TELEHEALTH INPT PHARM MGMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0460	T	AUTOLOG PRP NOT DIAB ULCER	-	05054	19.8843	APC	1207	-	-	-	-	000	999	-
G0463	M	HOSPITAL OUTPT CLINIC VISIT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0465	T	AUTOLOG PRP DIAB WOUND ULCER	-	-	-	APC	1161	-	-	-	-	000	999	-
G0466	M	FQHC VISIT NEW PATIENT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0467	M	FQHC VISIT, ESTAB PT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0468	M	FQHC VISIT, IPPE OR AWW	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0469	M	FQHC VISIT, MH NEW PT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0470	M	FQHC VISIT, MH ESTAB PT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0471	Q	VEN BLOOD COLL SNF/HHA	-	-	-	Medicare	018	011	011	-	-	000	999	-
G0472	Q	HEP C SCREEN HIGH RISK/OTHER	-	-	-	Medicare	077	048	046	-	-	000	999	-
G0473	S	GROUP BEHAVE COUNS 2-10	-	05821	0.3129	APC	019	-	-	-	-	000	999	-
G0475	E	HIV COMBINATION ASSAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
G0476	E	HPV COMBO ASSAY CA SCREEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0480	Q	DRUG TEST DEF 1-7 CLASSES	-	-	-	Medicare	191	118	114	-	-	000	999	-
G0481	Q	DRUG TEST DEF 8-14 CLASSES	-	-	-	Medicare	261	162	157	-	-	000	999	-
G0482	Q	DRUG TEST DEF 15-21 CLASSES	-	-	-	Medicare	331	205	199	-	-	000	999	-
G0483	Q	DRUG TEST DEF 22+ CLASSES	-	-	-	Medicare	412	255	247	-	-	000	999	-
G0490	M	HOME VISIT RN, LPN BY RHC/FQ	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G0491	E	DIALYSIS ACU KIDNEY NO ESRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0492	E	MD/OTH EVAL ACUT KID NO ESRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0493	E	RN CARE EA 15 MIN HH/HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0494	E	LPN CARE EA 15MIN HH/HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0495	E	RN CARE TRAIN/EDU IN HH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0496	E	LPN CARE TRAIN/EDU IN HH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0498	S	CHEMO EXTEND IV INFUS W/PUMP	-	05694	3.6927	APC	224	-	-	-	-	000	999	-
G0499	E	HEPB SCREEN HIGH RISK INDIV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0500	N	MOD SEDAT ENDO SERVICE >5YRS	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0501	N	RESOURCE-INTEN SVC DURING OV	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0506	N	COMP ASSES CARE PLAN CCM SVC	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0508	E	CRIT CARE TELEHEA CONSULT 60	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0509	E	CRIT CARE TELEHEA CONSULT 50	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0511	E	CCM/BHI BY RHC/FQHC 20MIN MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0512	E	COCM BY RHC/FQHC 60 MIN MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0513	N	PROLONG PREV SVCS, FIRST 30M	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0514	N	PROLONG PREV SVCS, ADDL 30M	-	-	-	Bundled	000	-	-	-	-	000	999	-
G0516	N	INSERT DRUG DEL IMPLANT, >=4	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
G0517	N	REMOVE DRUG IMPLANT	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
G0518	N	REMOVE W INSERT DRUG IMPLANT	-	05735	4.3445	Bundled, sometimes payable	264	-	-	-	-	000	999	-
G0659	Q	DRUG TEST DEF SIMPLE ALL CL	-	-	-	Medicare	104	064	062	-	-	000	999	-
G0911	E	ASSESS ACTIVITY SYMPTOMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0912	E	NO ASSESS ACTIVITY SYMPTOMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0913	E	IMPROVE VISUAL FUNCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0914	E	SURVEY NOT COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0915	E	NO IMPROVE VISUAL FUNCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0916	E	SATISFY WITH CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0917	E	CARE SURVEY NOT COMPLETE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G0918	E	NO SATISFY WITH CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1001	E	CDSM EVICORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1002	E	CDSM MEDCURRENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1003	E	CDSM MEDICALIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1004	E	CDSM NDSC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1007	E	CDSM AIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1008	E	CDSM CRANBERRY PK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1010	E	CDSM STANSON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1011	E	CDSM QUALIFIED NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1012	E	CDSM AGILEMD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1013	E	CDSM EVIDENCECARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1014	E	CDSM INVENIQA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1015	E	CDSM RELIANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1016	E	CDSM SPEED OF CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1017	E	CDSM HEALTHHELP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1018	E	CDSM INFIX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1019	E	CDSM LOGICNETS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1020	E	CDSM CURBSIDE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1021	E	CDSM EHEALTHLINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1022	E	CDSM INTERMOUNTAIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1023	E	CDSM PERSIVIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1024	E	CDSM RADRITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
G1025	E	PT MNTH 1 MCP PROV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1026	E	PT HEMO > 3MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1027	E	PT HEMO < 3MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G1028	E	TAKE HOME SUPPLY 8MG PER 0.1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2000	E	BLINDED CONV. TX MDD CLIN TR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2001	E	POST D/C H VST NEW PT 20 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2002	E	POST-D/C H VST NEW PT 30 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2003	E	POST-D/C H VST NEW PT 45 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2004	E	POST-D/C H VST NEW PT 60 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2005	E	POST-D/C H VST NEW PT 75 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2006	E	POST-D/C H VST EXT PT 20 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2007	E	POST-D/C H VST EXT PT 30 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2008	E	POST-D/C H VST EXT PT 45 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2009	E	POST-D/C H VST EXT PT 60 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2010	E	REMOT IMAGE SUBMIT BY PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2011	S	ALCOHOL/SUB MISUSE ASSESS	-	05731	0.3247	APC	020	-	-	-	-	000	999	-
G2012	E	BRIEF CHECK IN BY MD/QHP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2013	E	POST-D/C H VST EXT PT 75 M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2014	E	POST-D/C CARE PLAN OVERS 30M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2015	E	POST-D/C CARE PLAN OVERS 60M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2020	E	HI INTEN SERV FOR SIP MODEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2021	E	HEA CARE PRACT TX IN PLACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2022	E	BENEF REFUSES SERVICE, MOD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2025	M	DIS SITE TELE SVCS RHC/FQHC	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G2061	M	QUAL NONMD EST PT 5-10M	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G2062	M	QUAL NONMD EST PT 11-20M	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G2063	M	QUAL NONMD EST PT 21>MIN	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
G2067	E	MED ASSIST TX METH WK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2068	E	MED ASSIST TX BUPRE ORAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2069	E	MED ASSIST TX INJECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2070	E	MED ASSIST TX IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2071	E	MED TX REMOVE IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2072	E	MED TX INSERT/REMOVE IMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2073	E	MED TX NALTREXONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2074	E	MED ASSIST TX NO DRUG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2075	E	MED TX MEDS NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2076	E	INTAKE ACT W/MED EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2077	E	PERIODIC ASSESSMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2078	E	TAKE-HOME METH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2079	E	TAKE-HOM BUPRENORPHINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2080	E	ADD 30 MINS COUNSEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2081	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2082	S	VISIT ESKETAMINE 56M OR LESS	-	01513	0.0000	APC	651	-	-	Y	-	000	999	-
G2083	S	VISIT ESKETAMINE, > 56M	-	01520	0.0000	APC	951	-	-	Y	-	000	999	-
G2086	S	OFF BASE OPIOID TX 70MIN	-	05823	1.7385	APC	091	-	-	-	-	000	999	-
G2087	S	OFF BASE OPIOID TX, 60 M	-	05823	1.7385	APC	091	-	-	-	-	000	999	-
G2088	N	OFF BASE OPIOID TX, ADD30	-	-	-	Bundled	000	-	-	-	-	000	999	-
G2090	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2091	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2092	E	ACE ARB ARNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2093	E	MED DOC RSN NO ACE ARN ARNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2094	E	PT RSN NO ACE ARN ARNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2096	E	NO RSN ACE ARB ARNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2097	E	DX URI 3D AFTER OTHER DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2098	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2099	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G2100	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2101	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2105	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2106	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2107	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2112	E	PRED<=5 MG RA GLU <6M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2113	E	PRED>5 MG >6M, NO CHG DA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2115	E	PT 66-80 FRAILTY AND MED DEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2116	E	PT 66-80 FRAILTY AND ADV ILL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2118	E	PT 81+ FRAILTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2121	E	PSY DEP ANX AP AND ICD ASSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2122	E	PSY/DEP/ANX/APANDICD NOASSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2125	E	PT 81+ FRAILTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2126	E	PT 66-80 FRAILTY AND ADV ILL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2127	E	PT 66-80 FRAILTY AND MED DEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2128	E	NO ASPIRIN MED RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2129	E	NO BP OUTPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2136	E	BK PAIN VAS 6-20WK <= 3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2137	E	BK PAIN VAS 6-20WK > 3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2138	E	BK PAIN VAS 9-15MO <= 3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2139	E	BK PAIN VAS 9-15MO > 3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2140	E	LEG PAIN VAS 6-20WK <= 3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2141	E	LEG PAIN VAS 6-20WK > 3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2142	E	FS ODI 9-15MO POSTOP<= 22	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2143	E	FS ODI 9-15MO > 22	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2144	E	FS ODI 6-20WK POSTOP <= 22	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2145	E	FSODI 6-20WK >22 OR CHG 30PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2146	E	LEG PAIN VAS 9-15MO <= 3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2147	E	LEG PAIN VAS 9-15MO > 3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2148	E	MPM USED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2149	E	NO MPM MED RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2150	E	NO MPM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2151	E	DX DEGEN NEURO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2152	E	RES CHANGE SC >=0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2167	E	RES CHANGE SC < 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2168	E	SVS BY PT IN HOME HEALTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2169	E	SVS BY OT IN HOME HEALTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2172	E	TX FOR OPIOID USE DEMO PROJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2173	E	URI W COMORB 12M OTH DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2174	E	URI NEW RX ANTIBIOTIC 30D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2175	E	PT COMORB DX 12M OF EPI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2176	E	OUTPT ED OBS W INPT ADMIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2177	E	BRONCH W RX ANTIBX 30D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2178	E	PT NOT ELIG LOW NEURO EX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2179	E	MED DOC RSN NO LOW EX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2180	E	INELIG FOOTWR EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2181	E	BMI NOT DOC MEDRSN PTREF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2182	E	PT 1ST BIOLOG ANTIRHEUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2183	E	DOC PT UNABLE COMM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2184	E	NO CAREGIVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2185	E	CAREGIVER DEM TRAINED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2186	E	PT REF APP RSRCS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2187	E	CLIN IND IMG HD TRAUMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2188	E	PT 50 YRS W/CLIN IND HD	-	-	-	Not Allowed	000	-	-	-	-	050	999	-
G2189	E	IMG HD ABNML NEURO EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2190	E	IND IMG HD RAD NECK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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G2191	E	IND IMG HD POS HD ACHE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2192	E	>55 YRS TEMP HD ACHE	-	-	-	Not Allowed	000	-	-	-	-	055	999	-
G2193	E	<6YR NEW ONSET HD ACHE	-	-	-	Not Allowed	000	-	-	-	-	000	006	-
G2194	E	NEW HDACHE PED PT DIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2195	E	OCCIP HDACHE CHILD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2196	E	SCREEN UNHLTHY ETOH USE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2197	E	SCREEN HLTHY ETOH USE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2199	E	NOT SCRNM ETOH NO RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2200	E	UNHLTHY ETOH RCVD COUNS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2202	E	NO RSN NO BRIEF COUNS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2204	E	PT 45-85 W/ SCOPE	-	-	-	Not Allowed	000	-	-	-	-	050	085	-
G2205	E	PREG DRNG ADJV TRTMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2206	E	ADJV TRTMT CHEMO HER2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2207	E	RSN NO TRTMT CHEM HER2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2208	E	NO TRTMT CHEMO AND HER2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2209	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2210	E	NO NECK FS PROM NO RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2211	E	COMPLEX E/M VISIT ADD ON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2212	E	PROLONG OUTPT/OFFICE VIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2213	E	INITIAT MED ASSIST TX IN ER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2214	E	INIT/SUB PSYCH CARE M 1ST 30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2215	E	HOME SUPPLY NASAL NALOXONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2216	E	HOME SUPPLY INJECT NALOXON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2250	E	REMOT IMG SUB BY PT, NON E/M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2251	E	BRIEF CHKIN, 5-10, NON-E/M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G2252	E	BRIEF CHKIN BY MD/QHP, 11-20	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G3002	E	CHRONIC PAIN MGMT 30 MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G3003	E	CHRONIC PAIN MGMT ADDL 15M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4000	E	DERMATOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4001	E	DIAGNOSTIC RAD SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4002	E	EP CARDIO SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4003	E	EMERGENCY MED SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4004	E	ENDOCRINOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4005	E	FAMILY MEDICINE SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4006	E	GASTROENTEROLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4007	E	GENERAL SURGERY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4008	E	GERIATRICS SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4009	E	HOSPITALISTS SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4010	E	INFECTIOUS DISEASE SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4011	E	INTERNAL MEDICINE SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4012	E	INTERVENTIONAL RAD SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4013	E	MNTAL/BEHAV/PSYCH HLTH SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4014	E	NEPHROLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4015	E	NEUROLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4016	E	NEUROSURGICAL SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4017	E	NUTRITION/DIETICIAN SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4018	E	OB/GYN SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4019	E	ONCOLOGY/HEMA SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4020	E	OPHTHALMOLOGY/OPTOMETRY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4021	E	ORTHOPEDIC SURGERY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4022	E	OTOLARYNGOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4023	E	PATHOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4024	E	PEDIATRICS SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4025	E	PHYSICAL MEDICINE SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4026	E	PHYS/OCC THERAPY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4027	E	PLASTIC SURGERY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
G4028	E	PODIATRY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4029	E	PREVENTIVE MEDICINE SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4030	E	PULMONOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4031	E	RADIATION ONCOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4032	E	RHEUMATOLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4033	E	SKILLED NURSING FACILITY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4034	E	SPEECH LANGUAGE PATH SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4035	E	THORACIC SURGERY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4036	E	URGENT CARE SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4037	E	UROLOGY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G4038	E	VASCULAR SURGERY SS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6001	E	ECHO GUIDANCE RADIOTHERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6002	E	STEREOSCOPIC X-RAY GUIDANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6003	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6004	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6005	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6006	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6007	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6008	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6009	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6010	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6011	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6012	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6013	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6014	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6015	E	RADIATION TX DELIVERY IMRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6016	E	DELIVERY COMP IMRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G6017	E	INTRAFACTION TRACK MOTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8126	E	PT TREAT W/ANTIDEPRESS12WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8127	E	PT NOT TREAT W/ANTIDEPRES12W	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8128	E	PT INELIG FOR ANTIDEPRES MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8395	E	LVEF>=40% DOC NORMAL OR MILD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8396	E	LVEF NOT PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8397	E	DIL MACULA/FUNDUS EXAM/W DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8399	E	PT W/DXA RESULTS DOCUMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8400	E	PT W/DXA NO RESULTS DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8404	E	LOW EXTEMITY NEUR EXAM DOCUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8405	E	LOW EXTEMITY NEUR NOT PERFOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8410	E	EVAL ON FOOT DOCUMENTED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8415	E	EVAL ON FOOT NOT PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8416	E	PT INELIG FOOTWEAR EVALUATIO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8417	E	CALC BMI ABV UP PARAM F/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8418	E	CALC BMI BLW LOW PARAM F/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8419	E	CALC BMI OUT NRM PARAM NOF/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8420	E	CALC BMI NORM PARAMETERS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8421	E	BMI NOT CALCULATED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8427	E	DOCREV CUR MEDS BY ELIG CLIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8428	E	CUR MEDS NOT DOCUMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8430	E	DOC MED RSN NO MEDREC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8431	E	POS CLIN DEPRES SCR N F/U DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8432	E	DEP SCR NOT DOC, RNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8433	E	SCR FOR DEP NOT CPT DOC RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8447	E	PT VIS DOC USE EHR CER ATCB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8448	E	PT VIS DOC W/PQRI QUAL EHR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8450	E	BETA-BLOC RX PT W/ABN LVEF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8451	E	PT W/ABN LVEF INELIG B-BLOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G8452	E	PT W/ABN LVEF B-BLOC NO RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8465	E	HIGH RISK RECURRENCE PRO CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8468	E	ACE/ARB RX PT W/ABN LVEF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8469	E	PT W/ABN LVEF INELIG ACE/ARB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8470	E	PT W/ NORMAL LVEF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8471	E	LVEF NOT PERFORMED/DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8472	E	ACE/ARB NO RX PT W/ABN LVEF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8473	E	ACE/ARB THXPY RX'D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8474	E	ACE/ARB NOT RX'D; DOC REAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8475	E	ACE/ARB THXPY NOT RX'D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8476	E	BP SYS <140 AND DIAS <90	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8477	E	BP SYS>=140 AND/OR DIAS >=90	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8478	E	BP NOT PERFORMED/DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8482	E	FLU IMMUNIZE ORDER/ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8483	E	FLU IMM NO ADMIN DOC REA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8484	E	FLU IMMUNIZE NO ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8510	E	SCR DEP NEG, NO PLAN REQD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8511	E	SCR DEP POS, NO PLAN DOC RNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8524	E	PATCH CLOSURE CONV CEA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8525	E	NO PATCH CLOSURE CEA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8526	E	NO PATCH CLOSURE CONV CEA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8535	E	ELD MALTREATMENT NOT DOC	-	-	-	Not Allowed	000	-	-	-	-	060	999	-
G8536	E	NO DOC ELDER MAL SCRIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8539	E	DOC FUNCT AND CARE PLAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8540	E	FOA NOT DOC AS BEING PERF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8541	E	NO DOC CUR FUNCT ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8542	E	DOC FUNCT NO DEFICIENCIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8543	E	CUR FUNCT ASSES; NO CARE PLN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8546	E	CAP MEASURES GRP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8550	E	CAP MG QUAL ACT PERFORM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8559	E	PT REF DOC OTO EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8560	E	PT HX ACT DRAIN PREV 90 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8561	E	PT INELIG FOR REF OTO EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8562	E	PT NO HX ACT DRAIN 90 D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8563	E	PT NO REF OTO REAS NO SPEC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8564	E	PT REF OTO EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8565	E	VER DOC HEAR LOSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8566	E	PT INELIG REF OTO EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8567	E	PT NO DOC HEAR LOSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8568	E	PT NO REF OTOLO NO SPEC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8569	E	PROL INTUBATION REQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8570	E	NO PROL INTUB REQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8575	E	POSTOP REN FAIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8576	E	NO POSTOP REN FAIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8577	E	REOP REQ BLD GRFT OTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8578	E	NO REOP REQ BLD GRFT OTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8598	E	ASA/ANTIPLAT THER USED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8599	E	NO ASA/ANTIPLAT THER USE RNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8600	E	TPA INITI W/IN 4.5 HR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8601	E	NO ELIG TPA INIT W/IN 4.5 HR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8602	E	NO TPA INIT W/IN 4.5 HR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8633	E	PHARM THER OSTEO RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8635	E	NO PHARM THER OSTEO RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8647	E	RAFSCRS KI SCOR >= 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8648	E	RAFSCRS KI SCOR < 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8650	E	RAFS CRS KI NO SCOR NO RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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G8651	E	RAFSCRS HI SCOR >=0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8652	E	RAFSCRS HI SCOR < 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8654	E	RAFS CRS HI NO SCOR NO SURV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8655	E	RAFSCRS LLFAI SCOR >= 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8656	E	RAFSCRS LLFAI SCOR < 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8658	E	RAFSCRS LLFAI NO SCOR + SURV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8659	E	RAFSCRS LBI SCOR >= 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8660	E	RAFSCRS LBI SCOR < 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8661	E	RAFSCRS LBI NO SCOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8662	E	RAFS CRS LBI NO SCOR NO SURV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8663	E	RAFSCRS SI SCOR >= 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8664	E	RAFSCRS SI SCOR < 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8666	E	RAFS CRS SI NO SCOR NO SURV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8667	E	RAFSCRS EWH SCOR >= 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8668	E	RAFSCRS EWH SCOR < 0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8670	E	RAFS CRS EWH NO SCOR NO SURV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8675	E	BP SYST >= 140 MMHG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8676	E	BP DIAST >= 90 MMHG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8677	E	BP SYST < 130 MMHG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8678	E	BP SYST >=130 - 139 MMHG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8679	E	BP DIAST < 80 MMHG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8680	E	BP DIAST 80-89 MMHG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8694	E	LVEF <=40%	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8695	E	LVEF >=40%	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8708	E	ANTIBIOTIC NOT PRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8709	E	URI EP COMPETE DIAG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8710	E	PT PRES ANTIBIOTIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8711	E	PRES ANTIBX ON/WITHIN 3 DAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8712	E	NOT PRES ANTIBIOTIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8715	E	HEMODIALYSIS NOT 3 TIMES WK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8716	E	PT REAS NOT GREAT 1.2KT/V	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8721	E	PT, PN, HIST GRADE DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8722	E	MED REAS PT, PN, NOT DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8723	E	SPEC SIT NOT PRIM TUMOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8724	E	PT, PN, HIST GRADE NOT DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8727	E	HEMO, PERIT, OR KIDNEY TRANS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8733	E	DOC POS ELDER MAL SCR N PLAN	-	-	-	Not Allowed	000	-	-	-	-	060	999	-
G8734	E	DOC NEG ELD REQ	-	-	-	Not Allowed	000	-	-	-	-	060	999	-
G8735	E	ELD MAL SCR N POS NO PLAN	-	-	-	Not Allowed	000	-	-	-	-	060	999	-
G8749	E	NO SIGNS MELANOMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8750	E	SIGNS OF MELANOMA PRESENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8752	E	SYS BP LESS 140	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8753	E	SYS BP > OR = 140	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8754	E	DIAS BP LESS 90	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8755	E	DIAS BP > OR = 90	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8756	E	NO BP MEASURE DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8760	E	EPILEPSY MG QUAL ACT PERFORM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8783	E	BP SCR N PERF REC INTERVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8785	E	BP SCR N NO PERF AT INTERVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8786	E	SEVERITY OF ANGINA ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8787	E	ANGINA PRESENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8788	E	ANGINA ABSENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8789	E	SEVERITY ANGINA NOT ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8797	E	SPECIMEN SITE NOT ESOPHAGUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8798	E	SPECIMEN SITE NOT PROSTATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8802	E	PREGNANCY TEST ORDER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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G8803	E	DOC REAS NO PREGNANCY TEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8805	E	PREGNANCY TEST NOT ORDER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8806	E	PERF ULTRASND TO LCT PREG DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8807	E	NO TA TV ULTRASND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8808	E	ULTRASOUND NOT PERF. RNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8815	E	DOC REAS NO STATIN THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8816	E	STATIN MED PRES AT DISCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8817	E	DOC REAS NO STATIN MED DISCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8819	E	ANEURYSM <= 5.5 CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8820	E	ANEURYSM 5.6-6.0 CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8821	E	ANEURYSM NOT INFARENAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8822	E	MALE ANEURYSMS >6CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8823	E	FEMALE ANEURYSM >6CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8824	E	FEMALE ANEURYSM 5.6-6.0 CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8826	E	PT DISCH HOME DAY #2 EVAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8828	E	ANEURYSM <= 5.5CM FOR MEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8829	E	ANEURYSM 5.6-6.0 CM FOR MEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8830	E	ANEURYSM >6CM FOR MEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8831	E	ANEURYSM >6CM FOR WOMEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8832	E	ANEURYSM 5.6-6.0 WOMEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8833	E	PT NOT DISCH HOME DAY#2 EVAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8834	E	PT DISCH HOME DAY #2 CEA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8836	E	STROKE OR TIA <120 DAYS CEA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8837	E	STROKE OR TIA >120 DAYS CEA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8838	E	NOT DISCH HOME BY DAY #2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8839	E	SLEEP APNEA ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8840	E	DOC REAS NO SLEEP APNEA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8841	E	NO SLEEP APNEA ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8842	E	AHI OR RDI INITIAL DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8843	E	DOC REAS NO AHI OR RDI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8844	E	NO AHI OR RDI INITIAL DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8845	E	POS AIRWAY PRESS PRESCRIBED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8846	E	MOD OR SEVERE OSA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8847	E	POS AIR PRESS NOT PRESCRIBED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8849	E	DOC REAS NO POS AIR PRESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8850	E	NO PAP PRESCRIBED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8851	E	ADHERE TX ASSESS AT LST ANN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8854	E	REAS NO ADHERE THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8855	E	THER NOT ASSESSED ANNUALLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8856	E	REF FOR OTO EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8857	E	NO ELIG REF FOR OTO EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8858	E	NOT REF FOR OTO EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8860	E	CORTICOSTEROID 10 MG 60 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8863	E	NO ASSESS BONE LOSS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8864	E	PNEUMOCOCCAL VACCINE ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8865	E	DOC MED REAS NO PNEUMOCOCCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8866	E	DOC PT REAS NO PNEUMOCOCCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8867	E	NO PNEUMOCOCCAL ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8869	E	DOC IMMUNE HEP B ANTITNF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8875	E	BREAST CANCER DX MIN INVSIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8876	E	DOC REAS NO MIN INV DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8877	E	NO BRST CNCR DX MIN INVASIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8878	E	SENT LYMPH NODE BIOPSY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8880	E	SEN LYM P NODE BIOP NOT PERF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8881	E	BRST CNCR STAGE > T1N0M0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8882	E	NO SENT LYMPH NODE BIOPSY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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G8901	E	EPILEPSY MEASURES GROUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8907	E	PT DOC NO EVENTS ON DISCHARG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8908	E	PT DOC W BURN PRIOR TO D/C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8909	E	PT DOC NO BURN PRIOR TO D/C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8910	E	PT DOC TO HAVE FALL IN ASC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8911	E	PT DOC NO FALL IN ASC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8912	E	PT DOC WITH WRONG EVENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8913	E	PT DOC NO WRONG EVENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8914	E	PT TRANS TO HOSP POST D/C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8915	E	PT NOT TRANS TO HOSP AT D/C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8916	E	PT W IV AB GIVEN ON TIME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8917	E	PT W IV AB NOT GIVEN ON TIME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8918	E	PT W/O PREOP ORDER IV AB PRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8923	E	LVEF <= 40% OR LVSD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8924	E	SPIR RES DOC FEV1/FVC<70%	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8934	E	LVEF <=40% OR DEP LV SYS FCN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8935	E	RX ACE OR ARB THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8936	E	PT NOT ELIGIBLE ACE/ARB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8937	E	NO RX ACE/ARB THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8942	E	DOC FCN/CARE PLAN W/30 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8944	E	AJCC MEL CNR STG 0 - IIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8946	E	MIBM BUT NO DX OF BREAST CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8950	E	PRE-HTN OR HTN DOC, F/U INDC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8952	E	PRE-HTN/HTN, NO F/U, NOT GVN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8955	E	MOST RECENT ASSESS VOL MGMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8956	E	PT RCV HEDIA OUTPT DYLS FAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8958	E	ASSESS VOL MGMT NOT DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8961	E	CSIT LOWRISK SURG PTS PREOP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8962	E	CSIT ON PT ANY REAS 30 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8965	E	CSIT PERF ON LOW CHD RSK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8966	E	CSIT PERF SX OR HIGH CHD RSK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8967	E	WARF OR OTHER FDA DRUG PRESC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8968	E	DOC MED NOT PRESB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8969	E	DOC PT RSN NO PRESC WARF/FDA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G8970	E	NO RSK FAC OR 1 MOD RISK TE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9001	E	MCCD, INITIAL RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9002	E	MCCD, MAINTENANCE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9003	E	MCCD, RISK ADJ HI, INITIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9004	E	MCCD, RISK ADJ LO, INITIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9005	E	MCCD, RISK ADJ, MAINTENANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9006	E	MCCD, HOME MONITORING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9007	E	MCCD, SCH TEAM CONF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9008	E	MCCD, PHYS COOR-CARE OVRSGHT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9009	E	MCCD, RISK ADJ, LEVEL 3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9010	E	MCCD, RISK ADJ, LEVEL 4	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9011	E	MCCD, RISK ADJ, LEVEL 5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9012	E	OTHER SPECIFIED CASE MGMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9013	E	ESRD DEMO BUNDLE LEVEL I	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9014	E	ESRD DEMO BUNDLE-LEVEL II	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9016	E	DEMO-SMOKING CESSATION COUN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9050	E	ONCOLOGY WORK-UP EVALUATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9051	E	ONCOLOGY TX DECISION-MGMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9052	E	ONC SURVEILLANCE FOR DISEASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9053	E	ONC EXPECTANT MANAGEMENT PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9054	E	ONC SUPERVISION PALLIATIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9055	E	ONC VISIT UNSPECIFIED NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
G9056	E	ONC PRAC MGMT ADHERES GUIDE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9057	E	ONC PRACT MGMT DIFFERS TRIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9058	E	ONC PRAC MGMT DISAGREE W/GUI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9059	E	ONC PRAC MGMT PT OPT ALTERNA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9060	E	ONC PRAC MGMT DIF PT COMORB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9061	E	ONC PRAC COND NOADD BY GUIDE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9062	E	ONC PRAC GUIDE DIFFERS NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9063	E	ONC DX NSCLC STG1 NO PROGRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9064	E	ONC DX NSCLC STG2 NO PROGRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9065	E	ONC DX NSCLC STG3A NO PROGRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9066	E	ONC DX NSCLC STG3B-4 METASTA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9067	E	ONC DX NSCLC DX UNKNOWN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9068	E	ONC DX SCLC/NSCLC LIMITED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9069	E	ONC DX SCLC/NSCLC EXT AT DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9071	E	ONC DX BRST STG1-2B HR,NOPRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9072	E	ONC DX BRST STG1-2 NOPROGRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9073	E	ONC DX BRST STG3-HR, NO PRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9074	E	ONC DX BRST STG3-NOPROGRESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9075	E	ONC DX BRST METASTIC/ RECUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9077	E	ONC DX PROSTATE T1NO PROGRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9078	E	ONC DX PROSTATE T2NO PROGRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9079	E	ONC DX PROSTATE T3B-T4NOPROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9080	E	ONC DX PROSTATE W/RISE PSA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9083	E	ONC DX PROSTATE UNKNWN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9084	E	ONC DX COLON T1-3,N1-2,NO PR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9085	E	ONC DX COLON T4, N0 W/O PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9086	E	ONC DX COLON T1-4 NO DX PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9087	E	ONC DX COLON METAS EVID DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9088	E	ONC DX COLON METAS NOEVID DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9089	E	ONC DX COLON EXTENT UNKNOWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9090	E	ONC DX RECTAL T1-2 NO PROGR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9091	E	ONC DX RECTAL T3 N0 NO PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9092	E	ONC DX RECTAL T1-3,N1-2NOPRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9093	E	ONC DX RECTAL T4,N,M0 NO PRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9094	E	ONC DX RECTAL M1 W/METS PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9095	E	ONC DX RECTAL EXTENT UNKNWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9098	E	ONC DX ESOPHAGEAL METS RECUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9099	E	ONC DX ESOPHAGEAL UNKNOWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9100	E	ONC DX GASTRIC NO RECURRENCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9101	E	ONC DX GASTRIC P R1-R2NOPROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9102	E	ONC DX GASTRIC UNRESECTABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9103	E	ONC DX GASTRIC RECURRENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9104	E	ONC DX GASTRIC UNKNOWN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9105	E	ONC DX PANCREATC P R0 RES NO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9106	E	ONC DX PANCREATC P R1/R2 NO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9107	E	ONC DX PANCREATIC UNRESECTAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9108	E	ONC DX PANCREATIC UNKNWN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9111	E	ONC DX HEAD/NECK M1 METS REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9113	E	ONC DX OVARIAN STG1A-B NO PR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9114	E	ONC DX OVARIAN STG1A-B OR 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G9115	E	ONC DX OVARIAN STG3/4 NOPROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9116	E	ONC DX OVARIAN RECURRENCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9117	E	ONC DX OVARIAN UNKNOWN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9123	E	ONC DX CML CHRONIC PHASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9124	E	ONC DX CML ACCELER PHASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9125	E	ONC DX CML BLAST PHASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9126	E	ONC DX CML REMISSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9128	E	ONC DX MULTI MYELOMA STAGE I	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9129	E	ONC DX MULT MYELOMA STG2 HIG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9130	E	ONC DX MULTI MYELOMA UNKNOWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9131	E	ONC DX BRST UNKNOWN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9132	E	ONC DX PROSTATE METS NO CAST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9133	E	ONC DX PROSTATE CLINICAL MET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9134	E	ONC NHLSTG 1-2 NO RELAP NO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9135	E	ONC DX NHL STG 3-4 NOT RELAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9136	E	ONC DX NHL TRANS TO LG BCELL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9137	E	ONC DX NHL RELAPSE/REFRACTOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9138	E	ONC DX NHL STG UNKNOWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9139	E	ONC DX CML DX STATUS UNKNOWN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9140	E	FRONTIER EXTENDED STAY DEMO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9141	E	INFLUENZA A H1N1 ADMIN W COU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9142	E	INFLUENZA A H1N1, VACCINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9143	Q	WARFARIN RESPON GENETIC TEST	-	-	-	Fee Schedule	201	-	-	-	-	000	999	-
G9147	E	OUTPT IV INSULIN TX ANY MEA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9148	E	MEDICAL HOME LEVEL 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9149	E	MEDICAL HOME LEVEL II	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9150	E	MEDICAL HOME LEVEL III	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9151	E	MAPCP DEMO STATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9152	E	MAPCP DEMO COMMUNITY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9153	E	MAPCP DEMO PHYSICIAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9156	E	EVALUATION FOR WHEELCHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9157	E	TRANSESOPH DOPPL CARDIAC MON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9187	E	BPCI HOME VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9188	E	BETA NOT GIVEN NO REASON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9189	E	BETA PRES OR ALREADY TAKING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9190	E	MEDICAL REASON FOR NO BETA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9191	E	PT REASON FOR NO BETA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9212	E	DOC OF DSM-IV INIT EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9213	E	NO DOC OF DSM-IV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9223	E	PJP PROPH ORDERED CD4 LOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9225	E	NORSN NO FOOT EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9226	E	3 COMP FOOT EXAM COMPLETED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9227	E	FOA DOC, CARE PLAN NOT DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9228	E	GC CHL SYP DOCUMENTED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9230	E	NORSN FOR GC CHL SYP TEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9231	E	DOC ESRD DIA TRANS PREG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9242	E	DOC VIRAL LOAD >=200	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9243	E	DOC VIRAL LOAD <200	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9246	E	NO MED VISIT IN 24MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9247	E	1 MED VISIT IN 24MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9254	E	DOC PT DISCHG >2D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9255	E	DOC PT DISCHG <=2D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9273	E	SYS<140 AND DIA<90	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9274	E	BP OUT OF NRML LIMITS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9275	E	DOC OF NON TOBACCO USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9276	E	DOC OF TOBACCO USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
G9277	E	DOC DAILY ASPIRIN OR CONTRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9278	E	DOC NO DAILY ASPIRIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9279	E	PNE SCRND DONE DOC VAC DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9280	E	PNE NOT GIVEN NORSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9281	E	PNE SCRND DONE DOC NOT IND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9282	E	DOC MEDRSN NO HISTO TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9283	E	HIST TYPE DOC ON REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9284	E	NO HIST TYPE DOC ON REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9285	E	SITE NOT SMALL CELL LUNG CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9286	E	ANTIBIO RX W IN 10D OF SYMPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9287	E	NO ANTIBIO W IN 10D OF SYMPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9288	E	DOC MEDRSN NO HIST TYPE RPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9289	E	DOC TYPE NSM LUNG CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9290	E	NO DOC TYPE NSM LUNG CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9291	E	NOT NSM LUNG CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9292	E	MEDRSN NO PT CATEGORY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9293	E	NO PT CATEGORY ON REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9294	E	PT CAT AND THCK ON REPORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9295	E	NON CUTANEOUS LOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9296	E	DOC SHARE DEC PRIOR PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9297	E	NO DOC SHARE DEC PRIOR PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9298	E	EVAL RISK VTE CARD 30D PRIOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9299	E	NO EVAL RISK VTE CARD PRIOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9305	E	NO INTERV REQ FOR LEAK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9306	E	INTERV REQ FOR LEAK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9307	E	NO RET FOR SURG W IN 30D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9308	E	UNPL RET OR W/COMPL W/IN 30D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9309	E	NO UNPLND HOSP READM IN 30D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9310	E	UNPLND HOSP READM IN 30D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9311	E	NO SURG SITE INFECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9312	E	SURGICAL SITE INFECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9313	E	AMOXIC NOT PRESC AS 1ST LINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9314	E	NORSN NOT FIRST LINE AMOX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9315	E	AMOX W/WO CLAV RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9316	E	DOC COMM RISK CALC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9317	E	NO DOC COMM RISK CALC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9318	E	IMAGE STD NOMENCLATURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9319	E	IMAGE NOT STD NOMENCLATURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9321	E	DOC COUNT OF CT IN 12MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9322	E	NO DOC COUNT OF CT IN 12MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9341	E	SRCH FOR CT W IN 12 MOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9342	E	NO SRCH FOR CT IN 12MO NORSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9344	E	SYSRSN NO DICOM SRCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9345	E	FOLLOW UP PULM NOD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9347	E	NO FOLLOW UP PULM NOD NORSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9351	E	DOC >1 SINUS CT W 90D DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9352	E	NOT >1 SINUS CT W 90D DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9353	E	MEDRSN >1 SINUS CT W 90D DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9354	E	1 OR NO CT SINUS W/IN 90D DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9355	E	NO EARLY IND/DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9356	E	EARLY IND/DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9357	E	PP EVAL/EDU PERF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9358	E	PP EVAL/EDU NOT PERF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9361	E	DOC RSN ELECT C-SEC/INDUCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9364	E	SINUS CAUS BAC INX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9367	E	>= 2 SAME HI-RSK MED ORD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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G9368	E	>= 2 SAME HI-RSK MED NOT ORD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9380	E	OFF ASSIS EOL ISS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9382	E	NO OFF ASSIS EOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9383	E	RECD SCR N HCV INFEC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9384	E	DOC MED RSN NO HCV SCR N	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9385	E	DOC PT REAS NOT REC HCV SR N	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9386	E	SCR N HCV INFEC NOT RECD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9393	E	INI PHQ9 >9 REMISS <5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9394	E	DX BIPOL, DEATH, NHRES, HOSP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9395	E	INI PHQ9 >9 NO REMISS >=5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9396	E	INI PHQ9 >9 NOT ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9402	E	RECD F/U W/IN 30D DISCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9403	E	DOC REAS NO 30 DAY F/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9404	E	NO 30 DAY F/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9405	E	RECD F/U W/IN 7D DC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9406	E	DOC REAS NO 7D F/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9407	E	NO 7D F/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9408	E	CARD TAMP W/IN 30D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9409	E	NO CARD TAMP E/IN 30D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9410	E	ADMIT W/IN 180D REQ REMOV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9411	E	NO ADMIT W/IN 180D REQ REMOV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9412	E	ADMIT W/IN 180D REQ SURG REV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9413	E	NO ADMIT REQ SURG REV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9414	E	1DOSE MENIG VAC BTWN 11 & 13	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9415	E	NO 1DOSE MENI VAC BTWN 11&13	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9416	E	PT 1 TDAP BETW 10-13 YRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9417	E	PT NOT 1 TDAP BETW 10-13 YRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9418	E	LUNG CX BX RPT DOCS CLASS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9419	E	MED REAS NOT INCL HISTO TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9420	E	SPEC SITE NO LUNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9421	E	LUNG CX BX RPT NO DOC CLASS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9422	E	RPT DOC CLASS HISTO TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9423	E	MED REAS RPT NO HISTO TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9424	E	SITE NO LUNG OR LUNG CX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9425	E	SPEC RPT NO DOC CLASS HISTO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9426	E	IMPR MED TIME EDARR PAIN MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9427	E	NO IMPRO MED TIME PAIN MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9428	E	PATHO RPT INCL PT CTG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9429	E	DOC MED RSN NO PT CAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9430	E	SPEC SITE NO CUTANEOUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9431	E	PATHO RPT NO PT CTG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9432	E	ASTH CONTROLLED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9434	E	ASTH NOT CONTROLLED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9452	E	DOC MED REAS NO HCV TEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9455	E	ABD IMAG W/US, CT OR MRI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9456	E	DOC MED PT REAS NO HCC SCR N	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9457	E	PT NO ABD IMG NO DOC RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9458	E	TOB USER RECD CESS INTERV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9459	E	TOB NON-USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9460	E	NO TOB ASSESS OR CESS INTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9468	E	NO RECD CORTICO>=10MG/D >60D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9470	E	NO REC CORTICO>60D 1RX 600MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9471	E	W/IN 2YR DXA NOT ORDER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9473	E	CHAP SERVICES AT HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9474	E	DIET COUNSEL AT HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9475	E	OTHER COUNSELOR AT HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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G9476	E	VOLUN SERVICE AT HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9477	E	CARE COORD AT HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9478	E	OTHE THERAPIST AT HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9479	E	PHARMACIST AT HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9480	E	ADMISSION TO MCCM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9481	E	REMOTE E/M NEW PT 10MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9482	E	REMOTE E/M NEW PT 20MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9483	E	REMOTE E/M NEW PT 30MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9484	E	REMOTE E/M NEW PT 45MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9485	E	REMOTE E/M NEW PT 60MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9486	E	REMOTE E/M EST. PT 10MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9487	E	REMOTE E/M EST. PT 15MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9488	E	REMOTE E/M EST. PT 25MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9489	E	REMOTE E/M EST. PT 40MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9490	E	CMMI MOD HOME VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9497	E	REC INST NO SMOKE DAY SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9498	E	ABX REG PRESCRIBED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9500	E	RAD EXPOS IND/EXP TM DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9501	E	RAD EXPOS IND/EXP TM NO DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9502	E	MED REAS NO PERF FOOT EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9504	E	DOC RSN HEP B STAT NOT ASSES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9505	E	ABX PRES W/IN 10 DYS OF SYMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9507	E	DOC REAS ON STATIN OR CONTRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9508	E	DOC PT NOT ON STATIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9509	E	ADIT MDD DYS REM 12 MNTHS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9510	E	REMIS12M NOT PHQ-9 SCORE <5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9511	E	IDX EVT DTE PHQ>9 DOC 12 MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9512	E	INDIV PDC > 0.8	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9513	E	INDIV PDC NOT > 0.8	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9514	E	REQ RET OR W/IN 90D OF SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9515	E	NO REAS, NO RET OR W/IN 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9516	E	IMPR VIS ACUIT W/IN 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9517	E	NO IMPR VIS ACUIT W/IN 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9518	E	DOC ACTIVE INJ DRUG USE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9519	E	FINAL REF +/- 1.0 W/IN 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9520	E	REFRACT NOT +/- 1.0 W/IN 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9521	E	ER AND IP HOSP <2 IN 12 MOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9522	E	ER/IP HOSP =>2 IN 12 MOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9529	E	MINOR BLUNT TRAUMA W/HEAD CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9530	E	PT MBHT HD CT ORD EC PROV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9531	E	PT DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9533	E	INDIC FOR HEAD CT NOT VALID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9537	E	IMG HD CLIN TRIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9539	E	INTENT POT REMV TIME PLACEMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9540	E	PT ALIVE 3 MOS POST PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9541	E	FILTER REM 3 MON PLMT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9542	E	DOC REASS APPR REMO FILT 3MS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9543	E	DOC 2X RE-ASSESS FILT REMOV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9544	E	NO FILT REMOV W/IN 3MOS PLCM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9547	E	CYS REN LES OR ADREN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9548	E	NO F/U REC IMAGE STUDY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9549	E	DOC MED RSN FOR F/U IMAG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9550	E	IMAG REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9551	E	IMAG NO LES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9552	E	INC THYR NODE <1.0 IN RPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9553	E	PRIOR THYROID DISE DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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G9554	E	CT/CTA/MRI/A CHST FOLL REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9555	E	DOC MED RSN FOR FOLLUP IMAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9556	E	CT/CTA/MRI/A NO FOLLUP IMAG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9557	E	CT/CTA/MRI/A NO THYR <1.0CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9580	E	DOOR TO PUNC TIME <2HRS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9582	E	DOOR TO PUNC TIME >2HR, NRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9593	E	LOW PECARN PED HEAD TRAUMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9594	E	PT MBHT HD CT ORD EC PROV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9595	E	DOC SHNT/TUM/COAG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9597	E	NO LOW PECARN PED HEAD TRAUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9598	E	AOR ANE 5.5-5.9 CM MAX DIAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9599	E	AOR ANE >=6.0 CM MAX DIAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9603	E	PT SURV IMPROV BSLINE TX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9604	E	PT SURV RESULTS NOT AVAIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9605	E	SURV SCORE NO IMPROV W/TX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9606	E	INTRAOP CYST EVAL TRAC INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9607	E	DOC MED RSN NOT PERF CYSTOSC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9608	E	INTRAOP CYST EVAL NOT DONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9609	E	DOC ORDER ANTI-PLAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9610	E	DOC MD RSN NO ANTIPLA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9611	E	NO DOC ORDER ANTI-PLAT RNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9621	E	SCR UNHEAL ETOH W/COUNSEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9622	E	NO UNHEAL ETOH USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9624	E	PT NOT SCR OR NO COUNSELING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9625	E	PT BL SRG 30 DAY PST SRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9626	E	MED RSN NO RPT BLADDER INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9627	E	PT NO BL SRG 30 DAY PST SRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9628	E	PT BWLI SRG 30 DAY PST SRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9629	E	MED RSN NO RPT BOWEL INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9630	E	PT NO BWLI SRG 30 DAY SRG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9637	E	DOC >1 DOSE REDUC TECH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9638	E	NO DOC >1 DOSE REDUC TECH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9642	E	CURRENT SMOKER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9643	E	ELECTIVE SURGERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9644	E	NO SMOK B/4 ANES DAY OF SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9645	E	HAD SMOKE B/4 ANES DAY SURG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9646	E	PT W/90D MRS 0-2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9648	E	PT W/90D MRS >2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9649	E	PSOR AS DOC SPC BM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9651	E	PSOR AS DOC NO SPC BM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9654	E	MON ANESTH CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9655	E	TOC TOOL INCL KEY ELEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9656	E	PT TRANS FROM ANEST TO PACU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9658	E	TOC TOOL INCL ELEM NOT USED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9659	E	>=86Y NO HX COLO CA/RSN SCOP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9660	E	DOC MED RSN SCOPE PT >= 86Y	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9661	E	PT >= 86 W/ HI RISK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9662	E	PRIOR DX/ACTIVE CLIN ASCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9663	E	FAST/DIR LDL >= 190 MG/DL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9664	E	TAKING STATIN OR REC'D ORDER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9665	E	NO STATIN/NO ORDER STATIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9674	E	PT W/CLIN ASCVD DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9675	E	PT W/FAST/DIR LAB LDL-C >190	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9676	E	40-75Y W/TYPE 1/2 W/LDL-C RS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9679	E	ACUTE CARE PNEUMONIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9680	E	ACUTE CARE CONGESTIVE HEART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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G9681	E	ACUTE CARE CHRONIC OBSTRUCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9682	E	ACUTE CARE SKIN INFECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9683	E	ACUTE FLUID/ELECTRO DISORDER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9684	E	ACUTE CARE URINARY TRACT INF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9685	E	ACUTE NURSING FACILITY CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9687	E	HOSPICE ANYTIME MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9688	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9689	E	INPT ELECT CAROTID INTERVENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9690	E	PT IN HOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9691	E	PT HOSP DUR MSMT PERIOD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9692	E	HOSP RECD BY PT DUR MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9693	E	PT USE HOSP DURING MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9694	E	HOSP SRV USED PT IN MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9695	E	LONG ACT INHAL BRONCHDIL PRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9696	E	MED RSN NO PRESC BRONCHDIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9698	E	SYS RSN NO PRESC BRONCHDIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9699	E	LONG INHAL BRONCHDIL NO PRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9700	E	PT IS W/HOSP DURING MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9702	E	PT USE HOSP DURING MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9703	E	ANBX 30 PRIOR TO EPISODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9704	E	AJCC BR CA STG I: T1 MIC/T1A	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9705	E	AJCC BR CA STG IB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9706	E	LOW RECUR PROST CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9707	E	PT HAD HOSP DUR MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9708	E	BILAT MAST/HX BI /UNILAT MAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9709	E	HOSP SRV USED PT IN MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9710	E	PT PROV HOSP SRV MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9711	E	PT HX TOT COL OR COLON CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9712	E	DOC MED RSN PRESC ANBX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9713	E	PT USE HOSP DURING MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9714	E	PT IS W/HOSP DURING MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9716	E	BMI DOC ONL FUP NOT CMPLTD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9717	E	DOC PT DX BIPOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9719	E	PT NOT AMBUL/IMMOB/WC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9720	E	HOSPICE ANYTIME MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9721	E	PT NOT AMBUL/IMMOB/WC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9722	E	DOC HX RENAL FAIL OR CR+ >=4	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9723	E	HOSP RECD BY PT DUR MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9724	E	PT W/DOC USE ANTICOAG MST YR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9726	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9727	E	PT UNABLE CMPLT LEFP PROM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9728	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9729	E	PT UNBL CMPLT LEFP PROM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9730	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9731	E	PT UNBL CMPLT LEFP PROM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9732	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9733	E	PT UNBL CMPLT LB FS PROM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9734	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9735	E	PT UNBL CMPLT SHLD FS PROM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9736	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9737	E	PT UNBL CMPLT EWH FS PROM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9740	E	HOSP SRV TO PT DUR MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9741	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9744	E	PT NOT ELI D/T ACT DIG HTN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9745	E	DOC RSN NO HBP SCR N OR F/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9746	E	MIT STEN, VALVE OR TRANS AF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

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G9751	E	PT DIED W/IN 24 MOS RPT TIME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9752	E	URGENT SURGERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9753	E	DOC NO DICOM, CT OTHER FAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9754	E	INCID PULM NODULE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9755	E	DOC MED RSN NO FLLW UP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9756	E	SURG PROC W/SILICONE OIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9757	E	SURG PROC W/SILICONE OIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9758	E	PT IN HOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9760	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9761	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9762	E	PT HAD >= 2-3 HPV VACCINES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9763	E	PT NOT HAVE 2-3 HPV VACCINES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9764	E	PT TREATD W/ORAL SYST OR BIO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9765	E	DOC PAT DECLINED THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9766	E	CVA STROKE DX TX TRANSF FAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9767	E	HOSP NEW DX CVA CONSID EVST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9768	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9769	E	BN DEN 2YR/GOT OST MED/THER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9770	E	PERIP NERVE BLOCK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9771	E	ANES END, 1 TEMP >35.5(95.9)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9772	E	DOC MED RSN NO TEMP >= 35.5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9773	E	1 BOD TEMP >=35.5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9775	E	RECD 2 ANTI-EMET PRE/INTRAOP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9776	E	DOC MED RSN NO PROPH ANTIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9777	E	PT NO ANTIEMET PRE/INTRAOP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9779	E	PTS BREASTFEEDING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9780	E	PTS DX W/RHABDOMYOLYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9781	E	DOC RSN NO STATIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9782	E	HX DX FAM/PURE HYPERCHOLES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9784	E	PATH/DERM PROV 2ND BIOP OPIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9785	E	PATH REPORT SENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9786	E	PATH REPORT NOT SENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9787	E	PT ALIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9788	E	MOST RCT BP <= 140/90	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9789	E	RECORD BP IP, ER, URG/SELF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9790	E	MOST RCT BP >= 140/90	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9791	E	MOST RCT TOB STAT FREE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9792	E	MOST RCT TOB STAT NOT FREE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9793	E	PT ON DAILY ASA/ANTIPLAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9794	E	DOC MED RSN NO DAILY ASPIRIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9795	E	PT NO DAILY ASA/ANTIPLAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9796	E	PT NOT CURRENTLY ON STATIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9797	E	PT CURRENTLY ON STATIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9805	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9806	E	PT RECD CERV CYTO/HPV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9807	E	PT NO RECD CERV CYTO/HPV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9812	E	PT DIED DURING INPT/30D AFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9813	E	PT NOT DIED W/IN 30D OF PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9818	E	DOC SEX ACTIVITY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9819	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9820	E	DOC CHLAM SCR TEST W/FOLLOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9821	E	NO DOC CHLAM SCR TS W/FOLLOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9822	E	ENDO ABL PROC YR PREV IND DT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9823	E	ENDO SMPL/HYST BX RES DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9824	E	ENDO SMPL/HYST BX RES NO DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9830	E	HER-2 POS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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G9831	E	AJCC STG BRT CA DX II OR III	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9832	E	BRT CA DX I, NO T1/T1A/T1B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9838	E	PT MET DIS AT DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9839	E	ANTI-EGFR MON ANTI THER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9840	E	GENE TESTING PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9841	E	GENE TESTING NOT PERFORMED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9842	E	PT MET DIS AT DX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9843	E	KRAS OR NRAS GENE MUTATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9844	E	PT NO RECD ANTI-EGFR THER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9845	E	PT RECD ANTI-EGFR THER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9846	E	PT DIED FROM CANCER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9847	E	PT RECD CHEMO LAST 14D LIFE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9848	E	PT NO CHEMO LAST 14D LIFE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9858	E	PT ENROLL HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9859	E	PT DIED FROM CANCER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9860	E	PT LESS 3D HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9861	E	PT MORE THAN 3D HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9862	E	DOC RSN NO 10 YR FOLLOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9868	E	CMMI ASYNTELEHEALTH <10MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9869	E	CMMI ASYNTELEHEALTH 10-20MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9870	E	CMMI ASYNTELEHEALTH >20MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9873	E	1 EM CORE SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9874	E	4 EM CORE SESSIONS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9875	E	9 EM CORE SESSIONS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9876	E	2 EM CORE MS MO 7-9 NO WL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9877	E	2 EM CORE MS MO 10-12 NO WL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9878	E	2 EM CORE MS MO 7-9 WL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9879	E	2 EM CORE MS MO 10-12 WL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9880	E	EM 5 PERCENT WL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9881	E	EM 9 PERCENT WL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9882	E	2 EM ONGOING MS MO 13-15 WL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9883	E	2 EM ONGOING MS MO 16-18 WL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9884	E	2 EM ONGOING MS MO 19-21 WL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9885	E	2 EM ONGOING MS MO 22-24 WL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9886	E	IN-PERSON ATTENDANCE G CODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9887	E	DISTANCE LEARNING ATTENDANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9888	E	5% WL MAINTND FROM BSLINE WT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9890	E	EM BRIDGE PAYMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9891	E	EM SESSION REPORTING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9892	E	DOC PT RSN NO DIL MAC EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9893	E	NO MAC EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9894	E	ADR DEP THRPY PRESCRIBED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9895	E	DOC MED RSN NO ADR DEP THRPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9896	E	DOC PT RSN NO ADR DEP THRPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9897	E	PT NT PRSC ADR DEP THRPY RNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9898	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9899	E	SCRN MAM PERF RSLTS DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9900	E	SCRN MAM PERF RSLTS NOT DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9901	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9902	E	PT SCR N TBCO AND ID AS USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9903	E	PT SCR N TBCO ID AS NON USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9905	E	NO PT TBCO SCR N RNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9906	E	PT REC V TBCO CESS INTERV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9908	E	NO PT TBCO CESS INTERV RNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9910	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9911	E	NODE NEG PRE/POST SYST THER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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G9912	E	HBV STATUS ASSESED AND INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9913	E	NO HBV STATUS ASSESD AND INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9914	E	PT INITIATED ANTI-TNF AGENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9915	E	NO DOCUMNTD HBV RESULTS RCD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9916	E	FUNCT STATUS PAST 12 MONTHS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9917	E	ADV DEM CRGVR LIMITED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9918	E	NO FUNCT STAT PERF, RSN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9919	E	SCRN ND POS ND PROV OF REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9920	E	SCRNING PERF AND NEGATIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9921	E	NO OR PART SCRND ND RNG OR OS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9922	E	SFTY CNCRNS SCRND ND MIT RECS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9923	E	SAFTY CNCRNS SCRND AND NEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9925	E	NO SCRND PROV RSN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9926	E	SFTY CNCRNS SCRND BUT NO RECS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9928	E	NO WARF OR FDA DRUG PRESC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9929	E	TRS/REV AF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9930	E	COM CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9931	E	NO CHAD OR CHAD SCR 0 OR 1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9938	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9939	E	SAME PATH/DERM PERF BIOPSY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9940	E	DOC REAS NO STATIN THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9943	E	BK PN NT MSR VAS SCL PRE/PST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9945	E	PT W/CANCER SCOLIOSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9946	E	BK PAIN NO VAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9949	E	LEG PAIN NO VAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9954	E	PT >2 RSK FAC POST-OP VOMIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9955	E	INHLNT ANESTH ONLY FOR INDUC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9956	E	COMBO THRPFY OF >= 2 PROPHLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9957	E	DOC MED RSN NO COMBO THRPFY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9958	E	NO COMBO PROHPYL THRPFY FOR PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9959	E	SYSTEMIC ANTIMICRO NOT PRESC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9960	E	MED RSN SYS ANTIMI NT RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9961	E	SYSTEMIC ANTIMICRO PRESC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9962	E	EMBOLIZATION DOC SEPARATLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9963	E	EMBOLIZATION NOT DOC SEPARAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9964	E	PT RECV >=1 WELL-CHLD VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9965	E	NO WELL-CHLD VIST RECV BY PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9968	E	PT REFRD 2 PVDR/SPCLST IN PP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9969	E	PVDR RFRD PT RPRT RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9970	E	PVDR RFRD PT NO RPRT RCVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9974	E	MAC EXAM PERF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9975	E	DOC MED RSN NO DIL MAC EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9976	E	DOC PAT RSN NO MAC EXM PERF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9977	E	DIL MAC EXAM NO PERF RSN NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9978	E	REMOTE E/M NEW PT 10MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9979	E	REMOTE E/M NEW PT 20MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9980	E	REMOTE E/M NEW PT 30 MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9981	E	REMOTE E/M NEW PT 45MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9982	E	REMOTE E/M NEW PT 60MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9983	E	REMOTE E/M EST. PT 10MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9984	E	REMOTE E/M EST. PT 15MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9985	E	REMOTE E/M EST. PT 25MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9986	E	REMOTE E/M EST. PT 40MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9987	E	BPCI ADVANCED IN HOME VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9988	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9990	E	NO PNEUM VAX ADMIN 19+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G9991	E	PNEUM VAX ADMIN 19+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9992	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9993	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9994	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9996	E	DOC PT PAL OR HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9997	E	DOC PT PREG DUR MSRMT PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9998	E	DOC MED RSN <3 COLON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
G9999	E	DOC SYS RSN <3 COLON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0001	E	ALCOHOL AND/OR DRUG ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0002	E	ALCOHOL AND/OR DRUG SCREENIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0003	E	ALCOHOL AND/OR DRUG SCREENIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0004	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0005	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0006	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0007	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0008	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0009	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0010	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0011	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0012	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0013	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0014	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0015	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0016	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0017	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0018	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0019	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0020	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0021	E	ALCOHOL AND/OR DRUG TRAINING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0022	E	ALCOHOL AND/OR DRUG INTERVEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0023	E	ALCOHOL AND/OR DRUG OUTREACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0024	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0025	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0026	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0027	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0028	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0029	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0030	E	ALCOHOL AND/OR DRUG HOTLINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0031	E	MH HEALTH ASSESS BY NON-MD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0032	E	MH SVC PLAN DEV BY NON-MD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0033	E	ORAL MED ADM DIRECT OBSERVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0034	E	MED TRNG & SUPPORT PER 15MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0035	M	MH PARTIAL HOSP TX UNDER 24H	-	-	-	Fee Schedule	087	-	-	-	-	000	999	-
H0036	E	COMM PSY FACE-FACE PER 15MIN	-	-	-	Not Allowed	000	-	-	-	-	000	020	-
H0037	E	COMM PSY SUP TX PGM PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0038	M	SELF-HELP/PEER SVC PER 15MIN	-	-	-	Fee Schedule	014	-	-	-	-	018	999	-
H0039	E	ASSER COM TX FACE-FACE/15MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0040	E	ASSERT COMM TX PGM PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0041	E	FOS C CHLD NON-THER PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0042	E	FOS C CHLD NON-THER PER MON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0043	E	SUPPORTED HOUSING PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0044	E	SUPPORTED HOUSING PER MONTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0045	E	RESPIRE NOT-IN-HOME PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0046	E	MENTAL HEALTH SERVICE NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0048	E	SPEC COLL NON-BLOOD:A/D TEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
H0049	E	ALCOHOL/DRUG SCREENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H0050	M	ALCOHOL/DRUG SERVICE 15 MIN	-	-	-	Fee Schedule	001	-	-	-	-	000	999	-
H1000	E	PRENATAL CARE ATRISK ASSESSM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H1001	E	ANTEPARTUM MANAGEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H1002	E	CARECOORDINATION PRENATAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H1003	E	PRENATAL AT RISK EDUCATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H1004	E	FOLLOW UP HOME VISIT/PRENATAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H1005	E	PRENATALCARE ENHANCED SRV PK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H1010	E	NONMED FAMILY PLANNING ED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H1011	E	FAMILY ASSESSMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2000	E	COMP MULTIDISIPLN EVALUATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2001	E	REHABILITATION PROGRAM 1/2 D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2010	E	COMPREHENSIVE MED SVC 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2011	M	CRISIS INTERVEN SVC, 15 MIN	-	-	-	Fee Schedule	012	-	-	-	-	018	999	-
H2012	E	BEHAV HLTH DAY TREAT, PER HR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2013	E	PSYCH HLTH FAC SVC, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2014	E	SKILLS TRAIN AND DEV, 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2015	E	COMP COMM SUPP SVC, 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2016	E	COMP COMM SUPP SVC, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2017	E	PSYSOC REHAB SVC, PER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2018	E	PSYSOC REHAB SVC, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2019	E	THER BEHAV SVC, PER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2020	E	THER BEHAV SVC, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2021	E	COM WRAP-AROUND SV, 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2022	E	COM WRAP-AROUND SV, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2023	E	SUPPORTED EMPLOY, PER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2024	E	SUPPORTED EMPLOY, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2025	E	SUPP MAINT EMPLOY, 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2026	E	SUPP MAINT EMPLOY, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2027	E	PSYCHOED SVC, PER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2028	E	SEX OFFEND TX SVC, 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2029	E	SEX OFFEND TX SVC, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2030	E	MH CLUBHOUSE SVC, PER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2031	E	MH CLUBHOUSE SVC, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2032	E	ACTIVITY THERAPY, PER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2033	E	MULTISYS THER/JUVENILE 15MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2034	E	A/D HALFWAY HOUSE, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2035	E	A/D TX PROGRAM, PER HOUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2036	E	A/D TX PROGRAM, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
H2037	E	DEV DELAY PREV DP CH, 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0120	N	TETRACYCLIN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0121	K	INJ., OMADACYCLINE, 1 MG	-	09311	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J0122	K	INJ., ERAVACYCLINE, 1 MG	-	09325	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J0129	K	ABATACEPT INJECTION	-	09230	0.0000	APC (blood and non-blood products)	043	-	-	-	-	000	999	-
J0130	N	ABCIXIMAB INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0131	N	INJ, ACETAMINOPHEN (NOS)	-	-	-	Bundled	000	-	-	-	-	002	999	-
J0132	N	ACETYLCYSTEINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0133	N	ACYCLOVIR INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0134	K	INJ ACETAMINOPHEN -FRESENIUS	-	09143	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J0135	K	ADALIMUMAB INJECTION	-	01083	0.0000	APC (blood and non-blood products)	1834	-	-	-	Y	000	999	-
J0136	K	INJ, ACETAMINOPHEN (B BRAUN)	-	09160	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J0137	K	INJ, ACETAMINOPHEN (HIKMA)	-	09282	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J0153	N	ADENOSINE INJ 1MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0171	N	ADRENALIN EPINEPHRINE INJECT	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0172	K	INJ, ADUCANUMAB-AVWA, 2 MG	-	09438	0.0000	APC (blood and non-blood products)	006	-	-	Y	-	000	999	-
J0173	K	INJ, EPINEPHRINE (BELCHER)	-	09283	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
								Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
J0174	G		INJ, LECANEMAB-IRMB, 1 MG	-	-	-	APC – pays by fee schedule amount	001	-	-	-	-	000	999	-
J0177	G		INJ, AFLIBERCEPT HD, 1 MG	-	-	-	APC – pays by fee schedule amount	342	-	-	-	-	000	999	-
J0178	K		AFLIBERCEPT INJECTION	-	01420	0.0000	APC (blood and non-blood products)	841	-	-	-	-	000	999	-
J0179	K		INJ, BROLUCIZUMAB-DBLL, 1 MG	-	09340	0.0000	APC (blood and non-blood products)	326	-	-	-	-	000	999	-
J0180	K		AGALSIDASE BETA INJECTION	-	09208	0.0000	APC (blood and non-blood products)	218	-	-	-	Y	000	999	-
J0184	G		INJ, AMISULPRIDE, 1 MG	-	-	-	APC – pays by fee schedule amount	009	-	-	-	-	000	999	-
J0185	K		INJ., APREPITANT, 1 MG	-	09463	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J0190	E		INJ BIPERIDEN LACTATE/5 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0200	E		ALATROFLOXACIN MESYLATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0202	K		INJECTION, ALEMTUZUMAB	-	01809	0.0000	APC (blood and non-blood products)	2348	-	-	Y	-	000	999	-
J0205	E		ALGLUCERASE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0206	K		INJ ALLOPURINOL SODIUM 1 MG	-	09285	0.0000	APC (blood and non-blood products)	005	-	-	-	-	000	999	-
J0207	E		AMIFOSTINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0208	G		INJ, PEDMARK, 100 MG	-	-	-	APC – pays by fee schedule amount	096	-	-	-	-	000	999	-
J0209	N		INJ, SOD THIOSULFATE (HOPE)	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0210	E		METHYLDOPATE HCL INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0215	E		ALEFACEPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0216	N		INJ, ALFENTANIL HCL, 500MCG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0217	G		INJ VELMANASE ALFA-TYCV 1 MG	-	-	-	APC – pays by fee schedule amount	424	-	-	-	-	000	999	-
J0218	G		INJ OLIPUDASE ALFA-RPCP 1MG	-	-	-	APC – pays by fee schedule amount	377	-	-	-	-	000	999	-
J0219	G		INJ AVAL ALFA-NQPT 4MG	-	-	-	APC – pays by fee schedule amount	076	-	-	-	-	000	999	-
J0220	K		ALGLUCOSIDASE ALFA INJECTION	-	09234	0.0000	APC (blood and non-blood products)	149	-	-	-	-	000	999	-
J0221	K		LUMIZYME INJECTION	-	01413	0.0000	APC (blood and non-blood products)	197	-	-	-	-	000	999	-
J0222	K		INJ., PATISIRAN, 0.1 MG	-	09180	0.0000	APC (blood and non-blood products)	099	-	-	-	-	000	999	-
J0223	K		INJ GIVOSIRAN 0.5 MG	-	09343	0.0000	APC (blood and non-blood products)	112	-	-	-	-	000	999	-
J0224	K		INJ. LUMASIRAN, 0.5 MG	-	09407	0.0000	APC (blood and non-blood products)	318	-	-	-	-	000	999	-
J0225	G		INJ, VUTRISIRAN, 1 MG	-	-	-	APC – pays by fee schedule amount	4935	-	-	-	-	000	999	-
J0248	G		INJ, REMDESIVIR, 1 MG	-	-	-	APC – pays by fee schedule amount	006	-	-	-	-	000	999	-
J0256	K		ALPHA 1 PROTEINASE INHIBITOR	-	00901	0.0000	APC (blood and non-blood products)	005	-	-	-	-	000	999	-
J0257	K		GLASSIA INJECTION	-	01415	0.0000	APC (blood and non-blood products)	005	-	-	-	-	018	999	-
J0270	E		ALPROSTADIL FOR INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0275	E		ALPROSTADIL URETHRAL SUPPOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0278	N		AMIKACIN SULFATE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0280	N		AMINOPHYLLIN 250 MG INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0282	N		AMIODARONE HCL	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0283	E		INJ, AMIODARONE (NEXTERONE)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0285	N		AMPHOTERICIN B	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0287	K		AMPHOTERICIN B LIPID COMPLEX	-	09024	0.0000	APC (blood and non-blood products)	011	-	-	-	-	000	999	-
J0288	E		AMPHO B CHOLESTERYL SULFATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0289	K		AMPHOTERICIN B LIPOSOME INJ	-	00736	0.0000	APC (blood and non-blood products)	028	-	-	-	-	000	999	-
J0290	N		AMPICILLIN 500 MG INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0291	K		INJ., PLAZOMICIN, 5 MG	-	09183	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J0295	N		AMPICILLIN SULBACTAM 1.5 GM	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0300	K		AMOBARBITAL 125 MG INJ	-	01341	0.0000	APC (blood and non-blood products)	114	-	-	-	-	000	999	-
J0330	N		SUCCINYCHOLINE CHLORIDE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0348	N		ANIDULAFUNGIN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0349	G		INJ, REZAFUNGIN, 1 MG	-	-	-	APC – pays by fee schedule amount	010	-	-	-	-	000	999	-
J0350	E		INJECTION ANISTREPLASE 30 U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0360	N		HYDRALAZINE HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0364	E		APOMORPHINE HYDROCHLORIDE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0365	E		APROTONIN, 10.000 KIU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0380	E		INJ METARAMINOL BITARTRATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0390	N		CHLOROQUINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0391	K		INJ, ARTESUNATE, 1MG	-	00711	0.0000	APC (blood and non-blood products)	048	-	-	-	-	000	999	-
J0395	E		ARBUTAMINE HCL INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0400	N		ARIPIPIRAZOLE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
J0401	K	INJ ARIPIRAZOLE EXT REL 1MG	-	01468	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J0402	G	INJ, ABILIFY ASIMTUFI, 1 MG	-	-	-	APC – pays by fee schedule amount	006	-	-	-	-	000	999	-
J0456	N	AZITHROMYCIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0457	K	INJECTION, AZTREONAM, 100 MG	-	09288	0.0000	APC (blood and non-blood products)	003	-	-	-	-	000	999	-
J0461	N	ATROPINE SULFATE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0470	K	DIMECAPROL INJECTION	-	09039	0.0000	APC (blood and non-blood products)	060	-	-	-	-	000	999	-
J0475	K	BACLOFEN 10 MG INJECTION	-	09032	0.0000	APC (blood and non-blood products)	178	-	-	-	-	000	999	-
J0476	N	BACLOFEN INTRATHECAL TRIAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0480	K	BASILIXIMAB	-	01683	0.0000	APC (blood and non-blood products)	4487	-	-	-	-	000	999	-
J0485	K	BELATACEPT INJECTION	-	09286	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J0490	K	BELIMUMAB INJECTION	-	01353	0.0000	APC (blood and non-blood products)	054	-	-	-	-	005	999	-
J0491	G	INJ ANIFROLUMAB-FNIA 1MG	-	-	-	APC – pays by fee schedule amount	017	-	-	-	-	000	999	-
J0500	N	DICYCLOMINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0515	N	INJ BENZTROPINE MESYLATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0517	K	INJ., BENRALIZUMAB, 1 MG	-	09466	0.0000	APC (blood and non-blood products)	165	-	-	Y	-	000	999	-
J0520	E	BETHANECHOL CHLORIDE INJECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0558	K	PENG BENZATHINE/PROCAINE INJ	-	09088	0.0000	APC (blood and non-blood products)	017	-	-	-	-	000	999	-
J0561	K	PENICILLIN G BENZATHINE INJ	-	01829	0.0000	APC (blood and non-blood products)	022	-	-	-	-	000	999	-
J0565	K	INJ, BEZLOTOXUMAB, 10 MG	-	09490	0.0000	APC (blood and non-blood products)	040	-	-	-	-	000	999	-
J0567	E	INJ., CERLIPONASE ALFA 1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0570	K	BUPRENORPHINE IMPLANT 74.2MG	-	09058	0.0000	APC (blood and non-blood products)	1312	-	-	-	-	000	999	-
J0571	E	BUPRENORPHINE ORAL 1MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0572	E	BUPREN/NAL UP TO 3MG BUPRENO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0573	E	BUPREN/NAL 3.1 TO 6MG BUPREN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0574	E	BUPREN/NAL 6.1 TO 10MG BUPRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0575	E	BUPREN/NAL OVER 10MG BUPRENO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0577	G	INJ, BRIXADI, 7 DAYS OR LESS	-	-	-	APC – pays by fee schedule amount	404	-	-	-	-	000	999	-
J0578	G	INJ,BRIXADI, MORE THAN 7 DAY	-	-	-	APC – pays by fee schedule amount	1616	-	-	-	-	000	999	-
J0583	N	BIVALIRUDIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0584	K	INJECTION, BUROSUMAB-TWZA 1M	-	09187	0.0000	APC (blood and non-blood products)	448	-	-	-	-	000	999	-
J0585	K	INJECTION,ONABOTULINUMTOXINA	-	00902	0.0000	APC (blood and non-blood products)	006	-	-	-	-	000	999	-
J0586	K	ABOBOTULINUMTOXINA	-	01289	0.0000	APC (blood and non-blood products)	011	-	-	-	-	000	999	-
J0587	K	INJ, RIMABOTULINUMTOXINB	-	09018	0.0000	APC (blood and non-blood products)	013	-	-	-	-	000	999	-
J0588	K	INCOBOTULINUMTOXIN A	-	09278	0.0000	APC (blood and non-blood products)	005	-	-	-	-	018	999	-
J0589	G	INJ DAXIBOTULINUMTOXINA-LANM	-	-	-	APC – pays by fee schedule amount	004	-	-	-	-	000	999	-
J0591	E	INJ DEOXYCHOLIC ACID, 1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0592	N	BUPRENORPHINE HYDROCHLORIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0593	E	INJ., LANADELUMAB-FLYO, 1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0594	K	BUSULFAN INJECTION	-	01178	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J0595	N	BUTORPHANOL TARTRATE 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0596	K	INJECTION, RUCONEST	-	09445	0.0000	APC (blood and non-blood products)	033	-	-	-	-	000	999	-
J0597	K	C-1 ESTERASE, BERINERT	-	09269	0.0000	APC (blood and non-blood products)	064	-	-	-	-	000	999	-
J0598	K	C-1 ESTERASE, CINRYZE	-	09251	0.0000	APC (blood and non-blood products)	063	-	-	-	-	000	999	-
J0599	E	INJ., HAEGARDA 10 UNITS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0600	K	EDETATE CALCIUM DISODIUM INJ	-	01274	0.0000	APC (blood and non-blood products)	6353	-	-	-	-	000	999	-
J0604	M	CINACALCET, ESRD ON DIALYSIS	-	-	-	Fee Schedule	001	-	-	-	-	000	999	-
J0606	K	INJ, ETELCALCETIDE, 0.1 MG	-	09031	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J0612	K	INJ, CALCIUM GLUCONATE, NOS	-	09226	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J0613	K	CALCIUM GLUCON (WG CRITICAL)	-	09238	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J0620	N	CALCIUM GLYCER & LACT/10 ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0630	K	CALCITONIN SALMON INJECTION	-	01433	0.0000	APC (blood and non-blood products)	1102	-	-	-	-	000	999	-
J0636	N	INJ CALCITRIOL PER 0.1 MCG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0637	N	CASPOFUNGIN ACETATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0638	K	CANAKINUMAB INJECTION	-	01311	0.0000	APC (blood and non-blood products)	124	-	-	-	-	000	999	-
J0640	N	LEUCOVORIN CALCIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0641	K	INJ LEVOLEUCOVORIN NOS 0.5MG	-	01236	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
J0642	K	INJECTION, KHAPZORY, 0.5 MG	-	09334	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J0650	N	INJ, LEVOTHYROXINE NOS 10MCG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0651	K	INJ, LEVOTHYROXINE, FRESKABI	-	00734	0.0000	APC (blood and non-blood products)	008	-	-	-	-	000	999	-
J0652	K	INJ, LEVOTHYROXINE, HIKMA	-	00735	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J0665	K	INJ, BUPIVACAINE, NOS, 0.5MG	-	09290	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J0670	N	INJ MEPIVACAINE HCL/10 ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0688	E	INJ CEFAZOLIN SODIUM, HIKMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0689	K	INJ CEFAZOLIN SODIUM, BAXTER	-	09161	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J0690	N	CEFAZOLIN SODIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0691	K	INJ LEFAMULIN 1 MG	-	09332	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J0692	N	CEFEPIME HCL FOR INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0694	N	CEFOXITIN SODIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0695	K	INJ CEFTOLOZANE TAZOBACTAM	-	09452	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J0696	N	CEFTRIAZONE SODIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0697	N	STERILE CEFUROXIME INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0698	N	CEFOTAXIME SODIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0699	K	INJ, CEFIDEROCOL, 10 MG	-	09426	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J0701	K	INJ, CEFEPIME HCL (BAXTER)	-	09162	0.0000	APC (blood and non-blood products)	006	-	-	-	-	000	999	-
J0702	N	BETAMETHASONE ACET&SOD PHOSP	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0703	K	INJ, CEFEPIME HCL (B BRAUN)	-	09163	0.0000	APC (blood and non-blood products)	005	-	-	-	-	000	999	-
J0706	N	CAFFEINE CITRATE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0710	E	CEPHAPIRIN SODIUM INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0712	K	CEFTAROLINE FOSAMIL INJ	-	01824	0.0000	APC (blood and non-blood products)	004	-	-	-	-	018	999	-
J0713	N	INJ CEFTAZIDIME PER 500 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0714	K	CEFTAZIDIME AND AVIBACTAM	-	01825	0.0000	APC (blood and non-blood products)	095	-	-	-	-	000	999	-
J0715	N	CEFTIZOXIME SODIUM / 500 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0716	K	CENTRUROIDES IMMUNE F(AB)	-	01431	0.0000	APC (blood and non-blood products)	4778	-	-	-	-	000	999	-
J0717	K	CERTOLIZUMAB PEGOL INJ 1MG	-	01474	0.0000	APC (blood and non-blood products)	005	-	-	-	-	000	999	-
J0720	N	CHLORAMPHENICOL SODIUM INJEC	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0725	E	CHORIONIC GONADOTROPIN/1000U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0735	N	CLONIDINE HYDROCHLORIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0736	K	INJ, CLINDAMYCIN PHOSP 300MG	-	09291	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J0737	K	INJ, CLINDAMYCIN (BAXTER)	-	09292	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J0739	E	HIV PREP, INJ, CABOTEGRAVIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0740	K	CIDOFOVIR INJECTION	-	09033	0.0000	APC (blood and non-blood products)	581	-	-	-	-	000	999	-
J0741	G	INJ, CABOTE RILPIVIR 2MG 3MG	-	-	-	APC - pays by fee schedule amount	023	-	-	-	-	000	999	-
J0742	K	INJ IMP 4 CILAS 4 RELEB 2MG	-	09362	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J0743	N	CILASTATIN SODIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0744	N	CIPROFLOXACIN IV	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0745	N	INJ CODEINE PHOSPHATE /30 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0750	E	HIV PREP, FTC/TDF 200/300MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0751	E	HIV PREP, FTC/TAF 200/25MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0770	N	COLISTIMETHATE SODIUM INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0775	K	COLLAGENASE, CLOST HIST INJ	-	01340	0.0000	APC (blood and non-blood products)	069	-	-	-	-	000	999	-
J0780	N	PROCHLORPERAZINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0791	K	INJ CRIZANLIZUMAB-TMCA 5MG	-	09359	0.0000	APC (blood and non-blood products)	127	-	-	-	-	000	999	-
J0795	E	CORTICORELIN OVINE TRIFLUTAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0799	E	HIV PREP, FDA APPROVED, NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0801	K	INJ, ACTHAR GEL TO 40 UNITS	-	09268	0.0000	APC (blood and non-blood products)	3370	-	-	-	-	000	999	-
J0802	K	INJ, (ANI), UP TO 40 UNITS	-	09275	0.0000	APC (blood and non-blood products)	3365	-	-	-	-	000	999	-
J0834	N	INJ., COSYNTROPIN, 0.25 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0840	K	CROTALIDAE POLY IMMUNE FAB	-	09274	0.0000	APC (blood and non-blood products)	1980	-	-	-	-	000	999	-
J0841	K	INJ CROTALIDAE IM F(AB)2 EQ	-	09188	0.0000	APC (blood and non-blood products)	1047	-	-	-	-	000	999	-
J0850	K	CYTOMEGALOVIRUS IMM IV /MIAL	-	00903	0.0000	APC (blood and non-blood products)	1808	-	-	-	-	000	999	-
J0873	E	INJ, DAPTOMYCIN (XELLIA)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0874	E	INJ, DAPTOMYCIN (BAXTER)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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J0875	K	INJECTION, DALBAVANCIN	-	01823	0.0000	APC (blood and non-blood products)	015	-	-	-	-	000	999	-
J0877	K	INJ, DAPTOMYCIN (HOSPIRA)	-	09164	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J0878	N	DAPTOMYCIN INJECTION	-	-	-	Bundled	000	-	-	-	Y	000	999	-
J0879	N	DIFELIKEFALIN, ESRD ON DIALY	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0881	K	DARBEPOETIN ALFA, NON-ESRD	-	01685	0.0000	APC (blood and non-blood products)	003	-	-	-	-	000	999	-
J0882	K	DARBEPOETIN ALFA, ESRD USE	-	01482	0.0000	APC (blood and non-blood products)	003	-	-	-	-	000	999	-
J0883	K	ARGATROBAN NONESRD USE 1MG	-	01859	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J0884	K	ARGATROBAN ESRD DIALYSIS 1MG	-	09065	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J0885	K	EPOETIN ALFA, NON-ESRD	-	01686	0.0000	APC (blood and non-blood products)	008	-	-	-	-	000	999	-
J0887	K	EPOETIN BETA ESRD USE	-	09041	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J0888	K	EPOETIN BETA NON ESRD	-	09077	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J0889	E	DAPRODUSTAT ORAL 1MG ESRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0890	E	PEGINESATIDE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J0891	K	ARGATROBAN NONESRD (ACCORD)	-	09020	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J0892	K	ARGATROBAN DIALYSIS (ACCORD)	-	09021	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J0893	K	INJ, DECITABINE (SUN PHARMA)	-	09165	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J0894	N	DECITABINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0895	N	DEFEROXAMINE MESYLATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J0896	K	INJ LUSPATERCEPT-AAMT 0.25MG	-	09347	0.0000	APC (blood and non-blood products)	040	-	-	-	-	000	999	-
J0897	K	DENOSUMAB INJECTION	-	09272	0.0000	APC (blood and non-blood products)	025	-	-	Y	-	018	999	-
J0898	K	ARGATROBAN NONESRD (AUROMED)	-	09022	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J0899	K	ARGATROBAN DIALYSIS, AUROMED	-	09023	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J0945	E	BROMPHENIRAMINE MALEATE INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1010	N	INJ, METHYLPRED ACETATE 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1050	N	MEDROXYPROGESTERONE ACETATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1071	N	INJ TESTOSTERONE CYPIONATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1094	N	INJ DEXAMETHASONE ACETATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1095	N	INJECTION, DEXAMETHASONE 9%	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1096	N	DEXAMETHA OPTH INSERT 0.1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1097	N	PHENYLEP KETOROLAC OPTH SOLN	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1100	N	DEXAMETHASONE SODIUM PHOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1105	K	DEXMEDETOMIDINE FILM, 1 MCG	-	00722	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J1110	N	INJ DIHYDROERGOTAMINE MESYLT	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1120	N	ACETAZOLAMID SODIUM INJECTIO	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1130	N	INJ DICLOFENAC SODIUM 0.5MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1160	N	DIGOXIN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1162	K	DIGOXIN IMMUNE FAB (OVINE)	-	01687	0.0000	APC (blood and non-blood products)	4777	-	-	-	-	000	999	-
J1165	N	PHENYTOIN SODIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1170	N	HYDROMORPHONE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1180	E	DYPHYLLINE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1190	K	DEXRAZOAXANE HCL INJECTION	-	00726	0.0000	APC (blood and non-blood products)	091	-	-	-	-	000	999	-
J1200	N	DIPHENHYDRAMINE HCL INJECTIO	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1201	K	INJ, CETIRIZINE HCL 0.5MG	-	09361	0.0000	APC (blood and non-blood products)	015	-	-	-	-	000	999	-
J1202	E	MIGLUSTAT ORAL 65 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1203	K	INJ, CIPAGLUCOSIDASE, 5 MG	-	00737	0.0000	APC (blood and non-blood products)	088	-	-	-	-	000	999	-
J1205	N	CHLOROTHIAZIDE SODIUM INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML	-	01832	0.0000	APC (blood and non-blood products)	680	-	-	-	-	000	999	-
J1230	N	METHADONE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1240	N	DIMENHYDRINATE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1245	N	DIPYRIDAMOLE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1250	N	INJ DOBUTAMINE HCL/250 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1260	N	DOLASETRON MESYLATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1265	N	DOPAMINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1267	E	DORIPENEM INJECTION	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
J1270	N	INJECTION, DOXERCALCIFEROL	-	-	-	Bundled	000	-	-	-	-	000	999	-

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

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
J1290	K	ECALLANTIDE INJECTION	-	09263	0.0000	APC (blood and non-blood products)	546	-	-	-	-	000	999	-
J1300	K	ECULIZUMAB INJECTION	-	09236	0.0000	APC (blood and non-blood products)	226	-	-	-	-	000	999	-
J1301	K	INJECTION, EDARAVONE, 1 MG	-	09493	0.0000	APC (blood and non-blood products)	022	-	-	-	-	000	999	-
J1302	G	INJ, SUTIMLIMAB-JOME, 10 MG	-	-	-	APC – pays by fee schedule amount	018	-	-	-	-	000	999	-
J1303	K	INJ., RAVULIZUMAB-CVWZ 10 MG	-	09312	0.0000	APC (blood and non-blood products)	222	-	-	-	-	000	999	-
J1304	G	INJ TOFERSEN INTRATHEC 1 MG	-	-	-	APC – pays by fee schedule amount	151	-	-	-	-	000	999	-
J1305	G	INJ, EVINACUMAB-DGNB, 5MG	-	-	-	APC – pays by fee schedule amount	179	-	-	Y	-	000	999	-
J1306	G	INJECTION, INCLISIRAN, 1 MG	-	-	-	APC – pays by fee schedule amount	012	-	-	-	-	000	999	-
J1320	N	AMITRIPTYLINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1322	K	ELOSULFASE ALFA, INJECTION	-	01480	0.0000	APC (blood and non-blood products)	283	-	-	-	-	000	999	-
J1323	G	INJ, ELRANATAMAB-BCMM, 1 MG	-	-	-	APC – pays by fee schedule amount	182	-	-	-	-	000	999	-
J1324	E	ENFUVIRTIDE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1325	N	EPOPROSTENOL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1327	K	EPTIFIBATIDE INJECTION	-	09420	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J1330	E	ERGONOVINE MALEATE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1335	N	ERTAPENEM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1364	K	ERYTHRO LACTOBIONATE /500 MG	-	01669	0.0000	APC (blood and non-blood products)	078	-	-	-	-	000	999	-
J1380	N	ESTRADIOL VALERATE 10 MG INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1410	K	INJ ESTROGEN CONJUGATE 25 MG	-	09038	0.0000	APC (blood and non-blood products)	372	-	-	-	-	000	999	-
J1411	G	INJ, HEMGENIX, PER TX DOSE	-	-	-	APC – pays by fee schedule amount	3654350	-	-	-	-	000	999	-
J1412	G	INJ ROCTAVIAN ML 2X10?13VC G	-	-	-	APC – pays by fee schedule amount	11668	-	-	-	-	000	999	-
J1413	G	INJ DELANDISTROGENE MOX ROKL	-	-	-	APC – pays by fee schedule amount	3339578	-	-	-	-	000	999	-
J1426	G	INJECTION, CASIMERSEN, 10 MG	-	-	-	APC – pays by fee schedule amount	166	-	-	Y	-	000	999	-
J1427	K	INJ. VILTOLARSEN	-	09386	0.0000	APC (blood and non-blood products)	059	-	-	Y	-	000	999	-
J1428	E	INJ, ETEPLIRSEN, 10 MG	-	-	-	Not Allowed	000	-	-	Y	-	000	999	-
J1429	K	INJ GOLODIRSEN 10 MG	-	09356	0.0000	APC (blood and non-blood products)	166	-	-	Y	-	000	999	-
J1430	K	ETHANOLAMINE OLEATE 100 MG	-	01688	0.0000	APC (blood and non-blood products)	474	-	-	-	-	000	999	-
J1434	E	INJ, FOCINVEZ, 1MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1435	E	INJECTION ESTRONE PER 1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1436	E	ETIDRONATE DISODIUM INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1437	K	INJ, FE DERISOMALTOSE 10 MG	-	09388	0.0000	APC (blood and non-blood products)	020	-	-	-	-	000	999	-
J1438	K	ETANERCEPT INJECTION	-	01608	0.0000	APC (blood and non-blood products)	791	-	-	-	-	000	999	-
J1439	K	INJ FERRIC CARBOXYMALTOS 1MG	-	09441	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J1440	G	FECAL MICROBIOTA JSLM 1 ML	-	-	-	APC – pays by fee schedule amount	063	-	-	-	-	000	999	-
J1442	K	INJ FILGRASTIM EXCL BIOSIMIL	-	01469	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J1443	E	INJ FERRIC PYROPHOSPHATE CIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1444	E	FE PYRO CIT POW 0.1 MG IRON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1445	E	INJ TRIFERIC AVNU 0.1MG IRON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1447	K	INJ TBO FILGRASTIM 1 MICROG	-	01748	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J1448	G	INJECTION, TRILACICLIB, 1MG	-	-	-	APC – pays by fee schedule amount	005	-	-	-	-	000	999	-
J1449	G	INJ EFLAPEGRASTIM-XNST 0.1MG	-	-	-	APC – pays by fee schedule amount	028	-	-	-	-	000	999	-
J1450	N	FLUCONAZOLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1451	K	FOMEPIZOLE, 15 MG	-	01689	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J1452	E	INTRAOCULAR FOMIVIRSEN NA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1453	N	FOSAPREPITANT INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1454	K	INJ FOSNETUPITANT, PALONOSSET	-	09099	0.0000	APC (blood and non-blood products)	708	-	-	-	-	000	999	-
J1455	K	FOSCARNET SODIUM INJECTION	-	01849	0.0000	APC (blood and non-blood products)	061	-	-	-	-	000	999	-
J1456	K	INJ, FOSAPREPITANT (TEVA)	-	09166	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J1457	E	GALLIUM NITRATE INJECTION	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
J1458	K	GALSULFASE INJECTION	-	09224	0.0000	APC (blood and non-blood products)	467	-	-	-	-	000	999	-
J1459	K	INJ IVIG PRIVIGEN 500 MG	-	01214	0.0000	APC (blood and non-blood products)	048	-	-	-	-	000	999	-
J1460	K	GAMMA GLOBULIN 1 CC INJ	-	01850	0.0000	APC (blood and non-blood products)	049	-	-	-	-	000	999	-
J1551	K	INJ CUTAQUIG 100 MG	-	09007	0.0000	APC (blood and non-blood products)	014	-	-	-	-	000	999	-
J1554	K	INJ. ASCENIV	-	09392	0.0000	APC (blood and non-blood products)	491	-	-	-	-	000	999	-
J1555	K	INJ CUVITRU, 100 MG	-	09034	0.0000	APC (blood and non-blood products)	016	-	-	-	-	000	999	-
J1556	K	INJ, IMM GLOB BIVIGAM, 500MG	-	09130	0.0000	APC (blood and non-blood products)	073	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
J1557	K		GAMMAPLEX INJECTION	-	09270	0.0000	APC (blood and non-blood products)	055	-	-	-	-	000	999	-
J1558	K		INJ. XEMBIFY, 100 MG	-	09372	0.0000	APC (blood and non-blood products)	014	-	-	-	-	000	999	-
J1559	K		HIZENTRA INJECTION	-	01312	0.0000	APC (blood and non-blood products)	013	-	-	-	-	000	999	-
J1560	K		GAMMA GLOBULIN > 10 CC INJ	-	01851	0.0000	APC (blood and non-blood products)	491	-	-	-	-	000	999	-
J1561	K		GAMUNEX-C/GAMMAKED	-	00948	0.0000	APC (blood and non-blood products)	049	-	-	-	-	000	999	-
J1562	E		VIVAGLOBIN, INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1566	K		IMMUNE GLOBULIN, POWDER	-	02731	0.0000	APC (blood and non-blood products)	078	-	-	-	-	000	999	-
J1568	K		OCTAGAM INJECTION	-	00943	0.0000	APC (blood and non-blood products)	047	-	-	-	-	000	999	-
J1569	K		GAMMAGARD LIQUID INJECTION	-	00944	0.0000	APC (blood and non-blood products)	043	-	-	-	-	000	999	-
J1570	N		GANCICLOVIR SODIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1571	K		HEPAGAM B IM INJECTION	-	00946	0.0000	APC (blood and non-blood products)	061	-	-	-	-	000	999	-
J1572	K		FLEBOGAMMA INJECTION	-	00947	0.0000	APC (blood and non-blood products)	056	-	-	-	-	000	999	-
J1573	K		HEPAGAM B INTRAVENOUS, INJ	-	01138	0.0000	APC (blood and non-blood products)	061	-	-	-	-	000	999	-
J1574	E		INJ, GANCICLOVIR (EXELA)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1575	K		HYQVIA 100MG IMMUNEGLOBULIN	-	01826	0.0000	APC (blood and non-blood products)	017	-	-	-	-	000	999	-
J1576	K		INJ, PANZYGA, 500 MG	-	09144	0.0000	APC (blood and non-blood products)	065	-	-	-	-	000	999	-
J1580	N		GARAMYCIN GENTAMICIN INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1595	K		INJECTION GLATIRAMER ACETATE	-	01015	0.0000	APC (blood and non-blood products)	165	-	-	-	-	000	999	-
J1596	E		INJ, GLYCOPYRROLATE, 0.1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1599	N		IVIG NON-LYOPHILIZED, NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1600	E		GOLD SODIUM THIOAMLEATE INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1602	K		GOLIMUMAB FOR IV USE 1MG	-	01475	0.0000	APC (blood and non-blood products)	012	-	-	Y	-	000	999	-
J1610	K		GLUCAGON HYDROCHLORIDE/1 MG	-	09042	0.0000	APC (blood and non-blood products)	192	-	-	-	-	000	999	-
J1611	K		INJ GLUCAGON HCL, FRESENIUS	-	09025	0.0000	APC (blood and non-blood products)	129	-	-	-	-	000	999	-
J1620	E		GONADORELIN HYDROCH/ 100 MCG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1626	N		GRANISETRON HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1627	K		INJ, GRANISETRON, XR, 0.1 MG	-	09421	0.0000	APC (blood and non-blood products)	005	-	-	-	-	000	999	-
J1628	K		INJ., GUSELKUMAB, 1 MG	-	09029	0.0000	APC (blood and non-blood products)	071	-	-	-	-	000	999	-
J1630	N		HALOPERIDOL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1631	N		HALOPERIDOL DECANOATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1632	K		INJ., BREXANOLONE, 1 MG	-	09333	0.0000	APC (blood and non-blood products)	072	-	-	Y	-	000	999	-
J1640	K		HEMIN, 1 MG	-	01690	0.0000	APC (blood and non-blood products)	031	-	-	-	-	000	999	-
J1642	N		INJ HEPARIN SODIUM PER 10 U	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1643	K		INJ HEPARIN, PFIZER, 1000U	-	09360	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J1644	N		INJ HEPARIN SODIUM PER 1000U	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1645	N		DALTEPARIN SODIUM	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1650	N		INJ ENOXAPARIN SODIUM	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1652	N		FONDAPARINUX SODIUM	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1655	E		TINZAPARIN SODIUM INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1670	K		TETANUS IMMUNE GLOBULIN INJ	-	01670	0.0000	APC (blood and non-blood products)	579	-	-	-	-	000	999	-
J1675	M		HISTRELIN ACETATE	-	-	-	Fee Schedule	000	-	-	Y	-	000	999	-
J1680	E		HUMAN FIBRINOGEN CONC INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1700	N		HYDROCORTISONE ACETATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1710	N		HYDROCORTISONE SODIUM PH INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1720	N		HYDROCORTISONE SODIUM SUCC I	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1726	K		MAKENA, 10 MG	-	09074	0.0000	APC (blood and non-blood products)	012	-	-	-	-	000	999	-
J1729	K		INJ HYDROXYPROGST CAPOAT NOS	-	09318	0.0000	APC (blood and non-blood products)	018	-	-	-	-	000	999	-
J1730	E		DIAZOXIDE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1738	N		INJ. MELOXICAM 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1740	N		IBANDRONATE SODIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1741	N		IBUPROFEN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1742	K		IBUTILIDE FUMARATE INJECTION	-	09044	0.0000	APC (blood and non-blood products)	070	-	-	-	-	000	999	-
J1743	K		IDURSULFASE INJECTION	-	09045	0.0000	APC (blood and non-blood products)	543	-	-	-	-	000	999	-
J1744	K		ICATIBANT INJECTION	-	01443	0.0000	APC (blood and non-blood products)	127	-	-	-	-	000	999	-
J1745	K		INFLIXIMAB NOT BIOSIMIL 10MG	-	07043	0.0000	APC (blood and non-blood products)	032	-	-	-	-	000	999	-
J1746	K		INJ., IBALIZUMAB-UIYK, 10 MG	-	09189	0.0000	APC (blood and non-blood products)	075	-	-	-	-	000	999	-

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J1747	G	INJ, SPESOLIMAB-SBZO, 1 MG	-	-	-	APC – pays by fee schedule amount	060	-	-	-	-	000	999	-
J1750	K	INJ IRON DEXTRAN	-	01237	0.0000	APC (blood and non-blood products)	017	-	-	-	-	000	999	-
J1756	N	IRON SUCROSE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1786	K	IMUGLUCERASE INJECTION	-	01327	0.0000	APC (blood and non-blood products)	044	-	-	-	-	000	999	-
J1790	N	DROPERIDOL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1800	N	PROPRANOLOL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1805	K	INJ, ESMOLOL HCL, 10MG	-	09363	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J1806	K	INJ ESMOLOL HCL WG CRIT CARE	-	09365	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J1810	E	DROPERIDOL/FENTANYL INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1811	K	FIASP FOR INSULIN PUMP USE	-	09366	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J1812	N	INJ, INSULIN (FIASP)	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1813	K	LYUMJEV FOR INSULIN PUMP USE	-	09368	0.0000	APC (blood and non-blood products)	016	-	-	-	-	000	999	-
J1814	N	INJ, INSULIN (LYUMJEV)	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1815	N	INSULIN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1817	N	INSULIN FOR INSULIN PUMP USE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1823	G	INJ, INEBILIZUMAB-CDON, 1 MG	-	-	-	APC – pays by fee schedule amount	474	-	-	-	-	000	999	-
J1826	K	INTERFERON BETA-1A INJ	-	01852	0.0000	APC (blood and non-blood products)	1911	-	-	-	-	000	999	-
J1830	E	INTERFERON BETA-1B / .25 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1833	K	INJECTION, ISAVUCONAZONIUM	-	09456	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J1835	E	ITRACONAZOLE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1836	K	INJ, METRONIDAZOLE, 10 MG	-	09369	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J1885	N	KETOROLAC TROMETHAMINE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1890	E	CEPHALOTHIN SODIUM INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1920	K	INJ, LABETALOL HCL, 5MG	-	09400	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J1921	K	INJ LABETALOL HCL HIKMA, 5MG	-	09402	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J1930	K	LANREOTIDE INJECTION	-	09237	0.0000	APC (blood and non-blood products)	056	-	-	-	-	000	999	-
J1931	K	LARONIDASE INJECTION	-	09209	0.0000	APC (blood and non-blood products)	037	-	-	-	Y	000	999	-
J1932	G	INJ, LANREOTIDE, (CIPLA) 1MG	-	-	-	APC – pays by fee schedule amount	044	-	-	-	-	000	999	-
J1939	E	INJ, BUMETANIDE, 0.5 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1940	N	FUROSEMIDE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1941	E	INJ, FUROSCIX, 20 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1943	K	INJ., ARISTADA INITIO, 1 MG	-	09179	0.0000	APC (blood and non-blood products)	003	-	-	-	-	000	999	-
J1944	K	ARIPIPRAZOLE LAUROXIL 1 MG	-	09470	0.0000	APC (blood and non-blood products)	003	-	-	-	-	000	999	-
J1945	E	LEPIRUDIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J1950	K	LEUPROLIDE ACETATE /3.75 MG	-	00800	0.0000	APC (blood and non-blood products)	1576	-	-	-	-	000	999	-
J1951	K	INJ FENSOLVI 0.25 MG	-	09419	0.0000	APC (blood and non-blood products)	132	-	-	-	-	000	999	-
J1952	G	LEUPROLIDE INJ, CAMCEVI, 1MG	-	-	-	APC – pays by fee schedule amount	061	-	-	-	-	000	999	-
J1953	N	LEVETIRACETAM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1954	G	LEUPROLIDE DEPOT CIPLA 7.5MG	-	-	-	APC – pays by fee schedule amount	282	-	-	-	-	000	999	-
J1955	M	INJ LEVOCARNITINE PER 1 GM	-	-	-	Fee Schedule	035	-	-	-	-	000	999	-
J1956	N	LEVOFLOXACIN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1960	N	LEVORPHANOL TARTRATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1961	G	INJ, LENACAPAVIR, 1 MG	-	-	-	APC – pays by fee schedule amount	022	-	-	-	-	000	999	-
J1980	N	HYOSCYAMINE SULFATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J1990	E	CHLORDIAZEPOXIDE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2001	N	LIDOCAINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2010	N	LINCOMYCIN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2020	N	LINEZOLID INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2021	K	INJ, LINEZOLID (HOSPIRA)	-	09167	0.0000	APC (blood and non-blood products)	016	-	-	-	-	000	999	-
J2060	N	LORAZEPAM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2062	E	LOXAPINE FOR INHALATION 1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2150	N	MANNITOL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2170	N	MECASERMIN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2175	N	MEPERIDINE HYDROCHL /100 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2180	N	MEPERIDINE/PROMETHAZINE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2182	K	INJECTION, MEPOLIZUMAB, 1MG	-	09473	0.0000	APC (blood and non-blood products)	030	-	-	Y	-	000	999	-

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J2184	K	INJ, MEROPENEM (B. BRAUN)	-	09168	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J2185	N	MEROPENEM	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2186	K	INJ., MEROPENEM, VABORBACTAM	-	09178	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J2210	N	METHYLERGONOVIN MALEATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2212	K	METHYLNALTREXONE INJECTION	-	09403	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J2247	K	INJ, MICA FUNGIN (PAR PHARM)	-	09169	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J2248	N	MICA FUNGIN SODIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2249	N	INJ, REMIMAZOLAM, 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2251	K	INJ MIDAZOLAM (WG CRIT CARE)	-	09170	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J2260	N	INJ MILRINONE LACTATE / 5 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2265	K	MINOCYCLINE HYDROCHLORIDE	-	01853	0.0000	APC (blood and non-blood products)	002	-	-	-	-	008	999	-
J2270	N	MORPHINE SULFATE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2272	K	INJ, MORPHINE (FRESENIUS)	-	09211	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J2274	N	INJ MORPHINE PF EPID ITHC	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2277	G	INJ, MOTIXAFORTIDE, 0.25 MG	-	-	-	APC – pays by fee schedule amount	025	-	-	-	-	000	999	-
J2278	K	ZICONOTIDE INJECTION	-	01694	0.0000	APC (blood and non-blood products)	009	-	-	-	-	000	999	-
J2280	N	INJ, MOXIFLOXACIN 100 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2281	K	INJ MOXIFLOXACIN (FRES KABI)	-	09212	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J2300	N	INJ NALBUPHINE HYDROCHLORIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2305	K	INJ, NITROGLYCERIN, 5 MG	-	09404	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J2310	N	INJ NALOXONE HYDROCHLORIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2311	K	INJ, NALOXONE HCL (ZIMHI)	-	09216	0.0000	APC (blood and non-blood products)	006	-	-	-	-	000	999	-
J2315	K	NALTREXONE, DEPOT FORM	-	00759	0.0000	APC (blood and non-blood products)	004	-	-	Y	-	000	999	-
J2320	N	NANDROLONE DECANOATE 50 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2323	K	NATALIZUMAB INJECTION	-	09126	0.0000	APC (blood and non-blood products)	024	-	-	-	-	000	999	-
J2325	E	NESIRITIDE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2326	K	INJ, NUSINERSEN, 0.1MG	-	09489	0.0000	APC (blood and non-blood products)	1210	-	-	Y	-	000	999	-
J2327	G	INJ RISANKIZUMAB-RZAA 1 MG	-	-	-	APC – pays by fee schedule amount	015	-	-	-	-	000	999	-
J2329	G	INJ UBLITUXIMAB-XIY, 1 MG	-	-	-	APC – pays by fee schedule amount	067	-	-	-	-	000	999	-
J2350	K	INJECTION, OCRELIZUMAB, 1 MG	-	09494	0.0000	APC (blood and non-blood products)	059	-	-	-	-	000	999	-
J2353	K	OCTREOTIDE INJECTION, DEPOT	-	01207	0.0000	APC (blood and non-blood products)	211	-	-	-	-	000	999	-
J2354	N	OCTREOTIDE INJ, NON-DEPOT	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2355	E	OPRELVEKIN INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2356	G	INJ TEZEPelumab-EKKO, 1MG	-	-	-	APC – pays by fee schedule amount	018	-	-	-	-	000	999	-
J2357	K	OMALIZUMAB INJECTION	-	09300	0.0000	APC (blood and non-blood products)	037	-	-	Y	Y	000	999	-
J2358	K	OLANZAPINE LONG-ACTING INJ	-	01331	0.0000	APC (blood and non-blood products)	003	-	-	-	-	000	999	-
J2359	K	INJ, OLANZAPINE, 0.5MG	-	00724	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J2360	N	ORPHENADRINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2371	N	INJ PHENYLEPHRINE HCL 20 MCG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2372	K	INJ, BIORPHEN, 20 MICROGRAMS	-	09405	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J2401	K	CHLOROPROCAINE HCL INJECTION	-	09218	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J2402	E	CHLOROPROCAINE (CLOROTEKAL)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2403	G	CHLOROPROCAINE OPHT GEL, 1MG	-	-	-	APC – pays by fee schedule amount	001	-	-	-	-	000	999	-
J2404	E	INJ, NICARDIPINE 0.1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2405	N	ONDANSETRON HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2406	G	INJECTION, ORITAVANCIN 10 MG	-	-	-	APC – pays by fee schedule amount	041	-	-	-	-	000	999	-
J2407	K	INJECTION, ORITAVANCIN	-	01660	0.0000	APC (blood and non-blood products)	027	-	-	-	-	000	999	-
J2410	E	OXYMORPHONE HCL INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2425	K	PALIFERMIN INJECTION	-	01696	0.0000	APC (blood and non-blood products)	034	-	-	-	-	000	999	-
J2426	K	INJ, INVEGA SUSTENNA, 1 MG	-	09255	0.0000	APC (blood and non-blood products)	014	-	-	-	-	000	999	-
J2427	K	INJ, INVEGA HAFYERA/TRINZA	-	09145	0.0000	APC (blood and non-blood products)	012	-	-	-	-	000	999	-
J2430	N	PAMIDRONATE DISODIUM /30 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2440	N	PAPAVERIN HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2460	E	OXYTETRACYCLINE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2469	N	PALONOSETRON HCL	-	-	-	Bundled	000	-	-	-	Y	000	999	-

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J2501	N	PARICALCITOL	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2502	K	INJ, PASIREOTIDE LONG ACTING	-	09454	0.0000	APC (blood and non-blood products)	463	-	-	-	-	000	999	-
J2503	E	PEGAPTANIB SODIUM INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2504	E	PEGADEMASE BOVINE, 25 IU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2506	K	INJ PEGFILGRAST EX BIO 0.5MG	-	09436	0.0000	APC (blood and non-blood products)	110	-	-	-	-	000	999	-
J2507	K	PEGLOTICASE INJECTION	-	09281	0.0000	APC (blood and non-blood products)	3392	-	-	Y	-	018	999	-
J2508	G	PEGUNIGALSIDASE ALFA-IWXJ	-	-	-	APC – pays by fee schedule amount	219	-	-	-	-	000	999	-
J2510	K	PENICILLIN G PROCAINE INJ	-	01836	0.0000	APC (blood and non-blood products)	041	-	-	-	-	000	999	-
J2513	E	PENTASTARCH 10% SOLUTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2515	N	PENTOBARBITAL SODIUM INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2540	N	PENICILLIN G POTASSIUM INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2543	N	PIPERACILLIN/TAZOBACTAM	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2545	M	PENTAMIDINE NON-COMP UNIT	-	-	-	Fee Schedule	087	-	-	-	-	000	999	-
J2547	K	INJECTION, PERAMIVIR	-	09451	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J2550	N	PROMETHAZINE HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2560	N	PHENOBARBITAL SODIUM INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2561	N	INJ, SEZABY, 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2562	K	PLERIXAFOR INJECTION	-	09252	0.0000	APC (blood and non-blood products)	124	-	-	-	-	000	999	-
J2590	N	OXYTOCIN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2597	K	INJ DESMOPRESSIN ACETATE	-	01440	0.0000	APC (blood and non-blood products)	006	-	-	-	-	000	999	-
J2598	K	INJ, VASOPRESSIN, 1 UNIT	-	01233	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J2599	K	INJ VASOPRESSIN (AM REG) 1 U	-	01234	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J2650	E	PREDNISOLONE ACETATE INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2670	E	TOTAZOLINE HCL INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2675	N	INJ PROGESTERONE PER 50 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2679	E	INJ FLUPHENAZINE HCL 1.25 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2680	N	FLUPHENAZINE DECANOATE 25 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2690	K	PROCAINAMIDE HCL INJECTION	-	09219	0.0000	APC (blood and non-blood products)	187	-	-	-	-	000	999	-
J2700	N	OXACILLIN SODIUM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2704	N	INJ, PROPOFOL, 10 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2710	N	NEOSTIGMINE METHYLSLFTE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2720	N	INJ PROTAMINE SULFATE/10 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2724	K	PROTEIN C CONCENTRATE	-	01139	0.0000	APC (blood and non-blood products)	015	-	-	-	-	000	999	-
J2725	E	INJ PROTIRELIN PER 250 MCG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2730	N	PRALIDOXIME CHLORIDE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2760	K	PHENTOLAMINE MESYLATE INJ	-	01458	0.0000	APC (blood and non-blood products)	444	-	-	-	-	000	999	-
J2765	N	METOCLOPRAMIDE HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2770	K	QUINUPRISTIN/DALFOPRISTIN	-	02770	0.0000	APC (blood and non-blood products)	494	-	-	-	-	000	999	-
J2777	G	INJ, FARICIMAB-SVOA, 0.1MG	-	-	-	APC – pays by fee schedule amount	035	-	-	-	-	000	999	-
J2778	K	RANIBIZUMAB INJECTION	-	09233	0.0000	APC (blood and non-blood products)	173	-	-	-	-	000	999	-
J2779	G	INJ, SUSVIMO 0.1 MG	-	-	-	APC – pays by fee schedule amount	080	-	-	-	-	000	999	-
J2780	N	RANITIDINE HYDROCHLORIDE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2781	G	INJ, PEGCETACOPLAN, 1MG	-	-	-	APC – pays by fee schedule amount	150	-	-	-	-	000	999	-
J2782	G	INJ AVACINCAPTAD PEGOL 0.1MG	-	-	-	APC – pays by fee schedule amount	109	-	-	-	-	000	999	-
J2783	K	RASBURICASE	-	00738	0.0000	APC (blood and non-blood products)	367	-	-	-	-	000	999	-
J2785	N	REGADENOSON INJECTION	-	-	-	Bundled	000	-	-	-	-	018	999	-
J2786	K	INJECTION, RESLIZUMAB, 1MG	-	09481	0.0000	APC (blood and non-blood products)	010	-	-	Y	-	000	999	-
J2787	N	RIBOFLAVIN 5'PHOS OPTH=3ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2788	N	RHO D IMMUNE GLOBULIN 50 MCG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2790	N	RHO D IMMUNE GLOBULIN INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2791	N	RHOPHYLAG INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2792	K	RHO(D) IMMUNE GLOBULIN H, SD	-	01609	0.0000	APC (blood and non-blood products)	031	-	-	-	-	000	999	-
J2793	E	RILONACEPT INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2794	K	INJ RISPERDAL CONSTA, 0.5 MG	-	09125	0.0000	APC (blood and non-blood products)	012	-	-	-	Y	000	999	-
J2795	N	ROPIVACAINE HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2796	K	ROMIPLOSTIM INJECTION	-	09245	0.0000	APC (blood and non-blood products)	096	-	-	-	-	000	999	-

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J2797	E	INJ., ROLAPITANT, 0.5 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2798	K	INJ., PERSERIS, 0.5 MG	-	09181	0.0000	APC (blood and non-blood products)	012	-	-	-	-	000	999	-
J2799	G	INJ., UZEDY, 1 MG	-	-	-	APC – pays by fee schedule amount	024	-	-	-	-	000	999	-
J2800	N	METHOCARBAMOL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2801	K	INJ, RYKINDO, 0.5 MG	-	00739	0.0000	APC (blood and non-blood products)	012	-	-	-	-	000	999	-
J2805	N	SINCALIDE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2806	N	INJ SINCALIDE, MAIA, 5 MCG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2810	E	INJ THEOPHYLLINE PER 40 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2820	K	SARGRAMOSTIM INJECTION	-	00731	0.0000	APC (blood and non-blood products)	059	-	-	-	-	000	999	-
J2840	K	INJ SEBELIPASE ALFA 1 MG	-	09478	0.0000	APC (blood and non-blood products)	538	-	-	-	-	000	999	-
J2850	K	INJ SECRETIN SYNTHETIC HUMAN	-	01700	0.0000	APC (blood and non-blood products)	042	-	-	-	-	000	999	-
J2860	K	INJECTION, SILTUXIMAB	-	09455	0.0000	APC (blood and non-blood products)	151	-	-	-	-	000	999	-
J2910	E	AUROTHIOGLUCOSE INJECTON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2916	N	NA FERRIC GLUCONATE COMPLEX	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2919	N	INJ, METHYLPRED SOD SUCC 5MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2940	E	SOMATREM INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2941	K	SOMATROPIN INJECTION	-	09319	0.0000	APC (blood and non-blood products)	164	-	-	-	-	000	999	-
J2950	N	PROMAZINE HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J2993	K	RETEPLASE INJECTION	-	09005	0.0000	APC (blood and non-blood products)	2890	-	-	-	-	000	999	-
J2995	E	INJ STREPTOKINASE /250000 IU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J2997	K	ALTEPLASE RECOMBINANT	-	07048	0.0000	APC (blood and non-blood products)	089	-	-	-	-	000	999	-
J2998	G	INJ PLASMINOGEN TVMH 1MG	-	-	-	APC – pays by fee schedule amount	032	-	-	-	-	000	999	-
J3000	N	STREPTOMYCIN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3010	N	FENTANYL CITRATE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3030	N	SUMATRIPTAN SUCCINATE / 6 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3031	K	INJ., FREMANEZUMAB-VFRM 1 MG	-	09197	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J3032	K	INJ. EPTINEZUMAB-JJMR 1 MG	-	09357	0.0000	APC (blood and non-blood products)	018	-	-	Y	-	000	999	-
J3055	G	INJ TALQUETAMAB-TGV5 0.25 MG	-	-	-	APC – pays by fee schedule amount	068	-	-	-	-	000	999	-
J3060	K	INJ. TALIGLUCERASE ALFA 10 U	-	09294	0.0000	APC (blood and non-blood products)	045	-	-	-	-	000	999	-
J3070	N	PENTAZOCINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3090	K	INJ TEDIZOLID PHOSPHATE	-	01662	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J3095	K	TELAVANCIN INJECTION	-	09258	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J3101	K	TENECTEPLASE INJECTION	-	09002	0.0000	APC (blood and non-blood products)	153	-	-	-	-	018	999	-
J3105	N	TERBUTALINE SULFATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3110	E	TERIPARATIDE INJECTION	-	-	-	Not Allowed	000	-	-	-	Y	000	999	-
J3111	K	INJ. ROMOSOZUMAB-AQQG 1 MG	-	09327	0.0000	APC (blood and non-blood products)	011	-	-	Y	-	000	999	-
J3121	N	INJ TESTOSTERO ENANTHATE 1MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3145	K	TESTOSTERONE UNDECANOATE 1MG	-	09078	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J3230	N	CHLORPROMAZINE HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3240	K	THYROTROPIN INJECTION	-	09108	0.0000	APC (blood and non-blood products)	2022	-	-	-	-	000	999	-
J3241	K	INJ. TEPROTUMUMAB-TRBW 10 MG	-	09355	0.0000	APC (blood and non-blood products)	333	-	-	-	-	000	999	-
J3243	N	TIGECYCLINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3244	K	INJ. TIGECYCLINE (ACCORD)	-	09220	0.0000	APC (blood and non-blood products)	003	-	-	-	-	000	999	-
J3245	K	INJ., TILDRAKIZUMAB, 1 MG	-	09306	0.0000	APC (blood and non-blood products)	140	-	-	-	-	000	999	-
J3246	K	TIROFIBAN HCL	-	07041	0.0000	APC (blood and non-blood products)	004	-	-	-	Y	000	999	-
J3250	N	TRIMETHOBENZAMIDE HCL INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3260	N	TOBRAMYCIN SULFATE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3262	K	TOCILIZUMAB INJECTION	-	09264	0.0000	APC (blood and non-blood products)	006	-	-	-	-	000	999	-
J3265	E	INJECTION TORSEMIDE 10 MG/ML	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3280	E	THIETHYLPERAZINE MALEATE INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3285	K	TREPROSTINIL INJECTION	-	01701	0.0000	APC (blood and non-blood products)	055	-	-	-	-	000	999	-
J3299	G	INJ XIPERE 1 MG	-	-	-	APC – pays by fee schedule amount	049	-	-	-	-	000	999	-
J3300	N	TRIAMCINOLONE A INJ PRS-FREE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3301	N	TRIAMCINOLONE ACET INJ NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3302	N	TRIAMCINOLONE DIACETATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3303	N	TRIAMCINOLONE HEXACETONL INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
J3304	K	INJ TRIAMCINOLONE ACE XR 1MG	-	09469	0.0000	APC (blood and non-blood products)	017	-	-	-	-	000	999	-
J3305	E	INJ TRIMETREXATE GLUCORONATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3310	N	PERPHENAZINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3315	K	TRIPTORELIN PAMOATE	-	09122	0.0000	APC (blood and non-blood products)	417	-	-	-	-	000	999	-
J3316	K	INJ., TRIPTORELIN XR 3.75 MG	-	09016	0.0000	APC (blood and non-blood products)	3234	-	-	-	-	000	999	-
J3320	E	SPECTINOMYCN DI-HCL INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3350	E	UREA INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3355	E	UROFOLLITROPIN, 75 IU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3357	K	USTEKINUMAB SUB CU INJ, 1 MG	-	09261	0.0000	APC (blood and non-blood products)	153	-	-	-	-	000	999	-
J3358	K	USTEKINUMAB, IV INJECT, 1 MG	-	09487	0.0000	APC (blood and non-blood products)	012	-	-	-	-	000	999	-
J3360	N	DIAZEPAM INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3364	E	UROKINASE 5000 IU INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3365	E	UROKINASE 250,000 IU INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3370	N	VANCOMYCIN HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3371	K	INJ, VANCOMYCIN HCL (MYLAN)	-	09221	0.0000	APC (blood and non-blood products)	006	-	-	-	-	000	999	-
J3372	K	INJ, VANCOMYCIN HCL (XELLIA)	-	09222	0.0000	APC (blood and non-blood products)	006	-	-	-	-	000	999	-
J3380	K	INJ VEDOLIZUMAB IV 1 MG	-	01489	0.0000	APC (blood and non-blood products)	022	-	-	Y	-	000	999	-
J3385	K	VELAGLUCERASE ALFA	-	09271	0.0000	APC (blood and non-blood products)	368	-	-	-	-	000	999	-
J3396	K	VERTEPORFIN INJECTION	-	01203	0.0000	APC (blood and non-blood products)	011	-	-	-	Y	000	999	-
J3397	E	INJ., VESTRONIDASE ALFA-VJBK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3398	K	INJ LUXTURNA 1 BILLION VEC G	-	09070	0.0000	APC (blood and non-blood products)	2925	-	-	-	-	000	999	-
J3399	K	INJ ONASE ABEPAR-XIOI TREAT	-	09141	0.0000	APC (blood and non-blood products)	000	-	-	Y	-	000	999	-
J3400	E	TRIFLUPROMAZINE HCL INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3401	G	VYJUVEK 5X10 ⁹ PFU/ML, 0.1 ML	-	-	-	APC – pays by fee schedule amount	2519	-	-	-	-	000	999	-
J3410	N	HYDROXYZINE HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3411	N	THIAMINE HCL 100 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3415	N	PYRIDOXINE HCL 100 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3420	N	VITAMIN B12 INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3424	K	INJ HYDROXOCOBALAMIN IV 25MG	-	00740	0.0000	APC (blood and non-blood products)	2054	-	-	-	-	000	999	-
J3425	E	HYDROXOCOBALAMIN IM 10MCG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3430	N	VITAMIN K PHYTONADIONE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3465	N	INJECTION, VORICONAZOLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3470	N	HYALURONIDASE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3471	N	OVINE, UP TO 999 USP UNITS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3472	N	OVINE, 1000 USP UNITS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3473	N	HYALURONIDASE RECOMBINANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3475	N	INJ MAGNESIUM SULFATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3480	N	INJ POTASSIUM CHLORIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3485	N	ZIDOVUDINE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3486	N	ZIPRASIDONE MESYLATE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3489	N	ZOLEDRONIC ACID 1MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3490	N	DRUGS UNCLASSIFIED INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3520	E	EDETATE DISODIUM PER 150 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3530	N	NASAL VACCINE INHALATION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3535	E	METERED DOSE INHALER DRUG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3570	E	LAETRILE AMYGDALIN VIT B17	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J3590	N	UNCLASSIFIED BIOLOGICS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J3591	M	ESRD ON DIALYSI DRUG/BIO NOC	-	-	-	Charge Ratio	000	-	-	-	-	000	999	-
J7030	N	NORMAL SALINE SOLUTION INFUS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7040	N	NORMAL SALINE SOLUTION INFUS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7042	N	5% DEXTROSE/NORMAL SALINE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7050	N	NORMAL SALINE SOLUTION INFUS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7060	N	5% DEXTROSE/WATER	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7070	N	D5W INFUSION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7100	N	DEXTRAN 40 INFUSION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7110	N	DEXTRAN 75 INFUSION	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
J7120	N	RINGERS LACTATE INFUSION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7121	N	5% DEXTROSE IN LAC RINGERS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7131	N	HYPERTONIC SALINE SOL	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7165	G	INJ, HUMAN-LANS, PER I.U	-	-	-	APC – pays by fee schedule amount	003	-	-	-	-	000	999	-
J7168	K	PROTHROMBIN COMPLEX KCENTRA	-	09132	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7169	K	INJ ANDEXXA, 10 MG	-	09198	0.0000	APC (blood and non-blood products)	132	-	-	-	-	000	999	-
J7170	K	INJ., EMICIZUMAB-KXWH 0.5 MG	-	09257	0.0000	APC (blood and non-blood products)	051	-	-	-	-	000	999	-
J7175	K	INJ, FACTOR X, (HUMAN), 1IU	-	01857	0.0000	APC (blood and non-blood products)	009	-	-	-	-	000	999	-
J7177	K	INJ., FIBRYGA, 1 MG	-	09046	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7178	K	INJ HUMAN FIBRINOGEN CON NOS	-	01478	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7179	K	VONVENDI INJ 1 IU VWF:RCO	-	09059	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7180	K	FACTOR XIII ANTI-HEM FACTOR	-	01416	0.0000	APC (blood and non-blood products)	010	-	-	-	-	000	999	-
J7181	K	FACTOR XIII RECOMB A-SUBUNIT	-	01746	0.0000	APC (blood and non-blood products)	017	-	-	-	-	000	999	-
J7182	K	FACTOR VIII RECOMB NOVOEIGHT	-	01856	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7183	K	WILATE INJECTION	-	01352	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7185	K	XYNTHA INJ	-	01268	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP	-	01213	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7187	K	HUMATE-P, INJ	-	01704	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7188	K	FACTOR VIII RECOMB OBIZUR	-	01827	0.0000	APC (blood and non-blood products)	003	-	-	-	-	000	999	-
J7189	K	FACTOR VIIA RECOMB NOVOSEVEN	-	01705	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7190	K	FACTOR VIII	-	00925	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7191	E	FACTOR VIII (PORCINE)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7192	K	FACTOR VIII RECOMBINANT NOS	-	00927	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7193	K	FACTOR IX NON-RECOMBINANT	-	00931	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7194	K	FACTOR IX COMPLEX	-	00928	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7195	K	FACTOR IX RECOMBINANT NOS	-	00932	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7196	E	ANTITHROMBIN RECOMBINANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7197	K	ANTITHROMBIN III INJECTION	-	01263	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J7198	K	ANTI-INHIBITOR	-	00929	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7199	M	HEMOPHILIA CLOT FACTOR NOC	-	-	-	Charge Ratio	000	-	-	-	-	000	999	-
J7200	K	FACTOR IX RECOMBINAN RIXUBIS	-	01467	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7201	K	FACTOR IX ALPROLIX RECOMB	-	01486	0.0000	APC (blood and non-blood products)	003	-	-	-	-	000	999	-
J7202	K	FACTOR IX IDELVION INJ	-	09171	0.0000	APC (blood and non-blood products)	005	-	-	-	-	000	999	-
J7203	K	FACTOR IX RECOMB GLY REBINYN	-	09468	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J7204	K	INJ RECOMBIN ESPEROCT PER IU	-	09354	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7205	K	FACTOR VIII FC FUSION RECOMB	-	01656	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7207	K	FACTOR VIII PEGYLATED RECOMB	-	01844	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7208	K	INJ, JIVI 1 IU	-	09299	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7209	K	FACTOR VIII NUWIQ RECOMB 1IU	-	01846	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7210	K	INJ, AFSTYLA, 1 I.U.	-	09043	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7211	K	INJ, KOVALTRY, 1 I.U.	-	09075	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7212	K	FACTOR VIIA RECOMB SEVENFACT	-	09395	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7213	K	INJ, IXINITY, 1 I.U.	-	09146	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7214	G	ALTUVIIIO PER FACTOR VIII IU	-	-	-	APC – pays by fee schedule amount	005	-	-	-	-	000	999	-
J7294	E	SEG ACET AND ETH ESTR YEARLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7295	E	ETH ESTR AND ETON MONTHLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7296	M	KYLEENA, 19.5 MG	-	-	-	Fee Schedule	1102	-	-	-	-	000	999	-
J7297	M	LILETTA, 52 MG	-	-	-	Fee Schedule	887	-	-	-	-	000	999	-
J7298	M	MIRENA, 52 MG	-	-	-	Fee Schedule	1102	-	-	-	-	000	999	-
J7300	M	INTRAUT COPPER CONTRACEPTIVE	-	-	-	Fee Schedule	1085	-	-	-	-	010	065	-
J7301	M	SKYLA, 13.5 MG	-	-	-	Fee Schedule	917	-	-	-	-	000	999	-
J7302	E	LEVONORGESTREL IU 52 MG	-	-	-	Not Allowed	000	-	-	-	-	010	065	-
J7304	M	CONTRACEPTIVE HORMONE PATCH	-	-	-	Fee Schedule	041	-	-	-	Y	010	065	-
J7306	E	LEVONORGESTREL IMPLANT SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7307	M	ETONOGESTREL IMPLANT SYSTEM	-	-	-	Fee Schedule	1092	-	-	-	-	000	999	-
J7308	K	AMINOLEVULINIC ACID HCL TOP	-	07308	0.0000	APC (blood and non-blood products)	397	-	-	-	-	000	999	-

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J7309	E	METHYL AMINOLEVULINATE, TOP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7310	E	GANCICLOVIR LONG ACT IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7311	K	INJ., RETISERT, 0.01 MG	-	09225	0.0000	APC (blood and non-blood products)	030	-	-	Y	-	000	999	-
J7312	K	DEXAMETHASONE INTRA IMPLANT	-	09256	0.0000	APC (blood and non-blood products)	206	-	-	-	-	000	999	-
J7313	K	INJ., ILUVIEN, 0.01 MG	-	09450	0.0000	APC (blood and non-blood products)	488	-	-	-	-	000	999	-
J7314	K	INJ., YUTIQ, 0.01 MG	-	09328	0.0000	APC (blood and non-blood products)	527	-	-	-	-	000	999	-
J7315	N	OPHTHALMIC MITOMYCIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7316	N	INJ, OCRIPLASMIN, 0.125 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7318	K	INJ, DUROLANE 1 MG	-	09174	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J7320	K	GENVISC 850, INJ, 1MG	-	09079	0.0000	APC (blood and non-blood products)	005	-	-	-	-	000	999	-
J7321	N	HYALGAN SUPARTZ VISCO-3 DOSE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7322	K	HYMOVIS INJECTION 1 MG	-	09471	0.0000	APC (blood and non-blood products)	018	-	-	-	-	000	999	-
J7323	K	EUFLEXXA INJ PER DOSE	-	00875	0.0000	APC (blood and non-blood products)	116	-	-	-	-	000	999	-
J7324	K	ORTHOVISC INJ PER DOSE	-	00877	0.0000	APC (blood and non-blood products)	132	-	-	-	-	000	999	-
J7325	K	SYNVISC OR SYNVISC-ONE	-	00874	0.0000	APC (blood and non-blood products)	009	-	-	-	-	000	999	-
J7326	K	GEL-ONE	-	01417	0.0000	APC (blood and non-blood products)	522	-	-	-	-	000	999	-
J7327	K	MONOVISC INJ PER DOSE	-	01747	0.0000	APC (blood and non-blood products)	712	-	-	-	-	000	999	-
J7328	K	GELSYN-3 INJECTION 0.1 MG	-	01862	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J7329	K	INJ, TRIVISC 1 MG	-	09196	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J7330	E	CULTURED CHONDROCYTES IMPLNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7331	K	SYNOJOYNT, INJ., 1 MG	-	09337	0.0000	APC (blood and non-blood products)	010	-	-	-	-	000	999	-
J7332	K	INJ., TRILURON, 1 MG	-	09338	0.0000	APC (blood and non-blood products)	010	-	-	-	-	000	999	-
J7336	K	CAPSAICIN 8% PATCH	-	09071	0.0000	APC (blood and non-blood products)	003	-	-	-	-	000	999	-
J7340	K	CARBIDOPA LEVODOPA ENT 100ML	-	09320	0.0000	APC (blood and non-blood products)	228	-	-	-	-	000	999	-
J7342	K	CIPROFLOXACIN OTIC SUSP 6 MG	-	09479	0.0000	APC (blood and non-blood products)	030	-	-	-	-	000	999	-
J7345	K	AMINOLEVULINIC ACID, 10% GEL	-	09301	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J7351	K	INJ BIMATOPROST ITC IMP1MCG	-	09351	0.0000	APC (blood and non-blood products)	206	-	-	-	-	000	999	-
J7352	K	AFAMELANOTIDE IMPLANT, 1 MG	-	09396	0.0000	APC (blood and non-blood products)	2873	-	-	-	-	000	999	-
J7353	N	ANACALULASE-BCDB 8.8% GEL 1 G	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7354	G	CANTHARIDIN TOP, APPLICATOR	-	-	-	APC – pays by fee schedule amount	720	-	-	-	-	000	999	-
J7402	K	MOMETASONE SINUS SINUVA	-	09346	0.0000	APC (blood and non-blood products)	011	-	-	-	-	000	999	-
J7500	N	AZATHIOPRINE ORAL 50MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7501	K	AZATHIOPRINE PARENTERAL	-	00887	0.0000	APC (blood and non-blood products)	242	-	-	-	-	000	999	-
J7502	N	CYCLOSPORINE ORAL 100 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7503	N	TACROL ENVARUSUS EX REL ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN	-	00890	0.0000	APC (blood and non-blood products)	3615	-	-	-	-	000	999	-
J7505	E	MONOCLONAL ANTIBODIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7507	N	TACROLIMUS IMME REL ORAL 1MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7508	N	TACROL ASTAGRAF EX REL ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7509	N	METHYLPREDNISOLONE ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7510	N	PREDNISOLONE ORAL PER 5 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7511	K	ANTITHYMOCYTE GLOBULN RABBIT	-	09104	0.0000	APC (blood and non-blood products)	928	-	-	-	-	000	999	-
J7512	N	PREDNISONE IR OR DR ORAL 1MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7513	E	DACLIZUMAB, PARENTERAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7515	N	CYCLOSPORINE ORAL 25 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7516	N	INJ, CYCLOSPORINE, 250MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7517	N	MYCOPHENOLATE MOFETIL ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7518	N	MYCOPHENOLIC ACID	-	-	-	Bundled	000	-	-	-	Y	000	999	-
J7519	K	INJ, MYCOPHENOLATE MOFETIL	-	09279	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J7520	N	SIROLIMUS, ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7525	K	TACROLIMUS INJECTION	-	09006	0.0000	APC (blood and non-blood products)	249	-	-	-	-	000	999	-
J7527	N	ORAL EVEROLIMUS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
J7604	E	ACETYLCYSTEINE COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7605	E	ARFORMOTEROL NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7606	E	FORMOTEROL FUMARATE, INH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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J7607	E	LEVALBUTEROL COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7608	E	ACETYLCYSTEINE NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7609	E	ALBUTEROL COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7610	E	ALBUTEROL COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7611	E	ALBUTEROL NON-COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7612	E	LEVALBUTEROL NON-COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7613	E	ALBUTEROL NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7614	E	LEVALBUTEROL NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7615	E	LEVALBUTEROL COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7620	E	ALBUTEROL IPRATROP NON-COMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7622	E	BECLOMETHASONE COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7624	E	BETAMETHASONE COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7626	E	BUDESONIDE NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7627	E	BUDESONIDE COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7628	E	BITOLTEROL MESYLATE COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7629	E	BITOLTEROL MESYLATE COMP UNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7631	E	CROMOLYN SODIUM NONCOMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7632	E	CROMOLYN SODIUM COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7633	E	BUDESONIDE NON-COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7634	E	BUDESONIDE COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7635	E	ATROPINE COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7636	E	ATROPINE COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7637	E	DEXAMETHASONE COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7638	E	DEXAMETHASONE COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7639	E	DORNASE ALFA NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7640	E	FORMOTEROL COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7641	E	FLUNISOLIDE COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7642	E	GLYCOPYRROLATE COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7643	E	GLYCOPYRROLATE COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7644	E	IPRATROPIUM BROMIDE NON-COMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7645	E	IPRATROPIUM BROMIDE COMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7647	E	ISOETHARINE COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7648	E	ISOETHARINE NON-COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7649	E	ISOETHARINE NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7650	E	ISOETHARINE COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7657	E	ISOPROTERENOL COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7658	E	ISOPROTERENOL NON-COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7659	E	ISOPROTERENOL NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7660	E	ISOPROTERENOL COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7665	N	MANNITOL FOR INHALER	-	-	-	Bundled	000	-	-	-	-	006	999	-
J7667	E	METAPROTERENOL COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7668	E	METAPROTERENOL NON-COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7669	E	METAPROTERENOL NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7670	E	METAPROTERENOL COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7674	N	METHACHOLINE CHLORIDE, NEB	-	-	-	Bundled	000	-	-	-	Y	000	999	-
J7676	E	PENTAMIDINE COMP UNIT DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7677	E	REVEFENACIN INH NON-COM 1MCG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7680	E	TERBUTALINE SULF COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7681	E	TERBUTALINE SULF COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7682	E	TOBRAMYCIN NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7683	E	TRIAMCINOLONE COMP CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7684	E	TRIAMCINOLONE COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7685	E	TOBRAMYCIN COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7686	E	TREPROSTINIL, NON-COMP UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7699	E	INHALATION SOLUTION FOR DME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J7799	N	NON-INHALATION DRUG FOR DME	-	-	-	Bundled	000	-	-	-	-	000	999	-

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J7999	N	COMPOUNDED DRUG, NOC	-	-	-	Bundled	000	-	-	-	-	000	999	-
J8498	E	ANTIEMETIC RECTAL/SUPP NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J8499	E	ORAL PRESCRIP DRUG NON CHEMO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J8501	N	ORAL APREPITANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
J8510	N	ORAL BUSULFAN	-	-	-	Bundled	000	-	-	-	-	000	999	-
J8515	E	CABERGOLINE, ORAL 0.25MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J8520	N	CAPECITABINE, ORAL, 150 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J8521	N	CAPECITABINE, ORAL, 500 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J8540	N	ORAL DEXAMETHASONE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J8560	K	ETOPOSIDE ORAL 50 MG	-	00802	0.0000	APC (blood and non-blood products)	076	-	-	-	-	000	999	-
J8562	E	ORAL FLUDARABINE PHOSPHATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J8565	E	GEFITINIB ORAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J8597	N	ANTIEMETIC DRUG ORAL NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
J8600	E	MELPHALAN ORAL 2 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J8610	N	METHOTREXATE ORAL 2.5 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J8650	E	NABILONE ORAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J8655	K	ORAL NETUPITANT, PALONOSETRO	-	09448	0.0000	APC (blood and non-blood products)	409	-	-	-	-	000	999	-
J8670	K	ROLAPITANT, ORAL, 1MG	-	01761	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J8700	N	TEMOZOLOMIDE	-	-	-	Bundled	000	-	-	-	-	000	999	-
J8705	K	TOPOTECAN ORAL	-	01238	0.0000	APC (blood and non-blood products)	113	-	-	-	-	005	999	-
J8999	E	ORAL PRESCRIPTION DRUG CHEMO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9000	N	DOXORUBICIN HCL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9001	E	DOXORUBICIN HCL LIPOSOME INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9015	K	ALDESLEUKIN INJECTION	-	00807	0.0000	APC (blood and non-blood products)	3943	-	-	-	-	000	999	-
J9017	K	ARSENIC TRIOXIDE INJECTION	-	09012	0.0000	APC (blood and non-blood products)	012	-	-	-	-	000	999	-
J9019	E	ERWINAZE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9020	E	ASPARAGINASE, NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9021	G	INJ, ASPARA, RYLAZE, 0.1 MG	-	-	-	APC – pays by fee schedule amount	051	-	-	-	-	000	999	-
J9022	K	INJ, ATEZOLIZUMAB, 10 MG	-	09483	0.0000	APC (blood and non-blood products)	084	-	-	-	-	000	999	-
J9023	K	INJECTION, AVELUMAB, 10 MG	-	09491	0.0000	APC (blood and non-blood products)	093	-	-	-	-	000	999	-
J9025	N	AZACITIDINE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9027	K	CLOFARABINE INJECTION	-	01710	0.0000	APC (blood and non-blood products)	018	-	-	-	-	000	999	-
J9029	G	INSTILL ADSTILADRIN, TX DOSE	-	-	-	APC – pays by fee schedule amount	63505	-	-	-	-	000	999	-
J9030	N	BCG LIVE INTRAVESICAL 1MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9032	K	INJECTION, BELINOSTAT, 10MG	-	01658	0.0000	APC (blood and non-blood products)	049	-	-	-	-	000	999	-
J9033	K	INJ., TREANDA 1 MG	-	09243	0.0000	APC (blood and non-blood products)	008	-	-	-	-	018	999	-
J9034	K	INJ., BENDEKA 1 MG	-	01861	0.0000	APC (blood and non-blood products)	014	-	-	-	-	000	999	-
J9035	K	BEVACIZUMAB INJECTION	-	09214	0.0000	APC (blood and non-blood products)	074	-	-	-	Y	000	999	-
J9036	K	INJ. BELRAPZO/BENDAMUSTINE	-	09313	0.0000	APC (blood and non-blood products)	009	-	-	-	-	000	999	-
J9037	K	INJ BELANTAMAB MAFODOT BLMF	-	09384	0.0000	APC (blood and non-blood products)	047	-	-	-	-	000	999	-
J9039	K	INJECTION, BLINATUMOMAB	-	09449	0.0000	APC (blood and non-blood products)	145	-	-	-	-	000	999	-
J9040	N	BLEOMYCIN SULFATE INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9041	K	INJECTION, BORTEZOMIB, 0.1MG	-	09207	0.0000	APC (blood and non-blood products)	002	-	-	-	Y	000	999	-
J9042	K	BRENTUXIMAB VEDOTIN INJ	-	09287	0.0000	APC (blood and non-blood products)	231	-	-	-	-	000	999	-
J9043	K	CABAZITAXEL INJECTION	-	09276	0.0000	APC (blood and non-blood products)	212	-	-	-	-	018	999	-
J9045	N	CARBOPLATIN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9046	K	INJ, BORTEZOMIB, DR. REDDY'S	-	09026	0.0000	APC (blood and non-blood products)	049	-	-	-	-	000	999	-
J9047	K	INJECTION, CARFILZOMIB, 1 MG	-	09295	0.0000	APC (blood and non-blood products)	047	-	-	-	-	000	999	-
J9048	K	INJ, BORTEZOMIB FRESENIUSKAB	-	09027	0.0000	APC (blood and non-blood products)	049	-	-	-	-	000	999	-
J9049	K	INJ, BORTEZOMIB, HOSPIRA	-	09100	0.0000	APC (blood and non-blood products)	002	-	-	-	-	000	999	-
J9050	K	CARMUSTINE INJECTION	-	00812	0.0000	APC (blood and non-blood products)	281	-	-	-	-	000	999	-
J9051	E	INJ, BORTEZOMIB (MAIA)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9052	K	INJ, CARMUSTINE (ACCORD)	-	00718	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
J9055	K	CETUXIMAB INJECTION	-	09215	0.0000	APC (blood and non-blood products)	073	-	-	-	Y	000	999	-
J9056	G	INJ, BENDAMUSTINE, 1 MG	-	-	-	APC – pays by fee schedule amount	034	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
J9057	K	INJ., COPANLISIS, 1 MG		-	09030	0.0000	APC (blood and non-blood products)	088	-	-	-	-	000	999	-
J9058	G	INJ APOTEX/BENDAMUSTINE 1 MG		-	-	-	APC – pays by fee schedule amount	024	-	-	-	-	000	999	-
J9059	K	INJ BENDAMUSTINE, BAXTER 1MG		-	09153	0.0000	APC (blood and non-blood products)	024	-	-	-	-	000	999	-
J9060	N	CISPLATIN 10 MG INJECTION		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9061	G	INJ, AMIVANTAMAB-VMJW		-	-	-	APC – pays by fee schedule amount	020	-	-	-	-	000	999	-
J9063	G	INJ, ELAHERE, 1 MG		-	-	-	APC – pays by fee schedule amount	066	-	-	-	-	000	999	-
J9064	E	INJ, CABAZITAXEL (SANDOZ)		-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9065	K	INJ CLADRIBINE PER 1 MG		-	00858	0.0000	APC (blood and non-blood products)	017	-	-	-	-	000	999	-
J9071	G	INJ CYCLOPHOSPHAMD AUROMEDIC		-	-	-	APC – pays by fee schedule amount	002	-	-	-	-	000	999	-
J9072	G	INJ CYCLOPHOS DR.REDDY'S 5MG		-	-	-	APC – pays by fee schedule amount	004	-	-	-	-	000	999	-
J9073	K	INJ CYCLOPHOSPHAMD (INGENUS)		-	00741	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J9074	E	INJ, CYCLOPHOSPHAMD, SANDOZ		-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9075	K	INJ, CYCLOPHOSPHAMIDE, NOS		-	00743	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J9098	E	CYTARABINE LIPOSOME INJ		-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9100	N	CYTARABINE HCL 100 MG INJ		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9118	M	INJ. CALASPARGASE PEGOL-MKNL		-	-	-	Fee Schedule	073	-	-	-	-	000	999	-
J9119	K	INJ., CEMPLIMAB-RWLC, 1 MG		-	09304	0.0000	APC (blood and non-blood products)	028	-	-	-	-	000	999	-
J9120	K	DACTINOMYCIN INJECTION		-	00752	0.0000	APC (blood and non-blood products)	548	-	-	-	-	000	999	-
J9130	N	DACARBAZINE 100 MG INJ		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9144	K	DARATUMUMAB, HYALURONIDASE		-	09378	0.0000	APC (blood and non-blood products)	049	-	-	-	-	000	999	-
J9145	K	INJECTION, DARATUMUMAB 10 MG		-	09476	0.0000	APC (blood and non-blood products)	061	-	-	-	-	000	999	-
J9150	K	DAUNORUBICIN INJECTION		-	00820	0.0000	APC (blood and non-blood products)	032	-	-	-	-	000	999	-
J9151	E	DAUNORUBICIN CITRATE INJ		-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9153	K	INJ DAUNORUBICIN, CYTARABINE		-	09302	0.0000	APC (blood and non-blood products)	233	-	-	-	-	000	999	-
J9155	K	DEGARELIX INJECTION		-	01296	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J9165	E	DIETHYLSTILBESTROL INJECTION		-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9171	N	DOCETAXEL INJECTION		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9172	E	DOCETAXEL (INGENUS), 1 MG		-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9173	K	INJ., DURVALUMAB, 10 MG		-	09492	0.0000	APC (blood and non-blood products)	081	-	-	-	-	000	999	-
J9175	N	ELLIOTTS B SOLUTION PER ML		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9176	K	INJECTION, ELOTUZUMAB, 1MG		-	09477	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J9177	K	INJ ENFORT VEDO-EJFV 0.25MG		-	09364	0.0000	APC (blood and non-blood products)	036	-	-	-	-	000	999	-
J9178	N	INJ, EPIRUBICIN HCL, 2 MG		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9179	K	ERIBULIN MESYLATE INJECTION		-	01426	0.0000	APC (blood and non-blood products)	138	-	-	-	-	018	999	-
J9181	N	ETOPOSIDE INJECTION		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9185	K	FLUDARABINE PHOSPHATE INJ		-	09080	0.0000	APC (blood and non-blood products)	191	-	-	-	-	000	999	-
J9190	N	FLUOROURACIL INJECTION		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9196	K	INJ GEMCITABINE HCL (ACCORD)		-	09244	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J9198	K	INJ. INFUGEM, 100 MG		-	09387	0.0000	APC (blood and non-blood products)	040	-	-	-	-	000	999	-
J9200	K	FLOXURIDINE INJECTION		-	00827	0.0000	APC (blood and non-blood products)	3729	-	-	-	-	000	999	-
J9201	N	IN GEMCITABINE HCL NOS 200MG		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9202	K	GOSERELIN ACETATE IMPLANT		-	00810	0.0000	APC (blood and non-blood products)	599	-	-	-	-	000	999	-
J9203	K	GEMTUZUMAB OZOGAMICIN 0.1 MG		-	09495	0.0000	APC (blood and non-blood products)	226	-	-	-	-	000	999	-
J9204	K	INJ MOGAMULIZUMAB-KPKC, 1 MG		-	09182	0.0000	APC (blood and non-blood products)	234	-	-	-	-	000	999	-
J9205	K	INJ IRINOTECAN LIPOSOME 1 MG		-	09474	0.0000	APC (blood and non-blood products)	063	-	-	-	-	000	999	-
J9206	N	IRINOTECAN INJECTION		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9207	K	IXABEPILONE INJECTION		-	09240	0.0000	APC (blood and non-blood products)	128	-	-	-	-	018	999	-
J9208	N	IFOSFAMIDE INJECTION		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9209	N	MESNA INJECTION		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9210	K	INJ., EMAPALUMAB-LZSG, 1 MG		-	09310	0.0000	APC (blood and non-blood products)	365	-	-	-	-	000	999	-
J9211	N	IDARUBICIN HCL INJECTION		-	-	-	Bundled	000	-	-	-	-	000	999	-
J9212	E	INTERFERON ALFA-1 INJ		-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9213	E	INTERFERON ALFA-2A INJ		-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9214	K	INTERFERON ALFA-2B INJ		-	00836	0.0000	APC (blood and non-blood products)	033	-	-	-	-	000	999	-
J9215	E	INTERFERON ALFA-N3 INJ		-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9216	E	INTERFERON GAMMA 1-B INJ		-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
J9217	K		LEUPROLIDE ACETATE SUSPNSION	-	09217	0.0000	APC (blood and non-blood products)	186	-	-	-	-	000	999	-
J9218	K		LEUPROLIDE ACETATE INJECTION	-	09047	0.0000	APC (blood and non-blood products)	011	-	-	-	-	000	999	-
J9219	E		LEUPROLIDE ACETATE IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9223	K		INJ. LURBINECTEDIN, 0.1 MG	-	09389	0.0000	APC (blood and non-blood products)	200	-	-	-	-	000	999	-
J9225	K		VANTAS IMPLANT	-	01711	0.0000	APC (blood and non-blood products)	5166	-	-	-	-	000	999	-
J9226	K		SUPPRELIN LA IMPLANT	-	01142	0.0000	APC (blood and non-blood products)	44579	-	-	Y	-	000	999	-
J9227	K		INJ. ISATUXIMAB-IRFC 10 MG	-	09377	0.0000	APC (blood and non-blood products)	076	-	-	-	-	000	999	-
J9228	K		IPILIMUMAB INJECTION	-	09284	0.0000	APC (blood and non-blood products)	173	-	-	-	-	018	999	-
J9229	K		INJ INOTUZUMAB OZOGAM 0.1 MG	-	09028	0.0000	APC (blood and non-blood products)	2580	-	-	-	-	000	999	-
J9230	N		MECHLORETHAMINE HCL INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9245	K		INJ MELPHA HYDROCH NOS 50 MG	-	00840	0.0000	APC (blood and non-blood products)	168	-	-	-	-	000	999	-
J9246	K		INJ., EVOMELA, 1 MG	-	09375	0.0000	APC (blood and non-blood products)	017	-	-	-	-	000	999	-
J9247	G		INJ, MELPHALAN FLUFENAMI 1MG	-	-	-	APC – pays by fee schedule amount	427	-	-	-	-	000	999	-
J9248	G		INJ MELPHALAN (HEPZATO) 1 MG	-	-	-	APC – pays by fee schedule amount	694	-	-	-	-	000	999	-
J9249	E		INJ, MELPHALAN (APOTEX) 1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9255	E		INJ, METHOTREXATE (ACCORD)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9258	E		PACLITAXEL (TEVA)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9259	K		PACLITAXEL (AMERICAN REGENT)	-	09152	0.0000	APC (blood and non-blood products)	015	-	-	-	-	000	999	-
J9260	N		INJ METHOTREXATE SODIUM 50MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9261	K		NELARABINE INJECTION	-	00825	0.0000	APC (blood and non-blood products)	102	-	-	-	-	000	999	-
J9262	K		INJ, OMACETAXINE MEPF, 0.01MG	-	09297	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J9263	N		OXALIPLATIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9264	K		PACLITAXEL PROTEIN BOUND	-	01712	0.0000	APC (blood and non-blood products)	014	-	-	-	-	000	999	-
J9266	K		PEGASPARGASE INJECTION	-	00843	0.0000	APC (blood and non-blood products)	25781	-	-	-	-	000	999	-
J9267	N		PACLITAXEL INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9268	K		PENTOSTATIN INJECTION	-	00844	0.0000	APC (blood and non-blood products)	2336	-	-	-	-	000	999	-
J9269	K		INJ, TAGRAXOFUSP-ERZS 10 MCG	-	09309	0.0000	APC (blood and non-blood products)	327	-	-	-	-	000	999	-
J9270	E		PLICAMYCIN (MITHRAMYCIN) INJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9271	K		INJ PEMBROLIZUMAB	-	01490	0.0000	APC (blood and non-blood products)	057	-	-	-	-	000	999	-
J9272	G		INJ, DOSTARLIMAB-GXLY, 10 MG	-	-	-	APC – pays by fee schedule amount	233	-	-	-	-	000	999	-
J9273	G		INJ TISOTU VEDOTIN-TFTV, 1MG	-	-	-	APC – pays by fee schedule amount	175	-	-	-	-	000	999	-
J9274	G		INJ, TEBENTAFUSP-TEBN, 1 MCG	-	-	-	APC – pays by fee schedule amount	209	-	-	-	-	000	999	-
J9280	K		MITOMYCIN INJECTION	-	01232	0.0000	APC (blood and non-blood products)	067	-	-	-	-	000	999	-
J9281	K		MITOMYCIN INSTILLATION	-	09374	0.0000	APC (blood and non-blood products)	301	-	-	-	-	000	999	-
J9285	E		INJ, OLARATUMAB, 10 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9286	G		INJ GLOFITAMAB GXBM, 2.5 MG	-	-	-	APC – pays by fee schedule amount	2707	-	-	-	-	000	999	-
J9293	K		MITOXANTRONE HYDROCHL / 5 MG	-	00864	0.0000	APC (blood and non-blood products)	043	-	-	-	-	000	999	-
J9294	K		INJ PEMETREXED, HOSPIRA 10MG	-	09123	0.0000	APC (blood and non-blood products)	004	-	-	-	-	000	999	-
J9295	K		INJECTION, NECITUMUMAB, 1 MG	-	09475	0.0000	APC (blood and non-blood products)	006	-	-	-	-	000	999	-
J9296	K		INJ PEMETREXED (ACCORD) 10MG	-	09127	0.0000	APC (blood and non-blood products)	010	-	-	-	-	000	999	-
J9297	K		INJ PEMETREXED (SANDOZ) 10MG	-	09128	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
J9298	G		INJ NIVOL RELATLIMAB 3MG/1MG	-	-	-	APC – pays by fee schedule amount	187	-	-	-	-	000	999	-
J9299	K		INJECTION, NIVOLUMAB	-	09453	0.0000	APC (blood and non-blood products)	031	-	-	-	-	000	999	-
J9301	K		OBINUTUZUMAB INJ	-	01476	0.0000	APC (blood and non-blood products)	070	-	-	-	-	000	999	-
J9302	K		OFATUMUMAB INJECTION	-	09260	0.0000	APC (blood and non-blood products)	064	-	-	-	-	000	999	-
J9303	K		PANITUMUMAB INJECTION	-	09235	0.0000	APC (blood and non-blood products)	151	-	-	-	-	000	999	-
J9304	G		INJ, PEMETREXED, 10 MG	-	-	-	APC – pays by fee schedule amount	063	-	-	-	-	000	999	-
J9305	K		INJ, PEMETREXED NOS 10MG	-	09213	0.0000	APC (blood and non-blood products)	004	-	-	-	Y	000	999	-
J9306	K		INJECTION, PERTUZUMAB, 1 MG	-	01471	0.0000	APC (blood and non-blood products)	015	-	-	-	-	000	999	-
J9307	K		PRALATREXATE INJECTION	-	09259	0.0000	APC (blood and non-blood products)	299	-	-	-	-	000	999	-
J9308	K		INJECTION, RAMUCIRUMAB	-	01488	0.0000	APC (blood and non-blood products)	070	-	-	-	-	000	999	-
J9309	K		INJ, POLATUZUMAB VEDOTIN 1MG	-	09331	0.0000	APC (blood and non-blood products)	124	-	-	-	-	000	999	-
J9311	K		INJ RITUXIMAB, HYALURONIDASE	-	09467	0.0000	APC (blood and non-blood products)	037	-	-	-	-	000	999	-
J9312	K		INJ., RITUXIMAB, 10 MG	-	09186	0.0000	APC (blood and non-blood products)	079	-	-	-	-	000	999	-
J9313	K		INJ., LUMOXITI, 0.01 MG	-	09305	0.0000	APC (blood and non-blood products)	023	-	-	-	-	000	999	-
J9314	K		INJ PEMETREXED (TEVA) 10MG	-	09105	0.0000	APC (blood and non-blood products)	010	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
J9316	K	PERTUZU, TRASTUZU, 10 MG	-	09390	0.0000	APC (blood and non-blood products)	065	-	-	-	-	000	999	-
J9317	K	SACITUZUMAB GOVITECAN-HZYI	-	09376	0.0000	APC (blood and non-blood products)	034	-	-	-	-	000	999	-
J9318	K	INJ ROMIDEPSIN NON-LYO 0.1MG	-	09428	0.0000	APC (blood and non-blood products)	034	-	-	-	-	000	999	-
J9319	E	INJ ROMIDEPSIN LYOPHIL 0.1MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9320	K	STREPTOZOCIN INJECTION	-	00850	0.0000	APC (blood and non-blood products)	370	-	-	-	-	000	999	-
J9321	G	INJ EPCORITAMAB-BYSP 0.16 MG	-	-	-	APC – pays by fee schedule amount	054	-	-	-	-	000	999	-
J9322	E	INJ PEMETREXED (BLUEPOINT)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9323	K	INJ PEMETREXED DITROMETHAMIN	-	09156	0.0000	APC (blood and non-blood products)	010	-	-	-	-	000	999	-
J9324	E	INJ, PEMRYDI RTU, 10 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9325	K	INJ TALIMOGENE LAHERPAREPVEC	-	09472	0.0000	APC (blood and non-blood products)	067	-	-	-	-	000	999	-
J9328	K	TEMOZOLOMIDE INJECTION	-	09253	0.0000	APC (blood and non-blood products)	010	-	-	-	-	000	999	-
J9330	K	TEMSIROLIMUS INJECTION	-	01168	0.0000	APC (blood and non-blood products)	029	-	-	-	-	018	999	-
J9331	G	INJ SIROLIMUS PROT PART 1 MG	-	-	-	APC – pays by fee schedule amount	109	-	-	-	-	000	999	-
J9332	G	INJ EFGARTIGIMOD 2MG	-	-	-	APC – pays by fee schedule amount	032	-	-	-	-	000	999	-
J9333	G	INJ RONZANOLIXIZUM-NOLI 1 MG	-	-	-	APC – pays by fee schedule amount	023	-	-	-	-	000	999	-
J9334	K	INJ EFGART-ALFA 2MG HYA-QVFC	-	00723	0.0000	APC (blood and non-blood products)	033	-	-	-	-	000	999	-
J9340	K	THIOTEPA INJECTION	-	00851	0.0000	APC (blood and non-blood products)	228	-	-	-	-	000	999	-
J9345	K	INJ, RETIFANLIMAB-DLWR, 1 MG	-	09280	0.0000	APC (blood and non-blood products)	030	-	-	-	-	000	999	-
J9347	G	INJ, TREMELIMUMAB-ACTL, 1 MG	-	-	-	APC – pays by fee schedule amount	136	-	-	-	-	000	999	-
J9348	G	INJ, NAXITAMAB-GQ GK, 1 MG	-	-	-	APC – pays by fee schedule amount	610	-	-	-	-	000	999	-
J9349	K	INJ., TAFASITAMAB-CXIX	-	09385	0.0000	APC (blood and non-blood products)	014	-	-	-	-	000	999	-
J9350	G	INJ MOSUNETUZUMAB-AXGB, 1 MG	-	-	-	APC – pays by fee schedule amount	629	-	-	-	-	000	999	-
J9351	N	TOPOTECAN INJECTION	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9352	K	INJECTION TRABECTEDIN 0.1MG	-	09480	0.0000	APC (blood and non-blood products)	338	-	-	-	-	000	999	-
J9353	G	INJ, MARGETUXIMAB-CMK6, 5 MG	-	-	-	APC – pays by fee schedule amount	047	-	-	-	-	000	999	-
J9354	K	INJ, ADO-TRASTUZUMAB EMT 1MG	-	09131	0.0000	APC (blood and non-blood products)	038	-	-	-	-	000	999	-
J9355	K	INJ TRASTUZUMAB EXCL BIOSIMI	-	01613	0.0000	APC (blood and non-blood products)	080	-	-	-	-	000	999	-
J9356	K	INJ, HERCEPTIN HYLECTA, 10MG	-	09314	0.0000	APC (blood and non-blood products)	066	-	-	-	-	000	999	-
J9357	K	VALRUBICIN INJECTION	-	01235	0.0000	APC (blood and non-blood products)	1348	-	-	-	-	000	999	-
J9358	K	INJ FAM-TRASTU DERU-NXXI 1MG	-	09353	0.0000	APC (blood and non-blood products)	027	-	-	-	-	000	999	-
J9359	G	INJ LON TESIRIN-LPYL 0.075MG	-	-	-	APC – pays by fee schedule amount	200	-	-	-	-	000	999	-
J9360	N	VINBLASTINE SULFATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9370	N	VINCRISTINE SULFATE 1 MG INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9371	K	INJ, VINCRISTINE SUL LIP 1MG	-	01466	0.0000	APC (blood and non-blood products)	3421	-	-	-	-	000	999	-
J9376	E	INJ POZELIMAB-BBFG, 1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
J9380	G	INJ TECLISTAMAB CQYV 0.5 MG	-	-	-	APC – pays by fee schedule amount	031	-	-	-	-	000	999	-
J9381	G	INJ TEPLIZUMAB MZVV 5 MCG	-	-	-	APC – pays by fee schedule amount	036	-	-	-	-	000	999	-
J9390	N	VINORELBINE TARTRATE INJ	-	-	-	Bundled	000	-	-	-	-	000	999	-
J9393	K	INJ, FULVESTRANT (TEVA)	-	09102	0.0000	APC (blood and non-blood products)	021	-	-	-	-	000	999	-
J9394	K	INJ, FULVESTRANT (FRESENIUS)	-	09103	0.0000	APC (blood and non-blood products)	005	-	-	-	-	000	999	-
J9395	K	INJECTION, FULVESTRANT	-	09120	0.0000	APC (blood and non-blood products)	008	-	-	-	-	000	999	-
J9400	K	INJ, ZIV-AFLIBERCEPT, 1MG	-	09296	0.0000	APC (blood and non-blood products)	007	-	-	-	-	000	999	-
J9600	K	PORFIMER SODIUM INJECTION	-	00856	0.0000	APC (blood and non-blood products)	23171	-	-	-	-	000	999	-
J9999	N	CHEMOTHERAPY DRUG	-	-	-	Bundled	000	-	-	-	-	000	999	-
K0001	E	STANDARD WHEELCHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0002	E	STND HEMI (LOW SEAT) WHLCHR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0003	E	LIGHTWEIGHT WHEELCHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0004	E	HIGH STRENGTH LTWT WHLCHR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0006	E	HEAVY DUTY WHEELCHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0007	E	EXTRA HEAVY DUTY WHEELCHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0008	E	CSTM MANUAL WHEELCHAIR/BASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0009	E	OTHER MANUAL WHEELCHAIR/BASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0010	E	STND WT FRAME POWER WHLCHR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0011	E	STND WT PWR WHLCHR W CONTROL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0012	E	LTWT PORTBL POWER WHLCHR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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K0013	E	CUSTOM POWER WHLCHR BASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0014	E	OTHER POWER WHLCHR BASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0015	E	DETACH NON-ADJ HT ARMREST REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0017	E	DETACH ADJUST ARMREST BASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0018	E	DETACH ADJUST ARMREST UPPER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0019	E	ARM PAD REPL, EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0020	E	FIXED ADJUST ARMREST PAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0037	E	HI MOUNT FLIP-UP FOOTREST EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0038	E	LEG STRAP EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0039	E	LEG STRAP H STYLE EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0040	E	ADJUSTABLE ANGLE FOOTPLATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0041	E	LARGE SIZE FOOTPLATE EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0042	E	STANDARD SIZE FTPLATE REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0043	E	FTRST LOWR EXTEN TUBE REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0044	E	FTRST UPR HANGER BRAC REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0045	E	FTRST COMPL ASSEMBLY REPL EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0046	E	ELEV LGRST LWR EXTEN REPL EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0047	E	ELEV LEGRST UPR HANGR REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0050	E	RATCHET ASSEMBLY REPLACEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0051	E	CAM REL ASM FT/LEGRST REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0052	E	SWINGAWAY DETACH FTREST REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0053	E	ELEVATE FOOTREST ARTICULATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0056	E	SEAT HT <17 OR >=21 LTWT WC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0065	E	SPOKE PROTECTORS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0069	E	RR WHL COMPL SOL TIRE REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0070	E	RR WHL COMPL PNE TIRE REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0071	E	FR CSTR COMP PNE TIRE REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0072	E	FR CSTR SEMI-PNE TIRE REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0073	E	CASTER PIN LOCK EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0077	E	FR CSTR ASMB SOL TIRE REP EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0098	E	DRIVE BELT FOR PWC, REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0105	E	IV HANGER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0108	E	W/C COMPONENT-ACCESSORY NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0195	E	ELEVATING WHLCHAIR LEG RESTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0455	E	PUMP UNINTERRUPTED INFUSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0462	E	TEMPORARY REPLACEMENT EQPMNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0552	E	SUP/EXT NON-INS INF PUMP SYR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0601	E	REPL BATT SILVER OXIDE 1.5 V	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0602	E	REPL BATT SILVER OXIDE 3 V	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0603	E	REPL BATT ALKALINE 1.5 V	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0604	E	REPL BATT LITHIUM 3.6 V	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0605	E	REPL BATT LITHIUM 4.5 V	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0606	E	AED GARMENT W ELEC ANALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0607	E	REPL BATT FOR AED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0608	E	REPL GARMENT FOR AED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0609	E	REPL ELECTRODE FOR AED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0669	E	SEAT/BACK CUS NO DMEPDAC VER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0672	E	REMOVABLE SOFT INTERFACE LE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0730	E	CTRL DOSE INH DRUG DELIV SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0733	E	12-24HR SEALED LEAD ACID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0738	E	PORTABLE GAS OXYGEN SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0739	E	REPAIR/SVC DME NON-OXYGEN EQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0740	E	REPAIR/SVC OXYGEN EQUIPMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0741	E	PORTABLE GASEOUS OXYGEN SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0742	E	PORTABLE GASEOUS OXYGEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0743	E	PORTABLE HOME SUCTION PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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K0744	E	ABSORP DRG <= 16 SUC PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0745	E	ABSORP DRG >16<=48 SUC PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0746	E	ABSORP DRG >48 SUC PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0800	E	POV GROUP 1 STD UP TO 300LBS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0801	E	POV GROUP 1 HD 301-450 LBS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0802	E	POV GROUP 1 VHD 451-600 LBS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0806	E	POV GROUP 2 STD UP TO 300LBS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0807	E	POV GROUP 2 HD 301-450 LBS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0808	E	POV GROUP 2 VHD 451-600 LBS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0812	E	POWER OPERATED VEHICLE NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0813	E	PWC GP 1 STD PORT SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0814	E	PWC GP 1 STD PORT CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0815	E	PWC GP 1 STD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0816	E	PWC GP 1 STD CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0820	E	PWC GP 2 STD PORT SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0821	E	PWC GP 2 STD PORT CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0822	E	PWC GP 2 STD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0823	E	PWC GP 2 STD CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0824	E	PWC GP 2 HD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0825	E	PWC GP 2 HD CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0826	E	PWC GP 2 VHD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0827	E	PWC GP VHD CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0828	E	PWC GP 2 XTRA HD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0829	E	PWC GP 2 XTRA HD CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0830	E	PWC GP2 STD SEAT ELEVATE S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0831	E	PWC GP2 STD SEAT ELEVATE CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0835	E	PWC GP2 STD SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0836	E	PWC GP2 STD SING POW OPT CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0837	E	PWC GP 2 HD SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0838	E	PWC GP 2 HD SING POW OPT CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0839	E	PWC GP2 VHD SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0840	E	PWC GP2 XHD SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0841	E	PWC GP2 STD MULT POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0842	E	PWC GP2 STD MULT POW OPT CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0843	E	PWC GP2 HD MULT POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0848	E	PWC GP 3 STD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0849	E	PWC GP 3 STD CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0850	E	PWC GP 3 HD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0851	E	PWC GP 3 HD CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0852	E	PWC GP 3 VHD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0853	E	PWC GP 3 VHD CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0854	E	PWC GP 3 XHD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0855	E	PWC GP 3 XHD CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0856	E	PWC GP3 STD SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0857	E	PWC GP3 STD SING POW OPT CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0858	E	PWC GP3 HD SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0859	E	PWC GP3 HD SING POW OPT CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0860	E	PWC GP3 VHD SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0861	E	PWC GP3 STD MULT POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0862	E	PWC GP3 HD MULT POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0863	E	PWC GP3 VHD MULT POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0864	E	PWC GP3 XHD MULT POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0868	E	PWC GP 4 STD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0869	E	PWC GP 4 STD CAP CHAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0870	E	PWC GP 4 HD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0871	E	PWC GP 4 VHD SEAT/BACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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K0877	E	PWC GP4 STD SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0878	E	PWC GP4 STD SING POW OPT CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0879	E	PWC GP4 HD SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0880	E	PWC GP4 VHD SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0884	E	PWC GP4 STD MULT POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0885	E	PWC GP4 STD MULT POW OPT CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0886	E	PWC GP4 HD MULT POW S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0890	E	PWC GP5 PED SING POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0891	E	PWC GP5 PED MULT POW OPT S/B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0898	E	POWER WHEELCHAIR NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0899	E	POW MOBIL DEV NO DMEPDAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K0900	E	CSTM DME OTHER THAN WHEELCHR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K1004	E	LO FREQ US DIATHERMY DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K1007	E	BIL HKAF PC S/D MICRO SENSOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K1027	E	ORAL DEV WITHOUT FIX MECH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K1030	E	EXT RECHARGE BAT REPLACEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K1034	E	COVID TEST SELF-ADMN/COLLECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K1035	E	MOL DIAG READER SELF-ADMN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K1036	E	SUPPLIES FOR ULTRA DIATHERM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
K1037	E	DOCKING STATION FOR ORAL DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0112	E	CRANIAL CERVICAL ORTHOSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0113	E	CRANIAL CERVICAL TORTICOLLIS	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
L0120	E	CERV FLEX N/ADJ FOAM PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0130	E	FLEX THERMOPLASTIC COLLAR MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0140	E	CERVICAL SEMI-RIGID ADJUSTAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0150	E	CERV SEMI-RIG ADJ MOLDED CHN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0160	E	CERV SR WIRE OCC/MAN PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0170	E	CERVICAL COLLAR MOLDED TO PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0172	E	CERV COL SR FOAM 2PC PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0174	E	CERV SR 2PC THOR EXT PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0180	E	CER POST COL OCC/MAN SUP ADJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0190	E	CERV COLLAR SUPP ADJ CERV BA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0200	E	CERV COL SUPP ADJ BAR & THOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0220	E	THOR RIB BELT CUSTOM FABRICA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0450	E	TLSO FLEX TRUNK/THOR PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0452	E	TLSO FLEX CUSTOM FAB THORACI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0454	E	TLSO TRNK SJ-T9 PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0455	E	TLSO FLEX TRNK SJ-T9 PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0456	E	TLSO FLEX TRNK SJ-SS PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0457	E	TLSO FLEX TRNK SJ-SS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0458	E	TLSO 2MOD SYMPHIS-XIPHO PRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0460	E	TLSO 2 SHL SYMPHIS-STERN CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0462	E	TLSO 3MOD SACRO-SCAP PRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0464	E	TLSO 4MOD SACRO-SCAP PRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0466	E	TLSO R FRAM SOFT ANT PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0467	E	TLSO R FRAM SOFT PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0468	E	TLSO RIG FRAM PELVIC PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0469	E	TLSO RIG FRAM PELVIC PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0470	E	TLSO RIGID FRAME PRE SUBCLAV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0472	E	TLSO RIGID FRAME HYPEREX PRE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0480	E	TLSO RIGID PLASTIC CUSTOM FA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0482	E	TLSO RIGID LINED CUSTOM FAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0484	E	TLSO RIGID PLASTIC CUST FAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0486	E	TLSO RIGIDLINED CUST FAB TWO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0488	E	TLSO RIGID LINED PRE ONE PIE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0490	E	TLSO RIGID PLASTIC PRE ONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
L0491	E	TLSO 2 PIECE RIGID SHELL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0492	E	TLSO 3 PIECE RIGID SHELL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0621	E	SIO FLEX PELVIC/SACR PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0622	E	SIO FLEX PELVISACRAL CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0623	E	SIO RIG PNL PELV/SAC PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0624	E	SIO PANEL CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0625	E	LO FLEX L1-BELOW L5 PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0626	E	LO SAG RIG PNL STAYS PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0627	E	LO SAG RI AN/POS PNL PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0628	E	LSO FLEX NO RI STAYS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0629	E	LSO FLEX W/RIGID STAYS CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0630	E	LSO R POST PNL SJ-T9 PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0631	E	LSO SAG R AN/POS PNL PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0632	E	LSO SAG RIGID FRAME CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0633	E	LSO SC R POS/LAT PNL PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0634	E	LSO FLEXION CONTROL CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0635	E	LSO SAGIT RIGID PANEL PREFAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0636	E	LSO SAGITTAL RIGID PANEL CUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0637	E	LSO SC R ANT/POS PNL PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0638	E	LSO SAG-CORONAL PANEL CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0639	E	LSO S/C SHELL/PANEL PREFAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0640	E	LSO S/C SHELL/PANEL CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0641	E	LO RIG POS PNL L1-L5 PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0642	E	LO SAG RI AN/POS PNL PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0643	E	LSO SAG CTR RIGI POS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0648	E	LSO SAG R AN/POS PNL PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0649	E	LSO SC R POS/LAT PNL PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0650	E	LSO SC R ANT/POS PNL PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0651	E	LSO SAG-CO SHELL PNL PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0700	E	CTLSO A-P-L CONTROL MOLDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0710	E	CTLSO A-P-L CONTROL W/ INTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0810	E	HALO CERVICAL INTO JCKT VEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0820	E	HALO CERVICAL INTO BODY JACK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0830	E	HALO CERV INTO MILWAUKEE TYP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0859	E	MRI COMPATIBLE SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0861	E	HALO REPL LINER/INTERFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0970	E	TLSO CORSET FRONT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0972	E	LSO CORSET FRONT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0974	E	TLSO FULL CORSET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0976	E	LSO FULL CORSET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0978	E	AXILLARY CRUTCH EXTENSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0980	E	PERONEAL STRAPS PAIR PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0982	E	STOCKING SUP GRIPS 4 PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0984	E	PROTECT BODY SOCK EA PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L0999	E	ADD TO SPINAL ORTHOSIS NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1000	E	CTLSO MILWAUKEE INITIAL MODEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1001	E	CTLSO INFANT IMMOBILIZER	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
L1005	E	TENSION BASED SCOLIOSIS ORTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1010	E	CTLSO AXILLA SLING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1020	E	KYPHOSIS PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1025	E	KYPHOSIS PAD FLOATING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1030	E	LUMBAR BOLSTER PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1040	E	LUMBAR OR LUMBAR RIB PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1050	E	STERNAL PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1060	E	THORACIC PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1070	E	TRAPEZIUS SLING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L1080	E	OUTRIGGER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1085	E	OUTRIGGER BIL W/ VERT EXTENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1090	E	LUMBAR SLING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1100	E	RING FLANGE PLASTIC/LEATHER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1110	E	RING FLANGE PLAS/LEATHER MOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1120	E	COVERS FOR UPRIGHT EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1200	E	FURNISH INITIAL ORTHOSIS ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1210	E	LATERAL THORACIC EXTENSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1220	E	ANTERIOR THORACIC EXTENSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1230	E	MILWAUKEE TYPE SUPERSTRUCTUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1240	E	LUMBAR DEROTATION PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1250	E	ANTERIOR ASIS PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1260	E	ANTERIOR THORACIC DEROTATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1270	E	ABDOMINAL PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1280	E	RIB GUSSET (ELASTIC) EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1290	E	LATERAL TROCHANTERIC PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1300	E	BODY JACKET MOLD TO PATIENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1310	E	POST-OPERATIVE BODY JACKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1320	E	PECTUS CARINATUM ORTHO CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1499	E	SPINAL ORTHOSIS NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1600	E	HO FLEX FREJKA W/COV PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1610	E	HO FREJKA COV ONLY PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1620	E	HO FLEX PAVLIK HARNS PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1630	E	ABDUCT CONTROL HIP SEMI-FLEX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1640	E	PELV BAND/SPREAD BAR THIGH C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1650	E	HO ABDUCTION HIP ADJUSTABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1652	E	HO BI THIGHCUFFS W SPRDR BAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1660	E	HO ABDUCTION STATIC PLASTIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1680	E	PELVIC & HIP CONTROL THIGH C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1681	E	HO BILATERAL HIP ABDUCTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1685	E	POST-OP HIP ABDUCT CUSTOM FA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1686	E	HO POST-OP HIP ABDUCTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1690	E	COMBINATION BILATERAL HO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1700	E	LEG PERTHES ORTH TORONTO TYP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1710	E	LEGG PERTHES ORTH NEWINGTON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1720	E	LEGG PERTHES ORTHOSIS TRILAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1730	E	LEGG PERTHES ORTH SCOTTISH R	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1755	E	LEGG PERTHES PATTEN BOTTOM T	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1810	E	KO ELASTIC WITH JOINTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1812	E	KO ELASTIC W/JOINTS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1820	E	KO ELAS W/ CONDYLE PADS & JO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1830	E	KO IMMOB CANVAS LONG PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1831	E	KNEE ORTH POS LOCKING JOINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1832	E	KO ADJ JNT POS R SUP PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1833	E	KO ADJ JNT POS R SUP PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1834	E	KO W/O JOINT RIGID MOLDED TO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1836	E	KO RIGID W/O JOINTS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1840	E	KO DEROT ANT CRUCIATE CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1843	E	KO SINGLE UPRIGHT PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1845	E	KO DOUBLE UPRIGHT PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1846	E	KO W ADJ FLEX/EXT ROTAT MOLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1847	E	KO DBL UPRIGHT W/AIR PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1848	E	KO DBL UPRIGHT W/AIR PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1850	E	KO SWEDISH TYPE PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1851	E	KO SINGLE UPRIGHT PREFAB OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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L1852	E	KO DOUBLE UPRIGHT PREFAB OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1860	E	KO SUPRACONDYLAR SOCKET MOLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1900	E	AFO SPRNG WIR DRNFLX CALF BD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1902	E	AFO ANKLE GAUNTLET PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1904	E	AFO MOLDED ANKLE GAUNTLET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1906	E	AFO MULTILIG ANK SUP PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1907	E	AFO SUPRAMALLEOLAR CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1910	E	AFO SING BAR CLASP ATTACH SH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1920	E	AFO SING UPRIGHT W/ ADJUST S	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1930	E	AFO PLASTIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1932	E	AFO RIG ANT TIB PREFAB TCF/=	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1940	E	AFO MOLDED TO PATIENT PLASTI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1945	E	AFO MOLDED PLAS RIG ANT TIB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1950	E	AFO SPIRAL MOLDED TO PT PLAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1951	E	AFO SPIRAL PREFABRICATED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1960	E	AFO POS SOLID ANK PLASTIC MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1970	E	AFO PLASTIC MOLDED W/ANKLE J	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1971	E	AFO W/ANKLE JOINT, PREFAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1980	E	AFO SING SOLID STIRRUP CALF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L1990	E	AFO DOUB SOLID STIRRUP CALF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2000	E	KAFO SING FRE STIRR THI/CALF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2005	E	KAFO SNG/DBL MECHANICAL ACT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2006	E	KAF SNG/DBL SWG/STN MCPR CUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2010	E	KAFO SNG SOLID STIRRUP W/O J	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2020	E	KAFO DBL SOLID STIRRUP BAND/	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2030	E	KAFO DBL SOLID STIRRUP W/O J	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2034	E	KAFO PLA SIN UP W/WO K/A CUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2035	E	KAFO PLASTIC PEDIATRIC SIZE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2036	E	KAFO PLAS DOUB FREE KNEE MOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2037	E	KAFO PLAS SING FREE KNEE MOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2038	E	KAFO W/O JOINT MULTI-AXIS AN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2040	E	HKAFO TORSION BIL ROT STRAPS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2050	E	HKAFO TORSION CABLE HIP PELV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2060	E	HKAFO TORSION BALL BEARING J	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2070	E	HKAFO TORSION UNILAT ROT STR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2080	E	HKAFO UNILAT TORSION CABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2090	E	HKAFO UNILAT TORSION BALL BR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2106	E	AFO TIB FX CAST PLASTER MOLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2108	E	AFO TIB FX CAST MOLDED TO PT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2112	E	AFO TIBIAL FRACTURE SOFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2114	E	AFO TIB FX SEMI-RIGID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2116	E	AFO TIBIAL FRACTURE RIGID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2126	E	KAFO FEM FX CAST THERMOPLAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2128	E	KAFO FEM FX CAST MOLDED TO P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2132	E	KAFO FEMORAL FX CAST SOFT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2134	E	KAFO FEM FX CAST SEMI-RIGID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2136	E	KAFO FEMORAL FX CAST RIGID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2180	E	PLAS SHOE INSERT W ANK JOINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2182	E	DROP LOCK KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2184	E	LIMITED MOTION KNEE JOINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2186	E	ADJ MOTION KNEE JNT LERMAN T	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2188	E	QUADRILATERAL BRIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2190	E	WAIST BELT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2192	E	PELVIC BAND & BELT THIGH FLA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2200	E	LIMITED ANKLE MOTION EA JNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2210	E	DORSIFLEXION ASSIST EACH JOI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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L2220	E	DORSI & PLANTAR FLEX ASS/RES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2230	E	SPLIT FLAT CALIPER STIRR & P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2232	E	ROCKER BOTTOM, CONTACT AFO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2240	E	ROUND CALIPER AND PLATE ATTA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2250	E	FOOT PLATE MOLDED STIRRUP AT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2260	E	REINFORCED SOLID STIRRUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2265	E	LONG TONGUE STIRRUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2270	E	VARUS/VALGUS STRAP PADDED/LI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2275	E	PLASTIC MOD LOW EXT PAD/LINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2280	E	MOLDED INNER BOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2300	E	ABDUCTION BAR JOINTED ADJUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2310	E	ABDUCTION BAR-STRAIGHT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2320	E	NON-MOLDED LACER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2330	E	LACER MOLDED TO PATIENT MODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2335	E	ANTERIOR SWING BAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2340	E	PRE-TIBIAL SHELL MOLDED TO P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2350	E	PROSTHETIC TYPE SOCKET MOLDE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2360	E	EXTENDED STEEL SHANK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2370	E	PATTEN BOTTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2375	E	TORSION ANK & HALF SOLID STI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2380	E	TORSION STRAIGHT KNEE JOINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2385	E	STRAIGHT KNEE JOINT HEAVY DU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2387	E	ADD LE POLY KNEE CUSTOM KAFO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2390	E	OFFSET KNEE JOINT EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2395	E	OFFSET KNEE JOINT HEAVY DUTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2397	E	SUSPENSION SLEEVE LOWER EXT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2405	E	KNEE JOINT DROP LOCK EA JNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2415	E	KNEE JOINT CAM LOCK EACH JOI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2425	E	KNEE DISC/DIAL LOCK/ADJ FLEX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2430	E	KNEE JNT RATCHET LOCK EA JNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2492	E	KNEE LIFT LOOP DROP LOCK RIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2500	E	TH/GLUT/ISCHIA WGT BEARING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2510	E	TH/WGHT BEAR QUAD-LAT BRIM M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2520	E	TH/WGHT BEAR QUAD-LAT BRIM C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2525	E	TH/WGHT BEAR NAR M-L BRIM MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2526	E	TH/WGHT BEAR NAR M-L BRIM CU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2530	E	THIGH/WGHT BEAR LACER NON-MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2540	E	THIGH/WGHT BEAR LACER MOLDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2550	E	THIGH/WGHT BEAR HIGH ROLL CU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2570	E	HIP CLEVIS TYPE 2 POSIT JNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2580	E	PELVIC CONTROL PELVIC SLING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2600	E	HIP CLEVIS/THRUST BEARING FR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2610	E	HIP CLEVIS/THRUST BEARING LO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2620	E	PELVIC CONTROL HIP HEAVY DUT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2622	E	HIP JOINT ADJUSTABLE FLEXION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2624	E	HIP ADJ FLEX EXT ABDUCT CONT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2627	E	PLASTIC MOLD RECIPRO HIP & C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2628	E	METAL FRAME RECIPRO HIP & CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2630	E	PELVIC CONTROL BAND & BELT U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2640	E	PELVIC CONTROL BAND & BELT B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2650	E	PELV & THOR CONTROL GLUTEAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2660	E	THORACIC CONTROL THORACIC BA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2670	E	THORAC CONT PARASPINAL UPRI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2680	E	THORAC CONT LAT SUPPORT UPRI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2750	E	PLATING CHROME/NICKEL PR BAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2755	E	CARBON GRAPHITE LAMINATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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L2760	E	EXTENSION PER EXTENSION PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2768	E	ORTHO SIDEBAR DISCONNECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2780	E	NON-CORROSIVE FINISH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2785	E	DROP LOCK RETAINER EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2795	E	KNEE CONTROL FULL KNEECAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2800	E	KNEE CAP MEDIAL OR LATERAL P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2810	E	KNEE CONTROL CONDYLAR PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2820	E	SOFT INTERFACE BELOW KNEE SE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2830	E	SOFT INTERFACE ABOVE KNEE SE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2840	E	TIBIAL LENGTH SOCK FX OR EQU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2850	E	FEMORAL LGTH SOCK FX OR EQUA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2861	E	TORSION MECHANISM KNEE/ANKLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L2999	E	LOWER EXTREMITY ORTHOSIS NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3000	E	FT INSERT UCB BERKELEY SHELL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3001	E	FOOT INSERT REMOV MOLDED SPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3002	E	FOOT INSERT PLASTAZOTE OR EQ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3003	E	FOOT INSERT SILICONE GEL EAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3010	E	FOOT LONGITUDINAL ARCH SUPPO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3020	E	FOOT LONGITUD/METATARSAL SUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3030	E	FOOT ARCH SUPPORT REMOV PREM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3031	E	FOOT LAMIN/PREPREG COMPOSITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3040	E	FT ARCH SUPRT PREMOLD LONGIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3050	E	FOOT ARCH SUPP PREMOLD METAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3060	E	FOOT ARCH SUPP LONGITUD/META	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3070	E	ARCH SUPRT ATT TO SHO LONGIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3080	E	ARCH SUPP ATT TO SHOE METATA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3090	E	ARCH SUPP ATT TO SHOE LONG/M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3100	E	HALLUS-VALGUS NT DYN PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3140	E	ABDUCTION ROTATION BAR SHOE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3150	E	ABDUCT ROTATION BAR W/O SHOE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3160	E	SHOE STYLED POSITIONING DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3161	E	FOOT, ADDUCTUS POSITION, ADJ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3170	E	FOOT PLAS HEEL STABI PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3201	E	OXFORD W SUPINAT/PRONAT INF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3202	E	OXFORD W/ SUPINAT/PRONATOR C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3203	E	OXFORD W/ SUPINATOR/PRONATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3204	E	HIGHTOP W/ SUPP/PRONATOR INF	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
L3206	E	HIGHTOP W/ SUPP/PRONATOR CHI	-	-	-	Not Allowed	000	-	-	-	-	000	005	-
L3207	E	HIGHTOP W/ SUPP/PRONATOR JUN	-	-	-	Not Allowed	000	-	-	-	-	000	019	-
L3208	E	SURGICAL BOOT EACH INFANT	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
L3209	E	SURGICAL BOOT EACH CHILD	-	-	-	Not Allowed	000	-	-	-	-	000	005	-
L3211	E	SURGICAL BOOT EACH JUNIOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3212	E	BENESCH BOOT PAIR INFANT	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
L3213	E	BENESCH BOOT PAIR CHILD	-	-	-	Not Allowed	000	-	-	-	-	000	005	-
L3214	E	BENESCH BOOT PAIR JUNIOR	-	-	-	Not Allowed	000	-	-	-	-	000	019	-
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3216	E	ORTHOPED LADIES SHOES DPTH I	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3217	E	LADIES SHOES HIGHTOP DEPTH I	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3219	E	ORTHOPEDIC MENS SHOES OXFORD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3221	E	ORTHOPEDIC MENS SHOES DPTH I	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3222	E	MENS SHOES HIGHTOP DEPTH INL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3224	E	WOMAN'S SHOE OXFORD BRACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3225	E	MAN'S SHOE OXFORD BRACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3230	E	CUSTOM SHOES DEPTH INLAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3250	E	CUSTOM MOLD SHOE REMOV PROST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3251	E	SHOE MOLDED TO PT SILICONE S	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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L3252	E	SHOE MOLDED PLASTAZOTE CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3253	E	SHOE MOLDED PLASTAZOTE CUST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3254	E	ORTH FOOT NON-STANDARD SIZE/W	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3255	E	ORTH FOOT NON-STANDARD SIZE/	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3257	E	ORTH FOOT ADD CHARGE SPLIT S	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3260	E	AMBULATORY SURGICAL BOOT EAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3265	E	PLASTAZOTE SANDAL EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3300	E	SHO LIFT TAPER TO METATARSAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3310	E	SHOE LIFT ELEV HEEL/SOLE NEO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3320	E	SHOE LIFT ELEV HEEL/SOLE COR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3330	E	LIFTS ELEVATION METAL EXTENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3332	E	SHOE LIFTS TAPERED TO ONE-HA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3334	E	SHOE LIFTS ELEVATION HEEL /I	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3340	E	SHOE WEDGE SACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3350	E	SHOE HEEL WEDGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3360	E	SHOE SOLE WEDGE OUTSIDE SOLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3370	E	SHOE SOLE WEDGE BETWEEN SOLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3380	E	SHOE CLUBFOOT WEDGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3390	E	SHOE OUTFLARE WEDGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3400	E	SHOE METATARSAL BAR WEDGE RO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3410	E	SHOE METATARSAL BAR BETWEEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3420	E	FULL SOLE/HEEL WEDGE BTWEEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3430	E	SHO HEEL COUNT PLAST REINFOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3440	E	HEEL LEATHER REINFORCED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3450	E	SHOE HEEL SACH CUSHION TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3455	E	SHOE HEEL NEW LEATHER STANDA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3460	E	SHOE HEEL NEW RUBBER STANDAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3465	E	SHOE HEEL THOMAS WITH WEDGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3470	E	SHOE HEEL THOMAS EXTEND TO B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3480	E	SHOE HEEL PAD & DEPRESS FOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3485	E	SHOE HEEL PAD REMOVABLE FOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3500	E	ORTHO SHOE ADD LEATHER INSOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3510	E	ORTHOPEDIC SHOE ADD RUB INSL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3520	E	O SHOE ADD FELT W LEATH INSL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3530	E	ORTHO SHOE ADD HALF SOLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3540	E	ORTHO SHOE ADD FULL SOLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3550	E	O SHOE ADD STANDARD TOE TAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3560	E	O SHOE ADD HORSESHOE TOE TAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3570	E	O SHOE ADD INSTEP EXTENSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3580	E	O SHOE ADD INSTEP VELCRO CLO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3590	E	O SHOE CONVERT TO SOF COUNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3595	E	ORTHO SHOE ADD MARCH BAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3600	E	TRANS SHOE CALIP PLATE EXIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3610	E	TRANS SHOE CALIPER PLATE NEW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3620	E	TRANS SHOE SOLID STIRRUP EXI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3630	E	TRANS SHOE SOLID STIRRUP NEW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3640	E	SHOE DENNIS BROWNE SPLINT BO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3649	E	ORTHOPEDIC SHOE MODIFICA NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3650	E	SO 8 ABD RESTRAINT PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3660	E	SO 8 AB RSTR CAN/WEB PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3670	E	SO ACRO/CLAV CAN WEB PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3671	E	SO CAP DESIGN W/O JNTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3674	E	SO AIRPLANE W/WO JOINT CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3675	E	SO VEST CANVAS/WEB PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3677	E	SO HARD PLAS STABILI PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3678	E	SO HARD PLAS STABILI PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L3702	E	EO W/O JOINTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3710	E	EO ELAS W/METAL JNTS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3720	E	FOREARM/ARM CUFFS FREE MOTIO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3730	E	FOREARM/ARM CUFFS EXT/FLEX A	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3740	E	CUFFS ADJ LOCK W/ ACTIVE CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3760	E	EO ADJ JT PREFAB CUSTOM FIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3761	E	EO, ADJ LOCK JOINT PREFAB OT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3762	E	EO RIGID W/O JOINTS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3763	E	EWHO RIGID W/O JNTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3764	E	EWHO W/JOINT(S) CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3765	E	EWHFO RIGID W/O JNTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3766	E	EWHFO W/JOINT(S) CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3806	E	WHFO W/JOINT(S) CUSTOM FAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3807	E	WHFO W/O JOINTS PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3808	E	WHFO, RIGID W/O JOINTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3809	E	WHFO W/O JOINTS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3891	E	TORSION MECHANISM WRIST/ELBO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3900	E	HINGE EXTENSION/FLEX WRIST/F	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3901	E	HINGE EXT/FLEX WRIST FINGER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3904	E	WHFO ELECTRIC CUSTOM FITTED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3905	E	WHO W/NONTORSION JNT(S) CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3906	E	WHO W/O JOINTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3908	E	WHO COCK-UP NONMOLDE PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3912	E	HFO FLEXION GLOVE PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3913	E	HFO W/O JOINTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3915	E	WHO NONTORSION JNTS PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3916	E	WHO NONTORSION JNTS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3917	E	METACARP FX ORTHOSIS PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3918	E	METACARP FX ORTHOSIS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3919	E	HO W/O JOINTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3921	E	HFO W/JOINT(S) CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3923	E	HFO WITHOUT JOINTS PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3924	E	HFO WITHOUT JOINTS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3925	E	FO PIP DIP JNT/SPRNG PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3927	E	FO PIP DIP NO JT SPR PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3929	E	HFO NONTORSION JNTS PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3930	E	HFO NONTORSION JNTS PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3931	E	WHFO NONTORSION JOINT PREFAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3933	E	FO W/O JOINTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3935	E	FO NONTORSION JOINT CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3956	E	ADD JOINT UPPER EXT ORTHOSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3960	E	SEWHO AIRPLAN DESIG ABDU POS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3961	E	SEWHO CAP DESIGN W/O JNTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3962	E	SEWHO ERBS PALSEY DESIGN ABD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3967	E	SEWHO AIRPLANE W/O JNTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3971	E	SEWHO CAP DESIGN W/JNT(S) CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3973	E	SEWHO AIRPLANE W/JNT(S) CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3975	E	SEWHFO CAP DESIGN W/O JNT CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3976	E	SEWHFO AIRPLANE W/O JNTS CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3977	E	SEWHFO CAP DESGN W/JNT(S) CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3978	E	SEWHFO AIRPLANE W/JNT(S) CF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3980	E	UP EXT FX ORTHOS HUMERAL NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3981	E	UE FX ORTH SHOUL CAP FOREARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3982	E	UPPER EXT FX ORTHOSIS RAD/UL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3984	E	UPPER EXT FX ORTHOSIS WRIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L3995	E	SOCK FRACTURE OR EQUAL EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L3999	E	UPPER LIMB ORTHOSIS NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4000	E	REPL GIRDLE MILWAUKEE ORTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4002	E	REPLACE STRAP, ANY ORTHOSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4010	E	REPLACE TRILATERAL SOCKET BR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4020	E	REPLACE QUADLAT SOCKET BRIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4030	E	REPLACE SOCKET BRIM CUST FIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4040	E	REPLACE MOLDED THIGH LACER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4045	E	REPLACE NON-MOLDED THIGH LAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4050	E	REPLACE MOLDED CALF LACER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4055	E	REPLACE NON-MOLDED CALF LACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4060	E	REPLACE HIGH ROLL CUFF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4070	E	REPLACE PROX & DIST UPRIGHT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4080	E	REPL MET BAND KAFO-AFO PROX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4090	E	REPL MET BAND KAFO-AFO CALF/	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4100	E	REPL LEATH CUFF KAFO PROX TH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4110	E	REPL LEATH CUFF KAFO-AFO CAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4130	E	REPLACE PRETIBIAL SHELL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4205	E	ORTHO DVC REPAIR PER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4210	E	ORTH DEV REPAIR/REPL MINOR P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4350	E	ANKLE CONTROL ORTHO PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4360	E	PNEUMAT WALKING BOOT PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4361	E	PNEUMA/VAC WALK BOOT PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4370	E	PNEUM FULL LEG SPLNT PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4386	E	NON-PNEUM WALK BOOT PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4387	E	NON-PNEUM WALK BOOT PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4392	E	REPLACE AFO SOFT INTERFACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4394	E	REPLACE FOOT DROP SPINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4396	E	STATIC OR DYNAMI AFO PRE CST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4397	E	STATIC OR DYNAMI AFO PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4398	E	FOOT DROP SPLINT PRE OTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L4631	E	AFO, WALK BOOT TYPE, CUS FAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5000	E	SHO INSERT W ARCH TOE FILLER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5010	E	MOLD SOCKET ANK HGT W/ TOE F	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5020	E	TIBIAL TUBERCLE HGT W/ TOE F	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5050	E	ANK SYMES MOLD SCKT SACH FT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5060	E	SYMES MET FR LEATH SOCKET AR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5100	E	MOLDED SOCKET SHIN SACH FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5105	E	PLAST SOCKET JTS/THGH LACER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5150	E	MOLD SCKT EXT KNEE SHIN SACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5160	E	MOLD SOCKET BENT KNEE SHIN S	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5200	E	KNE SING AXIS FRIC SHIN SACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5210	E	NO KNEE/ANKLE JOINTS W/ FT B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5220	E	NO KNEE JOINT WITH ARTIC ALI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5230	E	FEM FOCAL DEFIC CONSTANT FRI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5250	E	HIP CANAD SING AXI CONS FRIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5270	E	TILT TABLE LOCKING HIP SING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5280	E	HEMIPELVECT CANAD SING AXIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5301	E	BK MOLD SOCKET SACH FT ENDO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5312	E	KNEE DISART, SACH FT, ENDO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5321	E	AK OPEN END SACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5331	E	HIP DISART CANADIAN SACH FT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5341	E	HEMIPELVECTOMY CANADIAN SACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5400	E	POSTOP DRESS & 1 CAST CHG BK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5410	E	POSTOP DSG BK EA ADD CAST CH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5420	E	POSTOP DSG & 1 CAST CHG AK/D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5430	E	POSTOP DSG AK EA ADD CAST CH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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L5450	E	POSTOP APP NON-WGT BEAR DSG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5460	E	POSTOP APP NON-WGT BEAR DSG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5500	E	INIT BK PTB PLASTER DIRECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5505	E	INIT AK ISCHAL PLSTR DIRECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5510	E	PREP BK PTB PLASTER MOLDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5520	E	PERP BK PTB THERMOPLS DIRECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5530	E	PREP BK PTB THERMOPLS MOLDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5535	E	PREP BK PTB OPEN END SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5540	E	PREP BK PTB LAMINATED SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5560	E	PREP AK ISCHIAL PLAST MOLDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5570	E	PREP AK ISCHIAL DIRECT FORM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5580	E	PREP AK ISCHIAL THERMO MOLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5585	E	PREP AK ISCHIAL OPEN END	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5590	E	PREP AK ISCHIAL LAMINATED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5595	E	HIP DISARTIC SACH THERMOPLS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5600	E	HIP DISART SACH LAMINAT MOLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5610	E	ABOVE KNEE HYDRACADENCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5611	E	AK 4 BAR LINK W/FRIC SWING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5613	E	AK 4 BAR LING W/HYDRAUL SWIG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5614	E	4-BAR LINK ABOVE KNEE W/SWNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5615	E	AK 4 BAR LINK HYDL SWG/STANC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5616	E	AK UNIV MULTIPLEX SYS FRICT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5617	E	AK/BK SELF-ALIGNING UNIT EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5618	E	TEST SOCKET SYMES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5620	E	TEST SOCKET BELOW KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5622	E	TEST SOCKET KNEE DISARTICULA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5624	E	TEST SOCKET ABOVE KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5626	E	TEST SOCKET HIP DISARTICULAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5628	E	TEST SOCKET HEMIPELVECTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5629	E	BELOW KNEE ACRYLIC SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5630	E	SYME TYP EXPANDABL WALL SCKT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5631	E	AK/KNEE DISARTIC ACRYLIC SOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5632	E	SYMES TYPE PTB BRIM DESIGN S	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5634	E	SYMES TYPE POSTER OPENING SO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5636	E	SYMES TYPE MEDIAL OPENING SO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5637	E	BELOW KNEE TOTAL CONTACT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5638	E	BELOW KNEE LEATHER SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5639	E	BELOW KNEE WOOD SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5640	E	KNEE DISARTICULAT LEATHER SO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5642	E	ABOVE KNEE LEATHER SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5643	E	HIP FLEX INNER SOCKET EXT FR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5644	E	ABOVE KNEE WOOD SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5645	E	BK FLEX INNER SOCKET EXT FRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5646	E	BELOW KNEE CUSHION SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5647	E	BELOW KNEE SUCTION SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5648	E	ABOVE KNEE CUSHION SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5649	E	ISCH CONTAINMT/NARROW M-L SO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5650	E	TOT CONTACT AK/KNEE DISART S	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5651	E	AK FLEX INNER SOCKET EXT FRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5652	E	SUCTION SUSP AK/KNEE DISART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5653	E	KNEE DISART EXPAND WALL SOCK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5654	E	SOCKET INSERT SYMES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5655	E	SOCKET INSERT BELOW KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5656	E	SOCKET INSERT KNEE ARTICULAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5658	E	SOCKET INSERT ABOVE KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5661	E	MULTI-DUROMETER SYMES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
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L5665	E	MULTI-DUROMETER BELOW KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5666	E	BELOW KNEE CUFF SUSPENSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5668	E	BK MOLDED DISTAL CUSHION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5670	E	BK MOLDED SUPRACONDYLAR SUSP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5671	E	BK/AK LOCKING MECHANISM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5672	E	BK REMOVABLE MEDIAL BRIM SUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5673	E	SOCKET INSERT W LOCK MECH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5676	E	BK KNEE JOINTS SINGLE AXIS P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5677	E	BK KNEE JOINTS POLYCENTRIC P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5678	E	BK JOINT COVERS PAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5679	E	SOCKET INSERT W/O LOCK MECH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5680	E	BK THIGH LACER NON-MOLDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5681	E	INTL CUSTM CONG/LATYP INSERT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5682	E	BK THIGH LACER GLUT/ISCHIA M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5683	E	INITIAL CUSTOM SOCKET INSERT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5684	E	BK FORK STRAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5685	E	BELOW KNEE SUS/SEAL SLEEVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5686	E	BK BACK CHECK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5688	E	BK WAIST BELT WEBBING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5690	E	BK WAIST BELT PADDED AND LIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5692	E	AK PELVIC CONTROL BELT LIGHT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5694	E	AK PELVIC CONTROL BELT PAD/L	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5695	E	AK SLEEVE SUSP NEOPRENE/EQUA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5696	E	AK/KNEE DISARTIC PELVIC JOIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5697	E	AK/KNEE DISARTIC PELVIC BAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5698	E	AK/KNEE DISARTIC SILESIA BA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5699	E	SHOULDER HARNESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5700	E	REPLACE SOCKET BELOW KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5701	E	REPLACE SOCKET ABOVE KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5702	E	REPLACE SOCKET HIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5703	E	SYMES ANKLE W/O (SACH) FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5704	E	CUSTOM SHAPE COVER BK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5705	E	CUSTOM SHAPE COVER AK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5706	E	CUSTOM SHAPE CVR KNEE DISART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5707	E	CUSTOM SHAPE CVR HIP DISART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5710	E	KNEE-SHIN EXO SNG AXI MNL LOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5711	E	KNEE-SHIN EXO MNL LOCK ULTRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5712	E	KNEE-SHIN EXO FRICT SWG & ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5714	E	KNEE-SHIN EXO VARIABLE FRICT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5716	E	KNEE-SHIN EXO MECH STANCE PH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5718	E	KNEE-SHIN EXO FRCT SWG & STA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5722	E	KNEE-SHIN PNEUM SWG FRCT EXO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5724	E	KNEE-SHIN EXO FLUID SWING PH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5726	E	KNEE-SHIN EXT JNTS FLD SWG E	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5728	E	KNEE-SHIN FLUID SWG & STANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5780	E	KNEE-SHIN PNEUM/HYDRA PNEUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5781	E	LOWER LIMB PROS VACUUM PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5782	E	HD LOW LIMB PROS VACUUM PUMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5783	E	ADD LOW EXT MEC LIMB VOL SYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5785	E	EXOSKELETAL BK ULTRALT MATER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5790	E	EXOSKELETAL AK ULTRA-LIGHT M	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5795	E	EXOSKEL HIP ULTRA-LIGHT MATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5810	E	ENDOSKEL KNEE-SHIN MNL LOCK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5811	E	ENDO KNEE-SHIN MNL LCK ULTRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5812	E	ENDO KNEE-SHIN FRCT SWG & ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5814	E	ENDO KNEE-SHIN HYDRAL SWG PH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L5816	E	ENDO KNEE-SHIN POLYC MCH STA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5818	E	ENDO KNEE-SHIN FRCT SWG & ST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5822	E	ENDO KNEE-SHIN PNEUM SWG FRC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5824	E	ENDO KNEE-SHIN FLUID SWING P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5826	E	MINIATURE KNEE JOINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5828	E	ENDO KNEE-SHIN FLUID SWG/STA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5830	E	ENDO KNEE-SHIN PNEUM/SWG PHA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5840	E	MULTI-AXIAL KNEE/SHIN SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5841	E	ADDITION ENDOSKLETL KNEE-SHI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5845	E	KNEE-SHIN SYS STANCE FLEXION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5850	E	ENDO AK/HIP KNEE EXTENS ASSI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5855	E	MECH HIP EXTENSION ASSIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5856	E	ELEC KNEE-SHIN SWING/STANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5857	E	ELEC KNEE-SHIN SWING ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5858	E	STANCE PHASE ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5859	E	KNEE-SHIN PRO FLEX/EXT CONT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5910	E	ENDO BELOW KNEE ALIGNABLE SY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5920	E	ENDO AK/HIP ALIGNABLE SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5925	E	ABOVE KNEE MANUAL LOCK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5926	E	ENDOSKEL POSIT ROTAT UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5930	E	HIGH ACTIVITY KNEE FRAME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5940	E	ENDO BK ULTRA-LIGHT MATERIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5950	E	ENDO AK ULTRA-LIGHT MATERIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5960	E	ENDO HIP ULTRA-LIGHT MATERIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5961	E	ENDO POLY HIP, PNEU/HYD/ROT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5962	E	BELOW KNEE FLEX COVER SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5964	E	ABOVE KNEE FLEX COVER SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5966	E	HIP FLEXIBLE COVER SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5968	E	MULTIAXIAL ANKLE W DORSIFLEX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5969	E	AK/FT POWER ASST INCL MOTORS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5970	E	FOOT EXTERNAL KEEL SACH FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5971	E	SACH FOOT, REPLACEMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5972	E	FLEXIBLE KEEL FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5973	E	ANK-FOOT SYS DORS-PLANT FLEX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5974	E	FOOT SINGLE AXIS ANKLE/FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5975	E	COMBO ANKLE/FOOT PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5976	E	ENERGY STORING FOOT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5978	E	FT PROSTH MULTIAXIAL ANKL/FT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5979	E	MULTI-AXIAL ANKLE/FT PROSTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5980	E	FLEX FOOT SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5981	E	FLEX-WALK SYS LOW EXT PROSTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5982	E	EXOSKELETAL AXIAL ROTATION U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5984	E	ENDOSKELETAL AXIAL ROTATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5985	E	LWR EXT DYNAMIC PROSTH PYLON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5986	E	MULTI-AXIAL ROTATION UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5987	E	SHANK FT W VERT LOAD PYLON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5988	E	VERTICAL SHOCK REDUCING PYLO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5990	E	USER ADJUSTABLE HEEL HEIGHT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5991	E	LOW PROS EXT OSSEO CONNECTOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L5999	E	LOWR EXTREMITY PROSTHES NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6000	E	PART HAND THUMB REM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6010	E	PART HAND LITTLE/RING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6020	E	PART HAND NO FINGERS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6025	E	PART HAND DISART MYOELECTRIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6026	E	PART HAND MYO EXCLU TERM DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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L6050	E	WRST MLD SCK FLX HNG TRI PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6055	E	WRST MOLD SOCK W/EXP INTERFA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6100	E	ELB MOLD SOCK FLEX HINGE PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6110	E	ELBOW MOLD SOCK SUSPENSION T	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6120	E	ELBOW MOLD DOUB SPLT SOC STE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6130	E	ELBOW STUMP ACTIVATED LOCK H	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6200	E	ELBOW MOLD OUTSID LOCK HINGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6205	E	ELBOW MOLDED W/ EXPAND INTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6250	E	ELBOW INTER LOC ELBOW FORARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6300	E	SHLDER DISART INT LOCK ELBOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6310	E	SHOULDER PASSIVE RESTOR COMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6320	E	SHOULDER PASSIVE RESTOR CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6350	E	THORACIC INTERN LOCK ELBOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6360	E	THORACIC PASSIVE RESTOR COMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6370	E	THORACIC PASSIVE RESTOR CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6380	E	POSTOP DSG CAST CHG WRST/ELB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6382	E	POSTOP DSG CAST CHG ELB DIS/	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6384	E	POSTOP DSG CAST CHG SHLDER/T	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6386	E	POSTOP EA CAST CHG & REALIGN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6388	E	POSTOP APPLICAT RIGID DSG ON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6400	E	BELOW ELBOW PROSTH TISS SHAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6450	E	ELB DISART PROSTH TISS SHAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6500	E	ABOVE ELBOW PROSTH TISS SHAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6550	E	SHLDR DISAR PROSTH TISS SHAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6570	E	SCAP THORAC PROSTH TISS SHAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6580	E	WRIST/ELBOW BOWDEN CABLE MOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6582	E	WRIST/ELBOW BOWDEN CBL DIR F	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6584	E	ELBOW FAIR LEAD CABLE MOLDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6586	E	ELBOW FAIR LEAD CABLE DIR FO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6588	E	SHDR FAIR LEAD CABLE MOLDED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6590	E	SHDR FAIR LEAD CABLE DIRECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6600	E	POLYCENTRIC HINGE PAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6605	E	SINGLE PIVOT HINGE PAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6610	E	FLEXIBLE METAL HINGE PAIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6611	E	ADDITIONAL SWITCH, EXT POWER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6615	E	DISCONNECT LOCKING WRIST UNI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6616	E	DISCONNECT INSERT LOCKING WR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6620	E	FLEXION/EXTENSION WRIST UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6621	E	FLEX/EXT WRIST W/WO FRICTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6623	E	SPRING-ASS ROT WRST W/ LATCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6624	E	FLEX/EXT/ROTATION WRIST UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6625	E	ROTATION WRST W/ CABLE LOCK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6628	E	QUICK DISCONN HOOK ADAPTER O	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6629	E	LAMINATION COLLAR W/ COUPLIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6630	E	STAINLESS STEEL ANY WRIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6632	E	LATEX SUSPENSION SLEEVE EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6635	E	LIFT ASSIST FOR ELBOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6637	E	NUDGE CONTROL ELBOW LOCK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6638	E	ELEC LOCK ON MANUAL PW ELBOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6640	E	SHOULDER ABDUCTION JOINT PAI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6641	E	EXCURSION AMPLIFIER PULLEY T	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6642	E	EXCURSION AMPLIFIER LEVER TY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6645	E	SHOULDER FLEXION-ABDUCTION J	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6646	E	MULTIPO LOCKING SHOULDER JNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6647	E	SHOULDER LOCK ACTUATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6648	E	EXT PWRD SHLDER LOCK/UNLOCK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L6650	E	SHOULDER UNIVERSAL JOINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6655	E	STANDARD CONTROL CABLE EXTRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6660	E	HEAVY DUTY CONTROL CABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6665	E	TEFLON OR EQUAL CABLE LINING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6670	E	HOOK TO HAND CABLE ADAPTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6672	E	HARNESS CHEST/SHLDR SADDLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6675	E	HARNESS FIGURE OF 8 SING CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6676	E	HARNESS FIGURE OF 8 DUAL CON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6677	E	UE TRIPLE CONTROL HARNESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6680	E	TEST SOCK WRIST DISART/BEL E	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6682	E	TEST SOCK ELBW DISART/ABOVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6684	E	TEST SOCKET SHLDR DISART/THO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6686	E	SUCTION SOCKET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6687	E	FRAME TYP SOCKET BEL ELBOW/W	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6688	E	FRAME TYP SOCK ABOVE ELB/DIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6689	E	FRAME TYP SOCKET SHOULDER DI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6690	E	FRAME TYP SOCK INTERSCAP-THO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6691	E	REMOVABLE INSERT EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6692	E	SILICONE GEL INSERT OR EQUAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6693	E	LOCKINGELBOW FOREARM CNTRBAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6694	E	ELBOW SOCKET INS USE W/LOCK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6695	E	ELBOW SOCKET INS USE W/O LCK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6696	E	CUS ELBO SKT IN FOR CON/ATYP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6697	E	CUS ELBO SKT IN NOT CON/ATYP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6698	E	BELOW/ABOVE ELBOW LOCK MECH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6703	E	TERM DEV, PASSIVE HAND MITT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6704	E	TERM DEV, SPORT/REC/WORK ATT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6706	E	TERM DEV MECH HOOK VOL OPEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6707	E	TERM DEV MECH HOOK VOL CLOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6708	E	TERM DEV MECH HAND VOL OPEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6709	E	TERM DEV MECH HAND VOL CLOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6711	E	PED TERM DEV, HOOK, VOL OPEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6712	E	PED TERM DEV, HOOK, VOL CLOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6713	E	PED TERM DEV, HAND, VOL OPEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6714	E	PED TERM DEV, HAND, VOL CLOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6715	E	TERM DEVICE, MULTI ART DIGIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6721	E	HOOK/HAND, HVY DTY, VOL OPEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6722	E	HOOK/HAND, HVY DTY, VOL CLOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6805	E	TERM DEV MODIFIER WRIST UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6810	E	TERM DEV PRECISION PINCH DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6880	E	ELEC HAND IND ART DIGITS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6881	E	TERM DEV AUTO GRASP FEATURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6882	E	MICROPROCESSOR CONTROL UPLMB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6883	E	REPLC SOCKT BELOW E/W DISA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6884	E	REPLC SOCKT ABOVE ELBOW DISA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6885	E	REPLC SOCKT SHLDR DIS/INTERC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6890	E	PREFAB GLOVE FOR TERM DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6895	E	CUSTOM GLOVE FOR TERM DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6900	E	HAND RESTORAT THUMB/1 FINGER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6905	E	HAND RESTORATION MULTIPLE FI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6910	E	HAND RESTORATION NO FINGERS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6915	E	HAND RESTORATION REPLACMNT G	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6920	E	WRIST DISARTICUL SWITCH CTRL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6925	E	WRIST DISART MYOELECTRONIC C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6930	E	BELOW ELBOW SWITCH CONTROL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6935	E	BELOW ELBOW MYOELECTRONIC CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L6940	E	ELBOW DISARTICULATION SWITCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6945	E	ELBOW DISART MYOELECTRONIC C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6950	E	ABOVE ELBOW SWITCH CONTROL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6955	E	ABOVE ELBOW MYOELECTRONIC CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6960	E	SHLDR DISARTIC SWITCH CONTRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6965	E	SHLDR DISARTIC MYOELECTRONIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6970	E	INTERSCAPULAR-THOR SWITCH CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L6975	E	INTERSCAP-THOR MYOELECTRONIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7007	E	ADULT ELECTRIC HAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7008	E	PEDIATRIC ELECTRIC HAND	-	-	-	Not Allowed	000	-	-	-	-	000	019	-
L7009	E	ADULT ELECTRIC HOOK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7040	E	PREHENSILE ACTUATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7045	E	PEDIATRIC ELECTRIC HOOK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7170	E	ELECTRONIC ELBOW HOSMER SWIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7180	E	ELECTRONIC ELBOW SEQUENTIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7181	E	ELECTRONIC ELBO SIMULTANEOUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7185	E	ELECTRON ELBOW ADOLESCENT SW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7186	E	ELECTRON ELBOW CHILD SWITCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7190	E	ELBOW ADOLESCENT MYOELECTRON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7191	E	ELBOW CHILD MYOELECTRONIC CT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7259	E	ELECTRONIC WRIST ROTATOR ANY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7260	E	ELECTRON WRIST ROTATOR OTTO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7261	E	ELECTRON WRIST ROTATOR UTAH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7360	E	SIX VOLT BAT OTTO BOCK/EQ EA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7362	E	BATTERY CHRGR SIX VOLT OTTO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7364	E	TWELVE VOLT BATTERY UTAH/EQU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7366	E	BATTERY CHRGR 12 VOLT UTAH/E	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7367	E	REPLACEMNT LITHIUM IONBATTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7368	E	LITHIUM ION BATTERY CHARGER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7400	E	ADD UE PROST BE/WD, ULTLITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7401	E	ADD UE PROST A/E ULTLITE MAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7402	E	ADD UE PROST S/D ULTLITE MAT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7403	E	ADD UE PROST B/E ACRYLIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7404	E	ADD UE PROST A/E ACRYLIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7405	E	ADD UE PROST S/D ACRYLIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7499	E	UPPER EXTREMITY PROSTHES NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7510	E	PROSTHETIC DEVICE REPAIR REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7520	E	REPAIR PROSTHESIS PER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7600	E	PROSTHETIC DONNING SLEEVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7700	E	PROS SOC INSERT GASKET/SEAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7900	E	MALE VACUUM ERECTION SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L7902	E	TENSION RING, VAC ERECT DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8000	E	MASTECTOMY BRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8001	E	BREAST PROSTHESIS BRA & FORM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8002	E	BRST PRSTH BRA & BILAT FORM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8010	E	MASTECTOMY SLEEVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8015	E	EXT BREASTPROSTHESIS GARMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8020	E	MASTECTOMY FORM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8030	E	BREAST PROSTHES W/O ADHESIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8031	E	BREAST PROSTHESIS W ADHESIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8032	E	REUSABLE NIPPLE PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8033	E	NIPPLE PROSTHESIS CUSTOM, EA	-	-	-	Not Allowed	000	-	-	Y	-	000	999	-
L8035	E	CUSTOM BREAST PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8039	E	BREAST PROSTHESIS NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8040	E	NASAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8041	E	MIDFACIAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L8042	E	ORBITAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8043	E	UPPER FACIAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8044	E	HEMI-FACIAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8045	E	AURICULAR PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8046	E	PARTIAL FACIAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8047	E	NASAL SEPTAL PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8048	E	UNSPEC MAXILLOFACIAL PROSTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8049	E	REPAIR MAXILLOFACIAL PROSTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8300	E	TRUSS SINGLE W/ STANDARD PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8310	E	TRUSS DOUBLE W/ STANDARD PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8320	E	TRUSS ADDITION TO STD PAD WA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8330	E	TRUSS ADD TO STD PAD SCROTAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8400	E	SHEATH BELOW KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8410	E	SHEATH ABOVE KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8415	E	SHEATH UPPER LIMB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8417	E	PROS SHEATH/SOCK W GEL CUSHN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8420	E	PROSTHETIC SOCK MULTI PLY BK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8430	E	PROSTHETIC SOCK MULTI PLY AK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8435	E	PROS SOCK MULTI PLY UPPER LM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8440	E	SHRINKER BELOW KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8460	E	SHRINKER ABOVE KNEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8465	E	SHRINKER UPPER LIMB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8470	E	PROS SOCK SINGLE PLY BK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8480	E	PROS SOCK SINGLE PLY AK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8485	E	PROS SOCK SINGLE PLY UPPER L	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8499	E	UNLISTED MISC PROSTHETIC SER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8500	E	ARTIFICIAL LARYNX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8501	E	TRACHEOSTOMY SPEAKING VALVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8505	E	ARTIFICIAL LARYNX, ACCESSORY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8507	E	TRACH-ESOPH VOICE PROS PT IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8509	E	TRACH-ESOPH VOICE PROS MD IN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8510	E	VOICE AMPLIFIER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8511	E	INDWELLING TRACH INSERT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8512	E	GEL CAP FOR TRACH VOICE PROS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8513	E	TRACH PROS CLEANING DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8514	E	REPL TRACH PUNCTURE DILATOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8515	E	GEL CAP APP DEVICE FOR TRACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8600	N	IMPLANT BREAST SILICONE/EQ	-	-	-	Bundled	000	-	-	Y	-	000	999	-
L8603	N	COLLAGEN IMP URINARY 2.5 ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8604	N	DEXTRANOMER/HYALURONIC ACID	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8605	N	INJ BULKING AGENT ANAL CANAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8606	N	SYNTHETIC IMPLNT URINARY 1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8607	N	INJ VOCAL CORD BULKING AGENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8608	N	ARG II EXT COM/SUP/ACC MISC	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8609	N	ARTIFICIAL CORNEA	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8610	N	OCULAR IMPLANT	-	-	-	Bundled	000	-	-	Y	-	000	999	-
L8612	N	AQUEOUS SHUNT PROSTHESIS	-	-	-	Bundled	000	-	-	Y	-	000	999	-
L8613	N	OSSICULAR IMPLANT	-	-	-	Bundled	000	-	-	Y	-	000	999	-
L8614	N	COCHLEAR DEVICE	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8615	E	COCH IMPLANT HEADSET REPLACE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8616	E	COCH IMPLANT MICROPHONE REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8617	E	COCH IMPLANT TRANS COIL REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8618	E	COCH IMPLANT TRAN CABLE REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8619	E	COCH IMP EXT PROC/CONTR RPLC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8621	E	REPL ZINC AIR BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8622	E	REPL ALKALINE BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L8623	E	LITH ION BATT CID.NON-EARLVL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8624	E	LITH ION BATT CID, EAR LEVEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8625	E	CHARGER COCH IMPL/AOI BATTERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8627	E	CID EXT SPEECH PROCESS REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8628	E	CID EXT CONTROLLER REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8629	E	CID TRANSMIT COIL AND CABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8630	N	METACARPOPHALANGEAL IMPLANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8631	N	MCP JOINT REPL 2 PC OR MORE	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8641	N	METATARSAL JOINT IMPLANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8642	N	HALLUX IMPLANT	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8658	N	INTERPHALANGEAL JOINT SPACER	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8659	N	INTERPHALANGEAL JOINT REPL	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8670	N	VASCULAR GRAFT, SYNTHETIC	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8678	N	EXT SPLY IMPLT NEUROSTIM	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8679	E	IMP NEUROSTI PLS GN ANY TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8680	E	IMPLT NEUROSTIM ELCTR EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8682	E	IMPLT NEUROSTIM RADIOFQ REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8684	E	RADIOF TRSMTR IMPLT SCRL NEU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8685	E	IMPLT NROSTM PLS GEN SNG REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8686	E	IMPLT NROSTM PLS GEN SNG NON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8687	E	IMPLT NROSTM PLS GEN DUA REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8688	E	IMPLT NROSTM PLS GEN DUA NON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8689	E	EXTERNAL RECHARG SYS INTERN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8690	N	AUD OSSEO DEV, INT/EXT COMP	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8691	E	AOI SND PROC REPL EXCL ACTUA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8692	E	NON-OSSEOINTEGRATED SND PROC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8693	E	AUD OSSEO DEV, ABUTMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8694	E	AOI TRANSDUCER/ACTUATOR REPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8695	E	EXTERNAL RECHARG SYS EXTERN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8696	E	EXT ANTENNA PHREN NERVE STIM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8698	E	MISC USED WITH TOT ART HEART	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8699	N	PROSTHETIC IMPLANT NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
L8701	E	EWB S/D UPRT MICRO SENSOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L8702	E	EWHF S/D UPRT MICRO SENSOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
L9900	E	O&P SUPPLY/ACCESSORY/SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0001	E	ADVANCING CANCER CARE MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0002	E	OPT CARE KIDNEY HLTH MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0003	E	OPT CARE EPISOD NEURO MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0004	E	SUPPORT CARE NEUR COND MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0005	E	VALUE IN PRIMARY CARE MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0010	E	EOM MEOS PAYMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0075	E	CELLULAR THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0076	E	PROLOTHERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0100	E	INTRAGASTRIC HYPOTHERMIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0201	S	PNE FLU HEPB COV HOME ADMIN	-	09399	0.4217	APC	026	-	-	-	-	000	999	-
M0220	S	TIXAGEV AND CILGAV INJ	-	01503	0.0000	APC	151	-	-	-	-	012	999	-
M0221	S	TIXAGEV AND CILGAV INJ HM	-	01504	4.2901	APC	260	-	-	-	-	012	999	-
M0222	S	BEBTELOVIMAB INJECTION	-	01505	6.0027	APC	364	-	-	-	-	000	999	-
M0223	S	BEBTELOVIMAB INJECTION HOME	-	01507	9.4280	APC	572	-	-	-	-	000	999	-
M0239	E	BAMLANIVIMAB-XXXX INFUSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0240	S	CASIRI AND IMDEV REPEAT	-	01506	7.7154	APC	468	-	-	-	-	000	999	-
M0241	S	CASIRI AND IMDEV REPEAT HM	-	01509	12.8532	APC	780	-	-	-	-	000	999	-
M0243	S	CASIRIVI AND IMDEVI INJ	-	01506	7.7154	APC	468	-	-	-	-	000	999	-
M0244	S	CASIRIVI AND IMDEVI INJ HM	-	01509	12.8532	APC	780	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
Proposed July 1, 2024

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
M0245	S	BAMLAN AND ETESEV INFUSION	-	01506	7.7154	APC	468	-	-	-	-	000	999	-
M0246	S	BAMLAN AND ETESEV INFUS HOME	-	01509	12.8532	APC	780	-	-	-	-	000	999	-
M0247	S	SOTROVIMAB INFUSION	-	01506	7.7154	APC	468	-	-	-	-	000	999	-
M0248	S	SOTROVIMAB INF, HOME ADMIN	-	01509	12.8532	APC	780	-	-	-	-	000	999	-
M0249	S	ADM TOCILIZU COVID-19 1ST	-	01506	7.7154	APC	468	-	-	-	-	000	999	-
M0250	S	ADM TOCILIZU COVID-19 2ND	-	01506	7.7154	APC	468	-	-	-	-	000	999	-
M0300	E	IV CHELATIONTHERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M0301	E	FABRIC WRAPPING OF ANEURYSM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1003	E	TB SCR 12 MO PRI FST BIO DZ	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1004	E	DOC MED RSN NO SRN TB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1005	E	TB SCR NO PERF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1006	E	DZ NOT ASES, NO RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1007	E	>=50% TOTAL PT OUTPT RA ENCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1008	E	<50% TOTAL PT OUTPT RA ENCTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1009	E	DC EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1010	E	DC EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1011	E	DC EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1012	E	DC EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1013	E	DC EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1014	E	DC EPI CARE DOC MEDREC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1016	E	PT DX MEOP OR SUR STERI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1018	E	PT DX HST CR PT SK LG CR SCR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1019	E	ADL PT MJ DEP DS RS 12 PHQ<5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1020	E	ADL PT MJ DEP DS NO RS 12 MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1021	E	PT UC IN PP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1027	E	IMG HEAD (CT OR MRI) OBTND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1028	E	DOC OF PT PRM HDA DX AND OTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1029	E	DOC SYSM RSN IMG HD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1032	E	ADT TKNG PHARMTHRY FOR OUD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1034	E	ADT 180 DYS PHARMTHRY OUD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1035	E	ADT PD OUT MAT PR 180 DYS TX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1036	E	ADT NO 180 DYS PHARMTHRY OUD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1037	E	PT DX LUM SP REG CACR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1038	E	PT DX LUM SP REG FRACT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1039	E	PT DX LUM SP REG INF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1040	E	PT DX LUM IDI OR CONG SCOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1041	E	PT CR FT INF LM OR PT ID SL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1043	E	FS NO ODI 9-15MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1045	E	FS OKS 9-15MO >= 37 >= 71	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1046	E	FS OKS 9-15MO < 37 < 71	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1049	E	FS WTH SCR NO ODI PRE AND P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1051	E	PT W/CANCER SCOLIOSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1052	E	LG PN NOT MEAS W/ VAS 1YR PO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1054	E	PT UC IN PP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1055	E	ASPIRIN USED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1056	E	PRESC ANTICO MED IN PP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1057	E	ASPIRIN NOT USED, NO RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1058	E	PT PRM NURS HM RES IN PP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1059	E	PT NO PRM NURS HM RES IN PP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1060	E	PT DIED IN PP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1067	E	HSPC PT PRV TIME MEAM PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1068	E	PT NOT AMBULATORY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1069	E	PT SCR FT FALL RSK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1070	E	PT NOT SCR FN FUT FALL NO RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1106	E	START EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1107	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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M1108	E	OC NI PT HOME PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1109	E	OC NI PT DC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1110	E	OC NOT P PT SELFDC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1111	E	START EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1112	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1113	E	OC NI PT HOME PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1114	E	OC NI PT DC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1115	E	OC NI PT SELFDC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1116	E	START EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1117	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1118	E	OC NI PT HOME PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1119	E	OC NI PT DC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1120	E	OC NI PT SELFDC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1121	E	START EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1122	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1123	E	OC NI PT HOME PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1124	E	OC NI PT DC 1-2 VIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1125	E	OC NI PT SELFDC 1-2 VIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1126	E	START EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1127	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1128	E	OC NI PT HOME PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1129	E	OC NI PT DC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1130	E	OC NI PT SELFDC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1131	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1132	E	OC NI PT HOME PROG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1133	E	OC NI PT DC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1134	E	OC NI PT SELFDC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1135	E	START EOC DOC MED REC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1141	E	FS NO OKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1142	E	EMERGE CASES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1143	E	NI REHAB MED CHIRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1146	E	ONGOING CARE NOT IND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1147	E	CARE NOT POSS MED RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1148	E	PT SELF DSCHG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1149	E	NO NECK FS PROM INCAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1150	E	LVEF <=40% OR MOD/SEV L VSF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1151	E	PT W/ HX TRNSPLT OR LVAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1152	E	PT W/ HX TRNSPLT OR LVAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1153	E	PT W/ DX OSTEO DOE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1154	E	HOSPC SERV DUR MEAS PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1155	E	PT ANPHX DUE TO PNEUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1159	E	HOSPC SERV DUR MEAS PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1160	E	PT ANPHX DUE TO MENGB BEF 13	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1161	E	PT ANPHX DUE TO DTP BEF 13	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1162	E	PT ENCEPH DUE TO DTP BEF 13	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1163	E	PT ANPHX DUE TO HPV BEF 13	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1164	E	PT W/ DEMENTIA ANY TIME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1165	E	PT USE HSPC DUR MEAS PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1166	E	PATH RPT TIS SPEC WLE/REEXC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1167	E	HSPC DUR MEAS PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1168	E	PT RECD FLU VAX 7/1-6/30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1169	E	DOC MED RSN NO FLU VAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1170	E	PT W/O FLU VAX 7/1-6/30	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1171	E	PT RECD 1 TD/TDAP 9YRS PRIOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1172	E	DOC MED RSN NO TD/TDAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1173	E	PT NO REC TD/TDAP 9YRS PRIOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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M1174	E	PT W 2 HZV ON/AFT 50	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1175	E	DOC MED RSN NO HZV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1176	E	PT W/O HZV ON/AFT AGE 50	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1177	E	PT RECD PCV ON/AFT 60	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1178	E	DOC MED RSN NO PCV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1179	E	NO PCV RECD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1180	E	PT IMM CKPT INHIB THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1181	E	GR 2 OR> DIA OR GR2 OR> COL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1182	E	NOT ELG PRE EX IBD/UC/CROHN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1183	E	DOC IMM CKPT INHIB HLD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1184	E	DOC MED RSN NO CST/IST RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1185	E	IMM CKPT INHIB NOT HLD NO RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1186	E	PT W/ RX FOR HSPC/PLLTV CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1187	E	PT W/ ESRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1188	E	PT W/ CKD STG 5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1189	E	DOC KHE PEF W/EFGR/UACR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1190	E	DOC KHE NOT PEF W/EFGR/UACR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1191	E	HSPC SVC ANY TIME IN MEAS PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1192	E	PT W/ DX SQ CELL CA OF ESOPH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1193	E	RPTS W/ IMP/CON MMR/MSI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1194	E	MED RSN NO IMP/CON MMR/MSI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1195	E	RPT W/O IMP/CON MMR/MSI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1196	E	IXV NRS VRS IQA >=4	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1197	E	ISA REDUCED >=3 FR IXV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1198	E	ISA NOT RED 3PTS /NO ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1199	E	PT REC'G RRT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1200	E	ACE-I/ARB RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1201	E	MED RSN NO ACE-I/ARB RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1202	E	PT RSN NO ACE-I/ARB RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1203	E	NO RSN ACE-I/ARB RX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1204	E	IXV NRS VRS IQA >=4	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1205	E	ISA REDUCED >=3	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1206	E	ISA NOT RED 3PTS/NO ASSESS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1207	E	PT SCR N SDOH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1208	E	PT NO SCR N SDOH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1209	E	>=2 SAME HI-RSK MED W/O DIAG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1210	E	>=2 SAME MEDS TBL4 NOT ORD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1211	E	HEMOGLOBIN A1C LEVEL >9.0%	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1212	E	MISSING HB A1C LEVEL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1213	E	NO HX SPIRO PRS SPIRO>=70%	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1214	E	SPIRO RESULTS WTH OBS DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1215	E	MED RSN FOR NO DOC SPIRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1216	E	NO SPIRO DOC NO RES DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1217	E	SYS RSN NO DOC SPIRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1218	E	PT COPD SYMPTOMS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1219	E	ANPHX DUE TO VAX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1220	E	DRE WTH INTERP RTNOPHTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1221	E	DRE W/O RTNOPHTY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1222	E	GLAUCOMA PLN OF CARE NOT DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1223	E	GLAUCOMA PLAN OF CARE DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1224	E	IOP DEC <20% FROM BASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1225	E	IOP DEC >=20% FROM BASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1226	E	IOP NOT DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1227	E	EB THERAPY PRESCRIBED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1228	E	PT + HCV ABY +VIR W/ RX 3 MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1229	E	PT W/ +HCV +VIR REF WIN 1 MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
M1230	E	PT HCV RCTV ABY NO F/U TST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1231	E	PT HCV TST NO REACTIVE RES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1232	E	PT HCV TST REACTIVE RESULT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1233	E	PT NO HCV ABY OR RESULT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1234	E	PT HCV RCTV ABY F/U NEG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1235	E	DOC PT HCV ABY RNA TST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1236	E	BASELINE MRS > 2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1237	E	PT RSN NO SCRNM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1238	E	DOC 2ND RECOM HZV 2-6 MO INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1239	E	PT NO RESP HEARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1240	E	PT NO RESP BEST INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1241	E	PT NO RESP SEEN AS PERSON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1242	E	PT NO RESP IMPRT TO ME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1243	E	PT OTHR THN TRUE HEARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1244	E	PT OTHR THN TRUE BEST INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1245	E	PT OTHR THN TRUE PERSON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1246	E	PT OTHR THN TRUE IMPRT TO ME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1247	E	PT RESP TRUE BEST INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1248	E	PT RESP TRUE SEEN AS PERSON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1249	E	PT RESP TRUE IMPRT TO ME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1250	E	PT RESP TRUE HEARD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1251	E	PTS PROXY CMLPT HU SURV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1252	E	PTS NO CMLPT HU SURVEY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1253	E	PTS HU SURV NO AMB PLLTV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1254	E	PTS DECEASED PRIOR HU SURV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1255	E	PTS W/ OTHR RSN VST.+PRG TST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1256	E	PRIOR HISTORY OF KNOWN CVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1257	E	CVD RISK ASSESS NOT PERF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1258	E	CVD RISK ASSESS PERF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1259	E	PT KID TRANSPLT WTLST LV DON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1260	E	PT NO KD TRNSPLT WTLST LV DO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1261	E	PTS ON WTLIST BEF DIALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1262	E	PTS TRANSPLT BEF DIALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1263	E	PTS HOSP DIALYSIS DT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1264	E	PTS 75+ DIALYSIS DT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1265	E	CMS 2728 COMPLETED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1266	E	PTS ADMIT SNF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1267	E	PT NO ACT KID TRANSPLT WTLST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1268	E	PT AC STAT KID TRNSPLT WTLST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1269	E	REC'D ESRD MCP LST DAY OF MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1270	E	PTS NO KID TRANSPLT WTLST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1271	E	PTS DEM ANY TIME/DUR MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1272	E	PTS KID TRANSPLT WTLST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1273	E	PTS SNF 1 YR DIALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1274	E	PTS SNF EXL MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1275	E	PTS HOSP EXL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1276	E	CALC BMI OUT NRM PARAM NOF/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1277	E	COLORECTAL CA SCREEN DOC REV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1278	E	PRE-HTN OR HTN DOC, F/U INDC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1279	E	PRE-HTN/HTN, NO F/U, NOT GVN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1280	E	BILAT MAST/HX BI /UNILAT MAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1281	E	BP SCRNM NO PERF AT INTERVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1282	E	PT SCRNM TBCO ID AS NON USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1283	E	PT SCRNM TBCO AND ID AS USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1284	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1285	E	SCRNM MAM PERF RSLTS NOT DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
M1286	E	BMI DOC ONL FUP NOT CPLMTD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1287	E	CALC BMI BLW LOW PARAM F/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1288	E	DOC RSN NO HBP SCRNR OR F/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1289	E	NO PT TBCO CESS INTERV RNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1290	E	PT NOT ELI D/T ACT DIG HTN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1291	E	PT 66+ FRAILITY AND MED DEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1292	E	PT 66+ FRAIL INPT ADV ILL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1293	E	CALC BMI ABV UP PARAM F/U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1294	E	BP SCRNR PERF REC INTERVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1295	E	PT HX TOT COL OR COLON CA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1296	E	CALC BMI NORM PARAMETERS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1297	E	BMI NOT DOC MEDRSN PTREF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1298	E	DOC PT PREG DUR MSRMT PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1299	E	FLU IMMUNIZE ORDER/ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1300	E	FLU IMM NO ADMIN DOC REA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1301	E	PT RECV TBCO CESS INTERV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1302	E	SCRNR MAM PERF RSLTS DOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1303	E	HOSPC SERV DUR MEAS PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1304	E	NO PNEUM VAX ADMIN 19+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1305	E	PNEUM VAX ADMIN 19+	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1306	E	PT ANPHX DUE TO PNEUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1307	E	DOC PT PAL OR HOSPICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1308	E	FLU IMMUNIZE NO ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1309	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1310	E	PT SCR TOB & CESS INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1311	E	APHLX TO VAX BEF ENC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1312	E	NO PT TBCO SCRNR RNG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1313	E	NO TOB SCR/CESS INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1314	E	BMI NOT CALCULATED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1315	E	CRC NO DOC NO RSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1316	E	TOBACCO NON-USER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1317	E	PTS COUNSL CPT OPT OUT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1318	E	PTS NO CSP DOC CONTACT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1319	E	PTS CSP DOC CONTACT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1320	E	PTS SCRNR + HRSN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1321	E	PTS NO 7WK INJ,NO IOP,IOP>25	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1322	E	PTS 7WK INJ, SCRNR IOP =<25	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1323	E	PTS 7WK INJ, SCRNR IOP >25	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1324	E	PTS INTRAVITREAL/PCI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1325	E	DOC MED RSN NOT SEEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1326	E	PTS DX HYPOTONY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1327	E	PTS NO EVAL INI XM NO 8 WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1328	E	PTS DX ACUTE VITREOUS HEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1329	E	PTS ACT PVD 2 WKS 8 WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1330	E	DOC PTS RSN NO F/U XM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1331	E	PTS EVAL INI XM 8 WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1332	E	PTS NO EVAL INI XM NO 2 WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1333	E	ACUTE VITREOUS HEMORRHAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1334	E	PTS ACT PVD 2 WKS 2 WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1335	E	DOC PTS RSN NO F/U XM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1336	E	PTS EVAL INI XM 2 WKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1337	E	ACUTE PVD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1338	E	PT F/U 30-180 DYS NO + IMPRV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1339	E	PTS F/U 30-180 DYS + IMPROV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1340	E	INDX WHODAS 2.0 OR SDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1341	E	PT NO F/U 30-180 DYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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M1342	E	PTS DIED PERF PER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1343	E	PT PAM LVL 4 BASE OR SRT LIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1344	E	PTS NO BSLN OR 2ND PAM SCORE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1345	E	PT BSLN PAM, 2ND SCR 6-12 MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1346	E	PTS NO PAM 6 PTS 6-12 MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1347	E	PT PAM INCR 3 PT 6-12 MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1348	E	PT PAM INCR 6 PT 6-12 MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1349	E	PT NO PAM 3 PTS 6-12 MO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1350	E	PT W/ SUIC SAF PLN INIT REV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1351	E	PT CMLPT SUICD SAF PLN 120DY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1352	E	SUICD C-SSRS ASSESSMENT, EQU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1353	E	PTS NO CMLPT SUICD SAF PLN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1354	E	PT NO SUICD SAF PLN 120DY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1355	E	SUICD BASED CLN EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1356	E	PT DIED DUR MEAS PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1357	E	PT W/RED SUIC IDEA 120 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1358	E	PTS NO <SUICD IDEA 120 DYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1359	E	INDX SUICD IDEA, NO 0 SCR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1360	E	SUICD C-SSRS ASSESSMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1361	E	SUICD BASED CLN EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1362	E	PT DIED DUR MEAS PD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1363	E	PTS NO F/U 120 DYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1364	E	ASCVD RISK >=20PCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1365	E	HOSP+PALL CARE SPEC CODE 17	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1366	E	FOCUS ON WOMEN'S HEALTH MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1367	E	QUAL CARE ENT DISORDER MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1368	E	PREV TRT INF D/O HIV/HEP MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1369	E	QUALCARE MENTAL HLTH/SUD MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
M1370	E	REHAB SUPPORT MSK CARE MVP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
P2028	Q	CEPHALIN FLOCCULATION TEST	-	-	-	Medicare	008	005	005	-	-	000	999	-
P2029	Q	CONGO RED BLOOD TEST	-	-	-	Medicare	008	005	005	-	-	000	999	-
P2031	E	HAIR ANALYSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
P2033	Q	BLOOD THYMOL TURBIDITY	-	-	-	Medicare	008	005	005	-	-	000	999	-
P2038	Q	BLOOD MUCOPROTEIN	-	-	-	Medicare	008	005	005	-	-	000	999	-
P3000	Q	SCREEN PAP BY TECH W MD SUPV	-	-	-	Medicare	030	018	018	-	-	000	999	-
P3001	E	SCREENING PAP SMEAR BY PHYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
P7001	E	CULTURE BACTERIAL URINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
P9010	R	WHOLE BLOOD FOR TRANSFUSION	-	09510	2.3243	APC	141	-	-	-	-	000	999	-
P9011	R	BLOOD SPLIT UNIT	-	09520	1.7060	APC	104	-	-	-	-	000	999	-
P9012	R	CRYOPRECIPITATE EACH UNIT	-	09511	0.6851	APC	042	-	-	-	-	000	999	-
P9016	R	RBC LEUKOCYTES REDUCED	-	09512	2.0693	APC	126	-	-	-	-	000	999	-
P9017	R	PLASMA 1 DONOR FRZ W/IN 8 HR	-	09508	0.9151	APC	056	-	-	-	-	000	999	-
P9019	R	PLATELETS, EACH UNIT	-	09515	0.7443	APC	045	-	-	-	-	000	999	-
P9020	R	PLALET RICH PLASMA UNIT	-	09516	6.2805	APC	381	-	-	-	-	000	999	-
P9021	R	RED BLOOD CELLS UNIT	-	09517	1.5622	APC	095	-	-	-	-	000	999	-
P9022	R	WASHED RED BLOOD CELLS UNIT	-	09518	4.5447	APC	276	-	-	-	-	000	999	-
P9023	R	FROZEN PLASMA, POOLED, SD	-	09509	0.6919	APC	042	-	-	-	-	000	999	-
P9025	R	PLASMA CRYO REDU PATH EACH	-	09538	3.5438	APC	215	-	-	-	-	000	999	-
P9026	R	CRYO FIB COMP PATH REDU EACH	-	09539	0.9078	APC	055	-	-	-	-	000	999	-
P9031	R	PLATELETS LEUKOCYTES REDUCED	-	09526	1.4978	APC	091	-	-	-	-	000	999	-
P9032	R	PLATELETS, IRRADIATED	-	09500	1.5262	APC	093	-	-	-	-	000	999	-
P9033	R	PLATELETS LEUKOREduced IRRAD	-	09521	2.6393	APC	160	-	-	-	-	000	999	-
P9034	R	PLATELETS, PHERESIS	-	09507	3.6834	APC	224	-	-	-	-	000	999	-
P9035	R	PLATELET PHERES LEUKOREduced	-	09501	5.4054	APC	328	-	-	-	-	000	999	-
P9036	R	PLATELET PHERESIS IRRADIATED	-	09502	6.4080	APC	389	-	-	-	-	000	999	-
P9037	R	PLATE PHERES LEUKOREDU IRRAD	-	09530	7.6959	APC	467	-	-	-	-	000	999	-

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P9038	R	RBC IRRADIATED	-	09505	2.4801	APC	151	-	-	-	-	000	999	-
P9039	R	RBC DEGLYCEROLIZED	-	09504	3.5604	APC	216	-	-	-	-	000	999	-
P9040	R	RBC LEUKOREduced IRRADIATED	-	09522	2.8894	APC	175	-	-	-	-	000	999	-
P9041	K	ALBUMIN (HUMAN),5%, 50ML	-	00961	0.0000	APC (blood and non-blood products)	011	-	-	-	-	000	999	-
P9043	R	PLASMA PROTEIN FRACT,5%,50ML	-	09514	0.0910	APC	006	-	-	-	-	000	999	-
P9044	R	CRYOPRECIPITATEREDUCEDPLASMA	-	09523	0.7913	APC	048	-	-	-	-	000	999	-
P9045	K	ALBUMIN (HUMAN), 5%, 250 ML	-	00963	0.0000	APC (blood and non-blood products)	053	-	-	-	-	000	999	-
P9046	K	ALBUMIN (HUMAN), 25%, 20 ML	-	00964	0.0000	APC (blood and non-blood products)	021	-	-	-	-	000	999	-
P9047	K	ALBUMIN (HUMAN), 25%, 50ML	-	00965	0.0000	APC (blood and non-blood products)	053	-	-	-	-	000	999	-
P9048	R	PLASMAPROTEIN FRACT,5%,250ML	-	09519	1.1678	APC	071	-	-	-	-	000	999	-
P9050	E	GRANULOCYTES, PHERESIS UNIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
P9051	R	BLOOD, L/R, CMV-NEG	-	09524	1.9140	APC	116	-	-	-	-	000	999	-
P9052	R	PLATELETS, HLA-M, L/R, UNIT	-	09525	8.2474	APC	501	-	-	-	-	000	999	-
P9053	R	PLT, PHER, L/R CMV-NEG, IRR	-	09531	5.9302	APC	360	-	-	-	-	000	999	-
P9054	R	BLOOD, L/R, FROZ/DEGLY/WASH	-	09527	2.4629	APC	150	-	-	-	-	000	999	-
P9055	R	PLT, APH/PHER, L/R, CMV-NEG	-	09528	2.8703	APC	174	-	-	-	-	000	999	-
P9056	R	BLOOD, L/R, IRRADIATED	-	09529	1.0527	APC	064	-	-	-	-	000	999	-
P9057	R	RBC, FRZ/DEG/WSH, L/R, IRRAD	-	09532	5.6385	APC	342	-	-	-	-	000	999	-
P9058	R	RBC, L/R, CMV-NEG, IRRAD	-	09533	2.7679	APC	168	-	-	-	-	000	999	-
P9059	R	PLASMA, FRZ BETWEEN 8-24HOUR	-	09513	0.8305	APC	050	-	-	-	-	000	999	-
P9060	R	FR FRZ PLASMA DONOR RETESTED	-	09503	0.6648	APC	040	-	-	-	-	000	999	-
P9070	R	PATHOGEN REDUCED PLASMA POOL	-	09534	0.3575	APC	022	-	-	-	-	000	999	-
P9071	R	PATHOGEN REDUCED PLASMA SING	-	09535	2.6502	APC	161	-	-	-	-	000	999	-
P9073	R	PLATELETS PHERESIS PATH RED	-	09536	6.3089	APC	383	-	-	-	-	000	999	-
P9099	R	BLOOD COMPONENT/PRODUCT NOC	-	09537	0.3575	APC	022	-	-	-	-	000	999	-
P9100	S	PATHOGEN TEST FOR PLATELETS	-	05733	0.6669	APC	040	-	-	-	-	000	999	-
P9603	E	ONE-WAY ALLOW PRORATED MILES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
P9604	E	ONE-WAY ALLOW PRORATED TRIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
P9612	M	CATHETERIZE FOR URINE SPEC	-	-	-	Medicare	015	-	-	-	-	000	999	-
P9615	Q	URINE SPECIMEN COLLECT MULT	-	-	-	Medicare	015	009	009	-	-	000	999	-
Q0035	N	CARDIOKYMOGRAPHY	-	05732	0.4373	Bundled, sometimes payable	027	-	-	-	-	000	999	-
Q0081	E	INFUSION THER OTHER THAN CHE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0083	E	CHEMO BY OTHER THAN INFUSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0084	E	CHEMOTHERAPY BY INFUSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0085	E	CHEMO BY BOTH INFUSION AND O	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0091	S	OBTAINING SCREEN PAP SMEAR	-	05731	0.3247	APC	020	-	-	-	-	000	999	-
Q0092	N	SET UP PORT XRAY EQUIPMENT	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0111	Q	WET MOUNTS/ W PREPARATIONS	-	-	-	Medicare	030	018	018	-	-	000	999	-
Q0112	Q	POTASSIUM HYDROXIDE PREPS	-	-	-	Medicare	010	006	006	-	-	000	999	-
Q0113	Q	PINWORM EXAMINATIONS	-	-	-	Medicare	007	004	004	-	-	000	999	-
Q0114	Q	FERN TEST	-	-	-	Medicare	016	010	010	-	-	000	999	-
Q0115	E	POST-COITAL MUCOUS EXAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0138	K	FERUMOXYTOL, NON-ESRD	-	01297	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
Q0139	K	FERUMOXYTOL, ESRD USE	-	01485	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
Q0144	E	AZITHROMYCIN DIHYDRATE, ORAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0161	N	CHLORPROMAZINE HCL 5MG ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0162	N	ONDANSETRON ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0163	N	DIPHENHYDRAMINE HCL 50MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0164	N	PROCHLORPERAZINE MALEATE 5MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0166	N	GRANISETRON HCL 1 MG ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0167	N	DRONABINOL 2.5MG ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0169	N	PROMETHAZINE HCL 12.5MG ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0173	E	TRIMETHOBENZAMIDE HCL 250MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0174	E	THIETHYLPERAZINE MALEATE10MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0175	N	PERPHENAZINE 4MG ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0177	N	HYDROXYZINE PAMOATE 25MG	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Q0180	N	DOLASETRON MESYLATE ORAL	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0181	N	UNSPECIFIED ORAL ANTI-EMETIC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q0220	M	TIXAGEV AND CILGAV, 300MG	-	-	-	Fee Schedule	000	-	-	-	-	012	999	-
Q0221	M	TIXAGEV AND CILGAV, 600MG	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q0222	K	BEBTELOVIMAB 175 MG	-	09401	0.0000	APC (blood and non-blood products)	2394	-	-	-	-	000	999	-
Q0239	E	BAMLANIVIMAB-XXXX	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0240	M	CASIRIVI AND IMDEVI 600 MG	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q0243	M	CASIRIVIMAB AND IMDEVIMAB	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q0244	M	CASIRIVI AND IMDEVI 1200 MG	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q0245	M	BAMLANIVIMAB AND ETESEVIMA	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q0247	M	SOTROVIMAB	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q0249	M	TOCILIZUMAB FOR COVID-19	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q0477	E	PWR MODULE PT CABLE LVAD RPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0478	E	POWER ADAPTER, COMBO VAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0479	E	POWER MODULE COMBO VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0480	E	DRIVER PNEUMATIC VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0481	E	MICROPRCSR CU ELEC VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0482	E	MICROPRCSR CU COMBO VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0483	E	MONITOR ELEC VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0484	E	MONITOR ELEC OR COMB VAD REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0485	E	MONITOR CABLE ELEC VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0486	E	MON CABLE ELEC/PNEUM VAD REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0487	E	LEADS ANY TYPE VAD, REP ONLY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0488	E	PWR PACK BASE ELEC VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0489	E	PWR PCK BASE COMBO VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0490	E	EMR PWR SOURCE ELEC VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0491	E	EMR PWR SOURCE COMBO VAD REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0492	E	EMR PWR CBL ELEC VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0493	E	EMR PWR CBL COMBO VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0494	E	EMR HD PMP ELEC/COMBO, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0495	E	CHARGER ELEC/COMBO VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0496	E	BATTERY ELEC/COMBO VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0497	E	BAT CLPS ELEC/COMB VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0498	E	HOLSTER ELEC/COMBO VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0499	E	BELT/VEST ELEC/COMBO VAD REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0500	E	FILTERS ELEC/COMBO VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0501	E	SHWR COV ELEC/COMBO VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0502	E	MOBILITY CART PNEUM VAD, REP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0503	E	BATTERY PNEUM VAD REPLACEMNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0504	E	PWR ADPT PNEUM VAD, REP VEH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0506	E	LITH-ION BATT ELEC/PNEUM VAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0507	E	MISC SUP/ACC EXT VAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0508	E	MIS SUP/ACC IMP VAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0509	E	MIS SUP/AC IMP VAD NOPAY MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0510	E	DISPENS FEE IMMUNOSUPPRESSIVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0511	E	SUP FEE ANTIEM,ANTICA,IMMUNO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0515	E	SERMORELIN ACETATE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0516	E	SUPPLY FEE HIV PREP 30-DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0517	E	SUPPLY FEE HIV PREP 60-DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q0518	E	SUPPLY FEE HIV PREP 90-DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q1004	E	NTIOL CATEGORY 4	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q1005	E	NTIOL CATEGORY 5	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q2004	K	BLADDER CALCULI IRRIG SOL	-	09223	0.0000	APC (blood and non-blood products)	147	-	-	-	-	000	999	-

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Q2009	K	FOSPHENYTOIN INJ PE	-	09321	0.0000	APC (blood and non-blood products)	006	-	-	-	-	000	999	-
Q2017	E	TENIPOSIDE, 50 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q2026	K	RADIESSE INJECTION	-	09094	0.0000	APC (blood and non-blood products)	299	-	-	-	-	000	999	-
Q2028	K	INJ, SCULPTRA, 0.5MG	-	09095	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
Q2033	E	INFLUENZA VACCINE, (FLUBLOK)	-	-	-	Not Allowed	000	-	-	-	-	018	049	-
Q2034	E	AGRIFLU VACCINE	-	-	-	Not Allowed	000	-	-	-	-	018	999	-
Q2035	M	AFLURIA VACC, 3 YRS & >, IM	-	-	-	Fee Schedule	000	-	-	-	-	019	999	-
Q2036	M	FLULAVAL VACC, 3 YRS & >, IM	-	-	-	Fee Schedule	019	-	-	-	-	019	999	-
Q2037	M	FLUVIRIN VACC, 3 YRS & >, IM	-	-	-	Fee Schedule	020	-	-	-	-	019	999	-
Q2038	M	FLUZONE VACC, 3 YRS & >, IM	-	-	-	Fee Schedule	019	-	-	-	-	019	999	-
Q2039	E	INFLUENZA VIRUS VACCINE, NOS	-	-	-	Not Allowed	000	-	-	-	-	019	999	-
Q2041	K	AXICABTAGENE CILOLEUCEL CAR+	-	09035	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
Q2042	K	TISAGENLECLEUCEL CAR-POS T	-	09194	0.0000	APC (blood and non-blood products)	000	-	-	Y	-	000	999	-
Q2043	K	SIPULEUCEL-T AUTO CD54+	-	09273	0.0000	APC (blood and non-blood products)	55454	-	-	-	-	000	999	-
Q2047	E	PEGINESATIDE INJECTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q2049	K	IMPORTED LIPODOX INJ	-	01421	0.0000	APC (blood and non-blood products)	391	-	-	-	-	000	999	-
Q2050	K	DOXORUBICIN INJ 10MG	-	07046	0.0000	APC (blood and non-blood products)	115	-	-	-	-	000	999	-
Q2052	E	HOME IVIG, SERVICES/SUPPLIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q2053	K	BREXUCABTAGENE CAR POS T	-	09391	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
Q2054	G	LISOCABTAGENE MARA CAR POS T	-	-	-	APC – pays by fee schedule amount	474061	-	-	-	-	000	999	-
Q2055	G	IDECABTAGENE VICLEUCEL CAR	-	-	-	APC – pays by fee schedule amount	484690	-	-	-	-	000	999	-
Q2056	G	CILTACABTAGENE CAR-POS T	-	-	-	APC – pays by fee schedule amount	507496	-	-	-	-	000	999	-
Q3001	E	BRACHYTHERAPY RADIOELEMENTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q3014	M	TELEHEALTH FACILITY FEE	-	-	-	Fee Schedule	030	-	-	-	-	000	999	-
Q3027	K	INJ BETA INTERFERON IM 1 MCG	-	01472	0.0000	APC (blood and non-blood products)	054	-	-	-	-	000	999	-
Q3028	E	INJ BETA INTERFERON SQ 1 MCG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q3031	N	COLLAGEN SKIN TEST	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4001	E	CAST SUP BODY CAST PLASTER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4002	E	CAST SUP BODY CAST FIBERGLAS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4003	E	CAST SUP SHOULDER CAST PLSTR	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4004	E	CAST SUP SHOULDER CAST FBRGL	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4005	E	CAST SUP LONG ARM ADULT PLST	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4006	E	CAST SUP LONG ARM ADULT FBRG	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4007	E	CAST SUP LONG ARM PED PLSTER	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4008	E	CAST SUP LONG ARM PED FBRGLS	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4009	E	CAST SUP SHT ARM ADULT PLSTR	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4010	E	CAST SUP SHT ARM ADULT FBRGL	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4011	E	CAST SUP SHT ARM PED PLASTER	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4012	E	CAST SUP SHT ARM PED FBRGLAS	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4013	E	CAST SUP GAUNTLET PLASTER	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4014	E	CAST SUP GAUNTLET FIBERGLASS	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4015	E	CAST SUP GAUNTLET PED PLSTER	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4016	E	CAST SUP GAUNTLET PED FBRGLS	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4017	E	CAST SUP LNG ARM SPLINT PLST	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4018	E	CAST SUP LNG ARM SPLINT FBRG	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4019	E	CAST SUP LNG ARM SPLNT PED P	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4020	E	CAST SUP LNG ARM SPLNT PED F	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4021	E	CAST SUP SHT ARM SPLINT PLST	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4022	E	CAST SUP SHT ARM SPLINT FBRG	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4023	E	CAST SUP SHT ARM SPLNT PED P	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4024	E	CAST SUP SHT ARM SPLNT PED F	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4025	E	CAST SUP HIP SPICA PLASTER	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4026	E	CAST SUP HIP SPICA FIBERGLAS	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4027	E	CAST SUP HIP SPICA PED PLSTR	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4028	E	CAST SUP HIP SPICA PED FBRGL	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4029	E	CAST SUP LONG LEG PLASTER	-	-	-	Not Allowed	000	-	-	-	-	011	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
Q4030	E	CAST SUP LONG LEG FIBERGLASS	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4031	E	CAST SUP LNG LEG PED PLASTER	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4032	E	CAST SUP LNG LEG PED FBRGLS	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4033	E	CAST SUP LNG LEG CYLINDER PL	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4034	E	CAST SUP LNG LEG CYLINDER FB	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4035	E	CAST SUP LNGLEG CYLNDR PED P	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4036	E	CAST SUP LNGLEG CYLNDR PED F	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4037	E	CAST SUP SHRT LEG PLASTER	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4038	E	CAST SUP SHRT LEG FIBERGLASS	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4039	E	CAST SUP SHRT LEG PED PLSTER	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4040	E	CAST SUP SHRT LEG PED FBRGLS	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4041	E	CAST SUP LNG LEG SPLNT PLSTR	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4042	E	CAST SUP LNG LEG SPLNT FBRGL	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4043	E	CAST SUP LNG LEG SPLNT PED P	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4044	E	CAST SUP LNG LEG SPLNT PED F	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4045	E	CAST SUP SHT LEG SPLNT PLSTR	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4046	E	CAST SUP SHT LEG SPLNT FBRGL	-	-	-	Not Allowed	000	-	-	-	-	011	999	-
Q4047	E	CAST SUP SHT LEG SPLNT PED P	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4048	E	CAST SUP SHT LEG SPLNT PED F	-	-	-	Not Allowed	000	-	-	-	-	000	010	-
Q4049	E	FINGER SPLINT, STATIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4050	E	CAST SUPPLIES UNLISTED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4051	E	SPLINT SUPPLIES MISC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4074	E	ILOPROST NON-COMP UNIT DOSE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4081	E	EPOETIN ALFA, 100 UNITS ESRD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4082	E	DRUG/BIO NOC PART B DRUG CAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4100	N	SKIN SUBSTITUTE, NOS	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4101	N	APLIGRAF	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4102	N	OASIS WOUND MATRIX	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4103	N	OASIS BURIN MATRIX	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4104	N	INTEGRA BMWWD	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4105	N	INTEGRA DRT OR OMNIGRAFT	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4106	N	DERMAGRAFT	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4107	N	GRAFTJACKET	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4108	N	INTEGRA MATRIX	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4110	N	PRIMATRIX	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4111	N	GAMMAGRAFT	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4112	N	CYMETRA INJECTABLE	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4113	N	GRAFTJACKET XPRESS	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4114	N	INTEGRA FLOWABLE WOUND MATRI	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4115	N	ALLOSKIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4116	N	ALLODERM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4117	N	HYALOMATRIX	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4118	N	MATRISTEM MICROMATRIX	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4121	N	THERASKIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4122	N	DERMACELL, AWM, POROUS SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4123	N	ALLOSKIN	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4124	N	OASIS TRI-LAYER WOUND MATRIX	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4125	N	ARTHROFLEX	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4126	N	MEMODERM/DERMA/TRANZ/INTEGUP	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4127	N	TALYMED	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4128	N	FLEXHD/ALLOPATCHHD/SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4130	N	STRATTICE TM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4132	N	GRAFIX CORE, GRAFIXPL CORE	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4133	N	GRAFIX STRAVIX PRIME PL SQCM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4134	N	HMATRIX	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4135	N	MEDISKIN	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
Q4136	N	EZDERM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4137	N	AMNIOEXCEL BIODEXCEL 1SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4138	N	BIODFENCE DRYFLEX, 1CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4139	N	AMNIO OR BIODMATRIX, INJ 1CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4140	N	BIODFENCE 1CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4141	N	ALLOSKIN AC, 1 CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4142	N	XCM BIOLOGIC TISS MATRIX 1CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4143	N	REPRIZA, 1CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4145	N	EPIFIX, INJ, 1MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4146	N	TENSIX, 1CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4147	N	ARCHITECT ECM PX FX 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4148	N	NEOX NEOX RT OR CLARIX CORD	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4149	N	EXCELLAGEN, 0.1 CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4150	N	ALLOWRAP DS OR DRY 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4151	N	AMNIOBAND, GUARDIAN 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4152	N	DERMAPURE 1 SQUARE CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4153	N	DERMAVEST, PLURIVEST SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4154	N	BIOVANCE 1 SQUARE CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4155	N	NEOXFLO OR CLARIXFLO 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4156	N	NEOX 100 OR CLARIX 100	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4157	N	REVITALON 1 SQUARE CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4158	N	KERECIS OMEGA3, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4159	N	AFFINITY1 SQUARE CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4160	N	NUSHIELD 1 SQUARE CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4161	N	BIO-CONNKT PER SQUARE CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4162	N	WNDEX FLW, BIOSKN FLW, 0.5CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4163	N	WOUNDEX, BIOSKIN, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4164	N	HELICOLL, PER SQUARE CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4165	N	KERAMATRIX, KERASORB SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4166	N	CYTAL, PER SQUARE CENTIMETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4167	N	TRUSKIN, PER SQ CENTIMETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4168	N	AMNIOBAND, 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4169	N	ARTACENT WOUND, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4170	N	CYGNUS, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4171	N	INTERFYL, 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4173	N	PALINGEN OR PALINGEN XPLUS	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4174	N	PALINGEN OR PROMATRX	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4175	N	MIRODERM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4176	N	NEOPATCH OR THERION, 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4177	N	FLOWERAMNIOFLO, 0.1 CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4178	N	FLOWERAMNIOPATCH, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4179	N	FLOWERDERM, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4180	N	REVITA, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4181	N	AMNIO WOUND, PER SQUARE CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4182	N	TRANSCYTE, PER SQ CENTIMETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4183	N	SURGIGRAFT, 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4184	N	CELLESTA OR DUO PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4185	N	CELLESTA FLOWAB AMNION 0.5CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4186	N	EPIFIX 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4187	N	EPICORD 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4188	N	AMNIOARMOR 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4189	N	ARTACENT AC, 1 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4190	N	ARTACENT AC 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4191	N	RESTORIGIN 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4192	N	RESTORIGIN, 1 CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4193	N	COLL-E-DERM 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Q4194	N	NOVACHOR 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4195	N	PURAPLY 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4196	N	PURAPLY AM 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4197	N	PURAPLY XT 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4198	N	GENESIS AMNIO MEMBRANE 1SQCM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4199	N	CYGNUS MATRIX, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4200	N	SKIN TE 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4201	N	MATRION 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4202	N	KEROXX (2.5G/CC), 1CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4203	N	DERMA-GIDE, 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4204	N	XWRAP 1 SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4205	E	MEMBRANE GRAFT OR WRAP SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4206	E	FLUID FLOW OR FLUID GF 1 CC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4208	E	NOVAFIX PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4209	E	SURGRAFT PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4210	E	AXOLOTL GRAF DUALGRAF SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4211	E	AMNION BIO OR AXOBIO SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4212	E	ALLOGEN, PER CC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4213	E	ASCENT, 0.5 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4214	E	CELLESTA CORD PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4215	E	AXOLOTL AMBIENT, CRYO 0.1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4216	E	ARTACENT CORD PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4217	E	WOUNDFIX BIOWOUND PLUS XPLUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4218	E	SURGICORD PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4219	E	SURGIGRAFT DUAL PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4220	E	BELLACELL HD, SUREDERM SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4221	E	AMNIOWRAP2 PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4222	E	PROGENAMATRIX, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4224	N	HHF10-P PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4225	N	AMNIO OR DERMA TL, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4226	E	MYOWN HARV PREP PROC SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4227	N	AMNIOCORE PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4229	N	COGENEX AMNIO MEMB PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4230	N	COGENEX FLOW AMNION 0.5 CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4231	N	CORPLEX P, PER CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4232	N	CORPLEX, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4233	N	SURFACTOR /NUDYN PER 0.5 CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4234	N	XCELLERATE, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4235	N	AMNIOREPAIR OR ALTIPLY SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4236	N	CAREPATCH PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4237	N	CRYO-CORD, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4238	N	DERM-MAXX, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4239	N	AMNIO-MAXX OR LITE PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4240	N	CORECYTE TOPICAL ONLY 0.5 CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4241	N	POLYCYTE, TOPICAL ONLY 0.5CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4242	N	AMNIOCYTE PLUS, PER 0.5 CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4245	N	AMNIOTEXT, PER CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4246	N	CORETEXT OR PROTEXT, PER CC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4247	N	AMNIOTEXT PATCH, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4248	N	DERMACYTE AMN MEM ALLO SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4249	N	AMNIPLY, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4250	N	AMNIOAMP-MP PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4251	E	VIM, PER SQUARE CENTIMETER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4252	E	VENDAJE, PER SQUARE CENTIMET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4253	E	ZENITH AMNIOTIC MEMBRANE PSC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4254	N	NOVAFIX DL PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
Q4255	N	REGUARD, TOPICAL USE PER SQ	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4256	N	MLG COMPLET, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4257	N	RELESE, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4258	N	ENVERSE, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4259	N	CELERA PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4260	N	SIGNATURE APATCH, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4261	N	TAG, PER SQUARE CENTIMETER	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4262	N	DUAL LAYER IMPAX, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4263	N	SURGRAFT TL, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4264	N	COCOON MEMBRANE, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4265	N	NEOSTIM TL PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4266	N	NEOSTIM PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4267	N	NEOSTIM DL PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4268	N	SURGRAFT FT PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4269	N	SURGRAFT XT PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4270	N	COMPLETE SL PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4271	N	COMPLETE FT PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4272	N	ESANO A, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4273	N	ESANO AAA, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4274	N	ESANO AC, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4275	N	ESANO ACA, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4276	N	ORION, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4277	N	WOUNDPLUS E-GRAT, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4278	N	EPIEFFECT, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4279	E	VENDAJE AC, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4280	N	XCELL AMNIO MATRIX PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4281	N	BARRERA SLOR DL PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4282	N	CYGNUS DUAL PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4283	N	BIOVANCE TRI OR 3L, SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4284	N	DERMABIND SL, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4285	N	NUDYN DL OR DL MESH PR SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4286	N	NUDYN SL OR SLW, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4287	E	DERMABIND DL, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4288	E	DERMABIND CH, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4289	E	REVOSHIELD+ AMNIO, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4290	E	MEMBRANE WRAP HYDR PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4291	E	LAMELLAS XT, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4292	E	LAMELLAS, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4293	E	ACESSO DL, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4294	E	AMNIO QUAD-CORE, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4295	E	AMNIO TRI-CORE, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4296	E	REBOUND MATRIX, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4297	E	EMERGE MATRIX, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4298	E	AMNICORE PRO, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4299	E	AMNICORE PRO+, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4300	E	ACESSO TL, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4301	E	ACTIVATE MATRIX, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4302	E	COMPLETE ACA, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4303	E	COMPLETE AA, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4304	E	GRAFIX PLUS, PER SQ CM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q4305	N	AMER AM AC TRI-LAY PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4306	N	AMERIC AMNION AC PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4307	N	AMERICAN AMNION, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4308	N	SANOPELLIS, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4309	N	VIA MATRIX, PER SQ CM	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q4310	N	PROCENTA, PER 100 MG	-	-	-	Bundled	000	-	-	-	-	000	999	-

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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
Q5001	M	HOSPICE OR HOME HLTH IN HOME	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q5002	M	HOSPICE/HOME HLTH IN ASST LV	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q5003	M	HOSPICE IN LT/NON-SKILLED NF	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q5004	M	HOSPICE IN SNF	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q5005	M	HOSPICE, INPATIENT HOSPITAL	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q5006	M	HOSPICE IN HOSPICE FACILITY	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q5007	M	HOSPICE IN LTCH	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q5008	M	HOSPICE IN INPATIENT PSYCH	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q5009	M	HOSPICE/HOME HLTH, PLACE NOS	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q5010	M	HOSPICE HOME CARE IN HOSPICE	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
Q5101	K	INJECTION, ZARXIO	-	01822	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
Q5103	K	INJECTION, INFLECTRA	-	01847	0.0000	APC (blood and non-blood products)	011	-	-	-	-	000	999	-
Q5104	K	INJECTION, RENFLEXIS	-	09036	0.0000	APC (blood and non-blood products)	031	-	-	-	-	000	999	-
Q5105	K	INJ RETACRIT ESRD ON DIALYSI	-	09096	0.0000	APC (blood and non-blood products)	001	-	-	-	-	000	999	-
Q5106	K	INJ RETACRIT NON-ESRD USE	-	09097	0.0000	APC (blood and non-blood products)	008	-	-	-	-	000	999	-
Q5107	K	INJ MVASI 10 MG	-	09329	0.0000	APC (blood and non-blood products)	027	-	-	-	-	000	999	-
Q5108	K	INJECTION, FULPHILA	-	09173	0.0000	APC (blood and non-blood products)	164	-	-	-	-	000	999	-
Q5109	E	INJECTION, IXIFI, 10 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q5110	K	NIVESTYM	-	09193	0.0000	APC (blood and non-blood products)	000	-	-	-	-	000	999	-
Q5111	K	INJECTION, UDENYCA 0.5 MG	-	09195	0.0000	APC (blood and non-blood products)	135	-	-	-	-	000	999	-
Q5112	K	INJ ONTRUZANT 10 MG	-	09382	0.0000	APC (blood and non-blood products)	034	-	-	-	-	000	999	-
Q5113	K	INJ HERZUMA 10 MG	-	09349	0.0000	APC (blood and non-blood products)	056	-	-	-	-	000	999	-
Q5114	K	INJ OGIVRI 10 MG	-	09341	0.0000	APC (blood and non-blood products)	063	-	-	-	-	000	999	-
Q5115	K	INJ TRUXIMA 10 MG	-	09336	0.0000	APC (blood and non-blood products)	031	-	-	-	-	000	999	-
Q5116	K	INJ., TRAZIMERA, 10 MG	-	09350	0.0000	APC (blood and non-blood products)	013	-	-	-	-	000	999	-
Q5117	K	INJ., KANJINTI, 10 MG	-	09330	0.0000	APC (blood and non-blood products)	018	-	-	-	-	000	999	-
Q5118	K	INJ., ZIRABEV, 10 MG	-	09348	0.0000	APC (blood and non-blood products)	021	-	-	-	-	000	999	-
Q5119	K	INJ RUXIENCE, 10 MG	-	09367	0.0000	APC (blood and non-blood products)	020	-	-	-	-	000	999	-
Q5120	K	INJ PEGFILGRASTIM-BMEZ 0.5MG	-	09345	0.0000	APC (blood and non-blood products)	347	-	-	-	-	000	999	-
Q5121	K	INJ. AVSOLA, 10 MG	-	09381	0.0000	APC (blood and non-blood products)	024	-	-	-	-	000	999	-
Q5122	K	INJ, NYVEPRIA	-	09406	0.0000	APC (blood and non-blood products)	066	-	-	-	-	000	999	-
Q5123	G	INJ. RIABNI, 10 MG	-	-	-	APC – pays by fee schedule amount	041	-	-	-	-	000	999	-
Q5124	G	INJ. BYOOVIZ, 0.1 MG	-	-	-	APC – pays by fee schedule amount	175	-	-	-	-	000	999	-
Q5125	G	INJ, RELEUKO 1 MCG	-	-	-	APC – pays by fee schedule amount	001	-	-	-	-	000	999	-
Q5126	G	INJ ALYMSYS 10 MG	-	-	-	APC – pays by fee schedule amount	059	-	-	-	-	000	999	-
Q5127	K	INJ, STIMUFEND, 0.5 MG	-	09129	0.0000	APC (blood and non-blood products)	344	-	-	-	-	000	999	-
Q5128	G	INJ, CIMERLI, 0.1 MG	-	-	-	APC – pays by fee schedule amount	256	-	-	-	-	000	999	-
Q5129	G	INJ, VEGZELMA, 10 MG	-	-	-	APC – pays by fee schedule amount	069	-	-	-	-	000	999	-
Q5130	G	INJ, FYLNETRA, 0.5 MG	-	-	-	APC – pays by fee schedule amount	201	-	-	-	-	000	999	-
Q5131	E	INJ, IDACIO, 20 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q5132	E	INJ, ABRILADA, 10 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q5133	E	INJ, TOFIDENCE, 1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q5134	E	INJ, TYRUKO, 1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q9001	E	CHAPLAIN ASSESSMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q9002	E	CHAPLAIN COUNSEL INDIVIDU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q9003	E	CHAPLAIN COUNSEL GROUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q9004	E	VA WHOLE HEALTH PARTNER SERV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
Q9950	N	INJ SULF HEXA LIPID MICROS PH	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9951	N	LOCM >= 400 MG/ML IODINE,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9953	N	INJ FE-BASED MR CONTRAST,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9954	N	ORAL MR CONTRAST, 100 ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9955	N	INJ PERFLEXANE LIP MICROS,ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9956	N	INJ OCTAFLUOROPROPANE MIC,ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9957	N	INJ PERFLUTREN LIP MICROS,ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9958	N	HOCM <=149 MG/ML IODINE, 1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9959	N	HOCM 150-199MG/ML IODINE,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-

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Q9960	N	HOCM 200-249MG/ML IODINE,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9961	N	HOCM 250-299MG/ML IODINE,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9962	N	HOCM 300-349MG/ML IODINE,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9963	N	HOCM 350-399MG/ML IODINE,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9964	N	HOCM>= 400MG/ML IODINE, 1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9965	N	LOCM 100-199MG/ML IODINE,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9966	N	LOCM 200-299MG/ML IODINE,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9967	N	LOCM 300-399MG/ML IODINE,1ML	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9968	K	VISUALIZATION ADJUNCT	-	01446	0.0000	APC (blood and non-blood products)	008	-	-	-	-	000	999	-
Q9969	K	NON-HEU TC-99M ADD-ON/DOSE	-	01442	0.0000	APC (blood and non-blood products)	010	-	-	-	Y	000	999	-
Q9982	N	FLUTEMETAMOL F18 DIAGNOSTIC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9983	N	FLORBETABEN F18 DIAGNOSTIC	-	-	-	Bundled	000	-	-	-	-	000	999	-
Q9991	K	BUPRENORPH XR 100 MG OR LESS	-	09073	0.0000	APC (blood and non-blood products)	1887	-	-	Y	-	000	999	-
Q9991	K	BUPRENORPH XR 100 MG OR LESS	HG	09073	0.0000	APC (blood and non-blood products)	1875	-	-	Y	-	000	999	-
Q9992	K	BUPRENORPHINE XR OVER 100 MG	-	09239	0.0000	APC (blood and non-blood products)	1887	-	-	Y	-	000	999	-
Q9992	K	BUPRENORPH XR OVER 100 MG	HG	09239	0.0000	APC (blood and non-blood products)	1875	-	-	Y	-	000	999	-
R0070	E	TRANSPORT PORTABLE X-RAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
R0075	E	TRANSPORT PORT X-RAY MULTIPL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
R0076	E	TRANSPORT PORTABLE EKG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0074	E	INJECTION, CEFOTETAN DISODIU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0078	E	INJECTION, FOSPHENYTOIN SODI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0080	E	INJECTION, PENTAMIDINE ISETH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0081	E	INJECTION, PIPERACILLIN SODI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0086	E	INJECTION, VERTEPORFIN, 15MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0088	E	IMATINIB 100 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0090	E	SILDENAFIL CITRATE, 25 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0106	E	BUPROPION HCL SR 60 TABLETS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0108	E	MERCAPTOPYRIMIDINE ORAL 50 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0117	E	TRETINOIN TOPICAL 5 G	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0122	E	INJECTION MENOTROPINS 75 IU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0128	E	INJECTION FOLLITROPIN BETA 75 IU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0145	E	PEG INTERFERON ALFA-2A/180	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0155	E	EPOPROSTENOL DILUTANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0156	E	EXEMESTANE, 25 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0160	E	DEXTROAMPHETAMINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0164	E	INJECTION PANTROPRAZOLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0170	E	ANASTROZOLE 1 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0172	E	CHLORAMBUCIL 2 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0174	E	DOLASETRON 50 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0175	E	FLUTAMIDE 125 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0176	E	HYDROXYUREA 500 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0177	E	LEVAMISOLE 50 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0178	E	LOMUSTINE 10 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0179	E	MEGESTROL 20 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0182	E	PROCARBAZINE 5 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0183	E	PROCHLORPERAZINE 5 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0187	E	TAMOXIFEN 10 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0189	E	TESTOSTERONE PELLETT 75 MG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0190	M	MITEPRISTONE, ORAL, 200MG	-	-	-	Fee Schedule	077	-	-	-	-	010	999	-
S0191	M	MISOPROSTOL, ORAL, 200 MCG	-	-	-	Fee Schedule	001	-	-	-	-	010	999	-
S0194	E	VITAMIN SUPPL 100 CAPS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0208	E	PARAMED INTRCEPT NONVOL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0209	E	WC VAN MILEAGE PER MI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
S0215	E	NONEMERG TRANSP MILEAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0220	E	MEDICAL CONFERENCE BY PHYSIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0221	E	MEDICAL CONFERENCE, 60 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0250	E	COMP GERIATR ASSMT TEAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0255	E	HOSPICE REFER VISIT NONMD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0257	E	END OF LIFE COUNSELING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0260	E	H&P FOR SURGERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0265	E	GENETIC COUNSEL 15 MINS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0280	E	MEDICAL HOME, INITIAL PLAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0302	E	COMPLETED EPSDT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0310	E	HOSPITALIST VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0340	E	LIFESTYLE MOD 1ST STAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0342	E	LIFESTYLE MOD 4TH STAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0353	E	CANCER TREATMENT PLAN INITIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0354	E	CANCER TREATMENT PLAN CHANGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0390	E	ROUTINE FOOT CARE PER VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0395	E	IMPRESSION CASTING FT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0400	E	GLOBAL ESWL KIDNEY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0500	E	DISPOS CONT LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0504	E	SINGL PRSCRIP LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0506	E	BIFOC PRSCRIP LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0508	E	TRIFOC PRSCRIP LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0510	E	NON-PRSCRIP LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0512	E	DAILY CONT LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0514	E	COLOR CONT LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0516	E	SAFETY FRAMES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0518	E	SUNGLASS FRAMES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0580	E	POLYCARB LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0581	E	NONSTND LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0590	E	MISC INTEGRAL LENS SERV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0592	E	COMP CONT LENS EVAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0596	E	PHAKIC IOL REFRACTIVE ERROR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0601	E	SCREENING PROCTOSCOPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0613	M	ANN BREAST EXAM	-	-	-	Charge Ratio	000	-	-	-	-	010	065	-
S0618	E	AUDIOMETRY FOR HEARING AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0622	E	PHYS EXAM FOR COLLEGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0630	E	REMOVAL OF SUTURES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0800	E	LASER IN SITU KERATOMILEUSIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0810	E	PHOTOREFRACTIVE KERATECTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S0812	E	PHOTOTHERAP KERATECT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S1001	E	DELUXE ITEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S1002	E	CUSTOM ITEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S1015	E	IV TUBING EXTENSION SET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S1016	E	NON-PVC INTRAVENOUS ADMINIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S1030	E	GLUC MONITOR PURCHASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S1031	E	GLUC MONITOR RENTAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2053	E	TRANSPLANTATION OF SMALL INT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2054	E	TRANSPLANTATION OF MULTIVISC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2055	E	HARVESTING OF DONOR MULTIVIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2060	E	LOBAR LUNG TRANSPLANTATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2061	E	DONOR LOBECTOMY (LUNG)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
S2065	E	SIMULT PANC KIDN TRANS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2068	E	BREAST DIEP FLAP RECONSTRUCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2070	E	CYSTO LASER TX URETERAL CALC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2079	E	LAP ESOPHAGOMYOTOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2080	E	LAUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2083	E	ADJUSTMENT GASTRIC BAND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2095	E	TRANSCATH EMBOLIZ MICROSPHER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2102	E	ISLET CELL TISSUE TRANSPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2103	E	ADRENAL TISSUE TRANSPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2107	E	ADOPTIVE IMMUNOTHERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2112	E	KNEE ARTHROSCP HARV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2115	E	PERIACETABULAR OSTEOATOMY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2140	E	CORD BLOOD HARVESTING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2142	E	CORD BLOOD-DERIVED STEM-CELL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2150	E	BMT HARV/TRANSPL 28D PKG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2152	E	SOLID ORGAN TRANSPL PKG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2202	E	ECHOSCLEROTHERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2205	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2206	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2207	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2208	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2209	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2225	E	MYRINGOTOMY LASER-ASSIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2230	E	IMPLANT SEMI-IMP HEAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2235	E	IMPLANT AUDITORY BRAIN IMP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2260	E	INDUCED ABORTION 17-24 WEEKS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2300	E	ARTHROSCOPY, SHOULDER, SURGI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2340	E	CHEMODENERVATION OF ABDUCTOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2341	E	CHEMODENERV ADDUCT VOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2342	E	NASAL ENDOSCOPO PO DEBRID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2348	E	DECOMPRESS DISC RF LUMBAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2350	E	DISKECTOMY, ANTERIOR, WITH D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2351	E	DISKECTOMY, ANTERIOR, WITH D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2400	E	FETAL SURG CONGEN HERNIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2401	E	FETAL SURG URIN TRAC OBSTR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2402	E	FETAL SURG CONG CYST MALF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2403	E	FETAL SURG PULMON SEQUEST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2404	E	FETAL SURG MYELOMENINGO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2405	E	FETAL SURG SACROCOC TERTATOMA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2409	E	FETAL SURG NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2411	E	FETOSCOPO LASER THER TTTS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S2900	E	ROBOTIC SURGICAL SYSTEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3600	E	STAT LAB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3601	E	STAT LAB HOME/NF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3620	E	NEWBORN METABOLIC SCREENING	-	-	-	Not Allowed	000	-	-	-	-	000	001	-
S3630	E	EOSINOPHIL BLOOD COUNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3645	E	HIV-1 ANTIBODY TESTING OF OR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3650	E	SALIVA TEST, HORMONE LEVEL;	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3652	E	SALIVA TEST, HORMONE LEVEL;	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3708	E	GASTROINTESTINAL FAT ABSORPT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3853	E	GENE TEST MYO MUSCLR DYST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3900	E	SURFACE EMG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3902	E	BALLISTOCARDIOGRAM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S3904	E	MASTERS TWO STEP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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S4005	E	INTERIM LABOR FACILITY GLOBAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4011	E	IVF PACKAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4013	E	COMPLETE GIFT CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4014	E	COMPLETE ZIFT CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4015	E	COMPLETE IVF NOS CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4016	E	FROZEN IVF CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4017	E	IVF CANC A STIM CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4018	E	F EMB TRNS CANC CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4020	E	IVF CANC A ASPIR CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4021	E	IVF CANC P ASPIR CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4022	E	ASST OOCYTE FERT CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4023	E	DONOR EGG CYCLE INCOMPLETE CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4025	E	DONOR SERV IVF CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4026	E	PROCURE DONOR SPERM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4027	E	STORE PREV FROZ EMBRYOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4028	E	MICROSURG EPI SPERM ASP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4030	E	SPERM PROCURE INIT VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4031	E	SPERM PROCURE SUBS VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4035	E	STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4037	E	CRYOPRESERVED EMBRYO TRANSFER CASE RATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4040	E	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 DAYS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4042	E	OVULATION MGMT PER CYCLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4981	E	INSERT LEVONORGESTREL IUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4989	E	CONTRACEPT IUD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4990	E	NICOTINE PATCH LEGEND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4991	E	NICOTINE PATCH NONLEGEND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	-	-	-	Bundled	000	-	-	-	-	010	999	-
S4995	E	SMOKING CESSATION GUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5000	E	PRESCRIPTION DRUG, GENERIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5001	E	PRESCRIPTION DRUG, BRAND NAME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5010	E	5% DEXTROSE AND 0.45% SALINE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5012	E	5% DEXTROSE WITH POTASSIUM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5014	E	D5W/0.45NS W KCL AND MGS04	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5017	E	ANTIBIOTIC ADMIN SUPPLIES W/O	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5018	E	PAIN THERAPY ADMIN SUPPLIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5021	E	HYDRATION THERAPY ADMIN SUPP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5022	E	GROWTH HORMONE THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5025	E	INFUSION PUMP RENTAL, PERDIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5035	E	HIT ROUTINE DEVICE MAINT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5497	E	HIT CATH CARE NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5498	E	HIT SIMPLE CATH CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5501	E	HIT COMPLEX CATH CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5502	E	HIT INTERIM CATH CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5517	E	HIT DECLOTTING KIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5518	E	HIT CATH REPAIR KIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5520	E	HIT PICC INSERT KIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5521	E	HIT MIDLINE CATH INSERT KIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5522	E	HIT PICC INSERT NO SUPP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5523	E	HIP MIDLINE CATH INSERT KIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5550	E	INSULIN RAPID 5 U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5551	E	INSULIN MOST RAPID 5 U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5552	E	INSULIN INTERMED 5 U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5553	E	INSULIN LONG ACTING 5 U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
S5560	E	INSULIN REUSE PEN 1.5 ML	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5561	E	INSULIN REUSE PEN 3 ML	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5565	E	INSULIN CARTRIDGE 150 U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5566	E	INSULIN CARTRIDGE 300 U	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5570	E	INSULIN DISPOS PEN 1.5 ML	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S5571	E	INSULIN DISPOS PEN 3 ML	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8030	E	TANTALUM RING APPLICATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8035	E	MAGNETIC SOURCE IMAGING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8037	E	MRCP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8040	E	TOPOGRAPHIC BRAIN MAPPING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8055	E	US GUIDANCE FETAL REDUCT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8080	E	SCINTIMAMMOGRAPHY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8092	E	ELECTRON BEAM COMPUTED TOMOG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8096	E	PORTABLE PEAK FLOW METER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8097	E	ASTHMA KIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8100	E	SPACER WITHOUT MASK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8101	E	SPACER WITH MASK	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8110	E	PEAK EXPIRATORY FLOW RATE (P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8120	E	O2 CONTENTS GAS CUBIC FT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8121	E	O2 CONTENTS LIQUID LB	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8185	E	FLUTTER DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8186	E	SWIVEL ADAPTOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8189	E	TRACH SUPPLY NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8205	E	CHEST COMPRESSION SYSTEM GEN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8210	E	MUCUS TRAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8270	E	ENURESIS ALARM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8301	E	INFECT CONTROL SUPPLIES NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8400	E	INCONTINENCE PANTS, EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8402	E	DIAPERS, EACH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8415	E	SUPPLIES FOR HOME DELIVERY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8420	E	CUSTOM GRADIENT SLEEV/GLOV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8421	E	READY GRADIENT SLEEV/GLOV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8422	E	CUSTOM GRAD SLEEVE MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8423	E	CUSTOM GRAD SLEEVE HEAVY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8424	E	READY GRADIENT SLEEVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8425	E	CUSTOM GRAD GLOVE MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8426	E	CUSTOM GRAD GLOVE HEAVY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8427	E	READY GRADIENT GLOVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8428	E	READY GRADIENT GAUNTLET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8429	E	GRADIENT PRESSURE WRAP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8430	E	PADDING FOR COMPRSSN BDG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8431	E	COMPRESSION BANDAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8450	E	SPLINT DIGIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8451	E	SPLINT WRIST OR ANKLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8452	E	SPLINT ELBOW	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8490	E	100 INSULIN SYRINGES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8930	E	AURICULAR ELECTROSTIMULATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8948	E	LOW-LEVEL LASER TRMT 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8950	E	COMPLEX LYMPHEDEMA THERAPY,	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S8999	E	RESUSCITATION BAG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9001	E	HOME UTERINE MONITOR WITH OR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9007	E	ULTRAFILTRATION MONITOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
S9024	E	PARANASAL SINUS ULTRASOUND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9025	E	OMNICARDIOGRAM/CARDIOINTEGRA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9034	E	ESWL FOR GALLSTONES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9055	E	PROCUREN OR OTHER GROWTH FAC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9056	E	COMA STIMULATION PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9061	E	MEDICAL SUPPLIES AND EQUIPME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9083	E	URGENT CARE CENTER GLOBAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9088	E	SERVICES PROVIDED IN URGENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9090	E	VERTEBRAL AXIAL DECOMPRESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9097	E	HOME VISIT FOR WOUND CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9098	E	HOME PHOTOTHERAPY VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9109	E	CHF TELEMONTORING MONTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9117	E	BACK SCHOOL VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9122	E	HOME HEALTH AIDE OR CERTIFIE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9123	E	NURSING CARE IN HOME RN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9124	E	NURSING CARE, IN THE HOME; B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9125	E	RESPIRE CARE, IN THE HOME, P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9126	E	HOSPICE CARE, IN THE HOME, P	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9127	E	SOCIAL WORK VISIT, IN THE HO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9128	E	SPEECH THERAPY, IN THE HOME,	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9129	E	OCCUPATIONAL THERAPY, IN THE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9131	E	PT IN THE HOME PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9140	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9141	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9145	E	INSULIN PUMP INITIATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9208	E	HOME MGMT PRETERM LABOR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9209	E	HOME MGMT PPROM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9211	E	HOME MGMT GEST HYPERTENSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9212	E	HM POSTPAR HYPYR PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9213	E	HM PREECLAMP PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9214	E	HM GEST DM PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9325	E	HIT PAIN MGMT PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9326	E	HIT CONT PAIN PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9327	E	HIT INT PAIN PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9328	E	HIT PAIN IMP PUMP DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9329	E	HIT CHEMO PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9330	E	HIT CONT CHEM DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9331	E	HIT INTERMIT CHEMO DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9336	E	HIT CONT ANTICOAG DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9338	E	HIT IMMUNOTHERAPY DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9339	E	HIT PERITON DIALYSIS DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9340	E	HIT ENTERAL PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9341	E	HIT ENTERAL GRAY DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9342	E	HIT ENTERAL PUMP DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9343	E	HIT ENTERAL BOLUS NURS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9345	E	HIT ANTI-HEMOPHIL DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9346	E	HIT ALPHA-1-PROTEINAS DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9347	E	HIT LONGTERM INFUSION DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9348	E	HIT SYMPATHOMIM DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9349	E	HIT TOCOLYSIS DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9351	E	HIT CONT ANTIEMETIC DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9353	E	HIT CONT INSULIN DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9355	E	HIT CHELATION DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9357	E	HIT ENZYME REPLACE DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9359	E	HIT ANTI-TNF PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9361	E	HIT DIURETIC INFUS DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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S9363	E	HIT ANTI-SPASMOTIC DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9364	E	HIT TPN TOTAL DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9365	E	HIT TPN 1 LITER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9366	E	HIT TPN 2 LITER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9367	E	HIT TPN 3 LITER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9368	E	HIT TPN OVER 3L DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9370	E	HT INJ ANTIEMETIC DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9372	E	HT INJ ANTICOAG DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9373	E	HIT HYDRA TOTAL DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9374	E	HIT HYDRA 1 LITER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9375	E	HIT HYDRA 2 LITER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9376	E	HIT HYDRA 3 LITER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9377	E	HIT HYDRA OVER 3L DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9379	E	HIT NOC PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9381	E	HIT HIGH RISK/ESCORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9401	E	ANTICOAGULATION CLINIC PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9430	E	PHARMACY COMPOUNDING AND DISPENSING SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9435	E	MEDICAL FOODS FOR INBORN ERR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9436	E	LAMAZE CLASS PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9437	E	CHILDBIRTH REFRESHER CLASSES PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9438	E	CESAREAN BIRTH CLASS PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9439	E	VBAC CLASS PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9441	E	ASTHMA EDUCATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9442	E	BIRTHING CLASS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9443	M	LACTATION CLASS	-	-	-	Fee Schedule	015	-	-	-	-	000	999	-
S9444	E	PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9445	M	PT EDUCATION NOC INDIVID	-	-	-	Fee Schedule	030	-	-	-	-	000	999	-
S9446	E	PT EDUCATION NOC GROUP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9447	E	INFANT SAFETY CLASS PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9449	E	WEIGHT MANAGEMENT CLASSES PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9451	E	EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9452	E	NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9453	E	SMOKING CESSATION CLASS PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9454	E	STRESS MANAGEMENT CLASS PER SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9455	E	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9460	E	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9465	E	DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9470	E	NUTRITIONAL COUNSELING, DIET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9472	E	CARDIAC REHABILITATION PROGR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9473	E	PULMONARY REHABILITATION PRO	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9474	E	ENTEROSTOMAL THERAPY BY A RE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9475	E	AMBULATORY SETTING SUBSTANCE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9476	E	VESTIBULAR REHAB PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9480	E	INTENSIVE OUTPATIENT PSYCHIA	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9482	E	FAMILY STABILIZATION 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9484	M	CRISIS INTERVENTION MH PER HOUR	U2	-	-	Fee Schedule	014	-	-	-	-	018	999	-
S9484	M	CRISIS INTERVENTION MH SERVICES PER HOUR	U3	-	-	Fee Schedule	009	-	-	-	-	018	999	-
S9484	M	CRISIS INTERVENTION MH SRVS PER HOUR	U1	-	-	Fee Schedule	028	-	-	-	-	018	999	-
S9485	E	CRISIS INTERVENTION PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9494	E	HIT ANTIBIOTIC TOTAL DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9497	E	HIT ANTIBIOTIC Q3H DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9500	E	HIT ANTIBIOTIC Q24H DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9501	E	HIT ANTIBIOTIC Q12H DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9502	E	HIT ANTIBIOTIC Q8H DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9503	E	HIT ANTIBIOTIC Q6H DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9504	E	HIT ANTIBIOTIC Q4H DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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S9529	E	VENIPUNCTURE HOME/SNF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9537	E	HT HEM HORM INJ DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9538	E	HIT BLOOD PRODUCTS DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9542	E	HT INJ NOC PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9558	E	HT INJ GROWTH HORM DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9559	E	HIT INJ INTERFERON DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9560	E	HT INJ HORMONE DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9562	E	PALIVIZUMAB HOME INJ PERDIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9590	E	IN HOME IRRIGATION THERAPY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9810	E	HT PHARM PER HOUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9975	E	TRANSPLANT RELATED PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9976	E	LODGING PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9977	E	MEALS PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9981	E	MED RECORD COPY ADMIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9982	E	MED RECORD COPY PER PAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9986	E	NOT MEDICALLY NECESSARY SVC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9988	E	SERV PART OF PHASE I TRIAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9989	E	SERVICES OUTSIDE US	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9990	E	SERVICES PROVIDED AS PART OF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9991	E	SERVICES PROVIDED AS PART OF	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
S9992	E	TRANSPORTATION COSTS TO AND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1000	E	PRIVATE DUTY/INDEPENDENT NSG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1001	E	NURSING ASSESSMENT/EVALUATN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1002	E	RN SERVICES UP TO 15 MINUTES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1003	E	LPN/LVN SERVICES UP TO 15MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1004	E	NSG AIDE SERVICE UP TO 15MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1005	E	RESPIRE CARE SERVICE 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1006	E	FAMILY/COUPLE COUNSELING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1007	E	TREATMENT PLAN DEVELOPMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1009	E	CHILD SITTING SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1010	E	MEALS WHEN RECEIVE SERVICES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1013	E	SIGN LANG/ORAL INTERPRETER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1014	E	TELEHEALTH TRANSMIT, PER MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1015	E	CLINIC SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1016	M	CASE MANAGEMENT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
T1016	M	CASE MANAGEMENT, EACH 15 MINUTES	HD	-	-	Fee Schedule	000	-	-	-	-	009	065	-
T1017	M	TARGETED CASE MANAGEMENT	-	-	-	Fee Schedule	000	-	-	-	-	000	999	-
T1018	E	SCHOOL-BASED IEP SER BUNDLED	-	-	-	Not Allowed	000	-	-	-	-	000	020	-
T1019	E	PERSONAL CARE SER PER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1021	E	HH AIDE OR CN AIDE PER VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1022	E	CONTRACTED SERVICES PER DAY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1023	E	PROGRAM INTAKE ASSESSMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1024	M	TEAM EVALUATION & MANAGEMENT	-	-	-	Fee Schedule	100	-	-	-	-	000	020	-
T1025	M	PED COMPR CARE PKG PER DIEM	-	-	-	Fee Schedule	1000	-	-	-	-	000	020	-
T1026	E	PED COMPR CARE PKG PER HOUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1027	E	FAMILY TRAINING & COUNSELING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1028	E	HOME ENVIRONMENT ASSESSMENT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1031	E	LPN HOME CARE PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1502	E	MEDICATION ADMIN VISIT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1505	E	ELEC MED COMP DEV, NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T1999	E	NOC RETAIL ITEMS AND SUPPLIES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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T2001	E	N-ET; PATIENT ATTEND/ESCORT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2002	E	N-ET; PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2003	E	N-ET; ENCOUNTER/TRIP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2004	E	N-ET; COMMERC CARRIER PASS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2005	E	N-ET; STRETCHER VAN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2007	E	NON-EMER TRANSPORT WAIT TIME	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2010	E	PASRR LEVEL I	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2011	E	PASRR LEVEL II	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2012	E	HABIL ED WAIVER, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2013	E	HABIL ED WAIVER PER HOUR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2014	E	HABIL PREVOC WAIVER, PER D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2015	E	HABIL PREVOC WAIVER PER HR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2016	E	HABIL RES WAIVER PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2017	E	HABIL RES WAIVER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2018	E	HABIL SUP EMPL WAIVER/DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2019	E	HABIL SUP EMPL WAIVER 15MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2020	E	DAY HABIL WAIVER PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2021	E	DAY HABIL WAIVER PER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2022	E	CASE MANAGEMENT, PER MONTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2023	E	TARGETED CASE MGMT PER MONTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2024	E	SERV ASMNT/CARE PLAN WAIVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2025	E	WAIVER SERVICE, NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2026	E	SPECIAL CHILDCARE WAIVER/D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2027	E	SPEC CHILDCARE WAIVER 15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2028	E	SPECIAL SUPPLY, NOS WAIVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2029	E	SPECIAL MED EQUIP, NOS/WAIVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2030	E	ASSIST LIVING WAIVER/MONTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2031	E	ASSIST LIVING WAIVER/DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2032	E	RES CARE, NOS WAIVER/MONTH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2033	E	RES, NOS WAIVER PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2034	E	CRISIS INTERVEN WAIVER/DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2035	E	UTILITY SERVICES WAIVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2036	E	CAMP OVERNITE WAIVER/SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2037	E	CAMP DAY WAIVER/SESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2038	E	COMM TRANS WAIVER/SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2039	E	VEHICLE MOD WAIVER/SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2040	E	FINANCIAL MGT WAIVER/15MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2041	E	SUPPORT BROKER WAIVER/15 MIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2042	E	HOSPICE ROUTINE HOME CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2043	E	HOSPICE CONTINUOUS HOME CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2044	E	HOSPICE RESPITE CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2045	E	HOSPICE GENERAL CARE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2046	E	HOSPICE LONG TERM CARE R&B	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2048	E	BH LTC RES R&B, PER DIEM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2049	E	N-ET; STRETCHER VAN MILEAGE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T2101	E	BREAST MILK PROC/STORE/DIST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4521	E	ADULT SIZE BRIEF/DIAPER SM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4522	E	ADULT SIZE BRIEF/DIAPER MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4523	E	ADULT SIZE BRIEF/DIAPER LG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4524	E	ADULT SIZE BRIEF/DIAPER XL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4525	E	ADULT SIZE PULL-ON SM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4526	E	ADULT SIZE PULL-ON MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4527	E	ADULT SIZE PULL-ON LG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4528	E	ADULT SIZE PULL-ON XL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4529	E	PED SIZE BRIEF/DIAPER SM/MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4530	E	PED SIZE BRIEF/DIAPER LG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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T4531	E	PED SIZE PULL-ON SM/MED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4532	E	PED SIZE PULL-ON LG	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4533	E	YOUTH SIZE BRIEF/DIAPER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4534	E	YOUTH SIZE PULL-ON	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4535	E	DISPOSABLE LINER/SHIELD/PAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4536	E	REUSABLE PULL-ON ANY SIZE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4537	E	REUSABLE UNDERPAD BED SIZE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4538	E	DIAPER SERV REUSABLE DIAPER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4539	E	REUSE DIAPER/BRIEF ANY SIZE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4540	E	REUSABLE UNDERPAD CHAIR SIZE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4541	E	LARGE DISPOSABLE UNDERPAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T4542	E	SMALL DISPOSABLE UNDERPAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T5001	E	SPECIAL POSITION SEAT/VEHICL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
T5999	E	SUPPLY, NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
U0001	Q	2019-NCOV DIAGNOSTIC P	-	-	-	Fee Schedule	060	-	-	-	-	000	999	-
U0002	Q	COVID-19 LAB TEST NON-CDC	-	-	-	Fee Schedule	086	-	-	-	-	000	999	-
V2020	E	VISION SVCS FRAMES PURCHASES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2025	E	EYEGLASSES DELUX FRAMES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2100	E	LENS SPHER SINGLE PLANO 4.00	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2101	E	SINGLE VISN SPHERE 4.12-7.00	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2102	E	SINGL VISN SPHERE 7.12-20.00	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2103	E	SPHEROCYLINDR 4.00D/12-2.00D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2104	E	SPHEROCYLINDR 4.00D/2.12-4D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2105	E	SPHEROCYLINDER 4.00D/4.25-6D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2106	E	SPHEROCYLINDER 4.00D/>6.00D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2107	E	SPHEROCYLINDER 4.25D/12-2D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2108	E	SPHEROCYLINDER 4.25D/2.12-4D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2109	E	SPHEROCYLINDER 4.25D/4.25-6D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2110	E	SPHEROCYLINDER 4.25D/OVER 6D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2111	E	SPHEROCYLINDR 7.25D/2.25-2.25	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2112	E	SPHEROCYLINDR 7.25D/2.25-4D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2113	E	SPHEROCYLINDR 7.25D/4.25-6D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2114	E	SPHEROCYLINDER OVER 12.00D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2115	E	LENS LENTICULAR BIFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2118	E	LENS ANISEIKONIC SINGLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2121	E	LENTICULAR LENS, SINGLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2199	E	LENS SINGLE VISION NOT OTH C	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2200	E	LENS SPHER BIFOC PLANO 4.00D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2201	E	LENS SPHERE BIFOCAL 4.12-7.0	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2202	E	LENS SPHERE BIFOCAL 7.12-20.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2211	E	LENS SPHCY BIFO 7.25-12/1.25-	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2214	E	LENS SPHCYL BIFOCAL OVER 12.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2215	E	LENS LENTICULAR BIFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2218	E	LENS ANISEIKONIC BIFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2219	E	LENS BIFOCAL SEG WIDTH OVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2220	E	LENS BIFOCAL ADD OVER 3.25D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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V2221	E	LENTICULAR LENS, BIFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2299	E	LENS BIFOCAL SPECIALITY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2300	E	LENS SPHERE TRIFOCAL 4.00D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2302	E	LENS SPHERE TRIFOCAL 7.12-20	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2303	E	LENS SPHCY TRIFOCAL 4.0/.12-	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2309	E	LENS SPHC TRIFOCAL 4.25-7/4.	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2310	E	LENS SPHC TRIFOCAL 4.25-7/>6	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2311	E	LENS SPHC TRIFO 7.25-12/25-	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2312	E	LENS SPHC TRIFO 7.25-12/2.25	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2313	E	LENS SPHC TRIFO 7.25-12/4.25	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2314	E	LENS SPHCYL TRIFOCAL OVER 12	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2315	E	LENS LENTICULAR TRIFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2318	E	LENS ANISEIKONIC TRIFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2319	E	LENS TRIFOCAL SEG WIDTH > 28	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2320	E	LENS TRIFOCAL ADD OVER 3.25D	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2321	E	LENTICULAR LENS, TRIFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2399	E	LENS TRIFOCAL SPECIALITY	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2410	E	LENS VARIAB ASPHERICITY SING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2430	E	LENS VARIABLE ASPHERICITY BI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2499	E	VARIABLE ASPHERICITY LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2500	E	CONTACT LENS PMMA SPHERICAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2501	E	CNTCT LENS PMMA-TORIC/PRISM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2502	E	CONTACT LENS PMMA BIFOCAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2503	E	CNTCT LENS PMMA COLOR VISION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2510	E	CNTCT GAS PERMEABLE SPHERICL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2511	E	CNTCT TORIC PRISM BALLAST	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2512	E	CNTCT LENS GAS PERMBL BIFOCL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2513	E	CONTACT LENS EXTENDED WEAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2520	E	CONTACT LENS HYDROPHILIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2521	E	CNTCT LENS HYDROPHILIC TORIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2522	E	CNTCT LENS HYDROPHIL BIFOCL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2523	E	CNTCT LENS HYDROPHIL EXTEND	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2524	E	CNTCT LENS HYDROPHIL PHOTOCH	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2525	E	CL, HYDROPHILIC, DUAL FOCUS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2526	E	CNTCT LENS BLUE VIOLET	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2530	E	CONTACT LENS GAS IMPERMEABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2531	E	CONTACT LENS GAS PERMEABLE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2599	E	CONTACT LENS/ES OTHER TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2600	E	HAND HELD LOW VISION AIDS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2610	E	SINGLE LENS SPECTACLE MOUNT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2615	E	TELESCOP/OTHR COMPOUND LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2623	E	PLASTIC EYE PROSTH CUSTOM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2624	E	POLISHING ARTIFICIAL EYE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2625	E	ENLARGEMNT OF EYE PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2626	E	REDUCTION OF EYE PROSTHESIS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2627	E	SCLERAL COVER SHELL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2628	E	FABRICATION & FITTING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2629	E	PROSTHETIC EYE OTHER TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2630	N	ANTER CHAMBER INTRAOCUL LENS	-	-	-	Bundled	000	-	-	-	-	000	999	-
V2631	N	IRIS SUPPORT INTRAOCULR LENS	-	-	-	Bundled	000	-	-	-	-	000	999	-

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V2632	N	POST CHMBR INTRAOCULAR LENS	-	-	-	Bundled	000	-	-	-	-	000	999	-
V2700	E	BALANCE LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2702	E	DELUXE LENS FEATURE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2710	E	GLASS/PLASTIC SLAB OFF PRISM	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2715	E	PRISM LENS/ES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2718	E	FRESNELL PRISM PRESS-ON LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2730	E	SPECIAL BASE CURVE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2744	E	TINT PHOTOCHROMATIC LENS/ES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2745	E	TINT, ANY COLOR/SOLID/GRAD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2750	E	ANTI-REFLECTIVE COATING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2755	E	UV LENS/ES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2756	E	EYE GLASS CASE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2760	E	SCRATCH RESISTANT COATING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2761	E	MIRROR COATING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2762	E	POLARIZATION, ANY LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2770	E	OCCLUDER LENS/ES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2780	E	OVERSIZE LENS/ES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2781	E	PROGRESSIVE LENS PER LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2782	E	LENS, 1.54-1.65 P/1.60-1.79G	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2783	E	LENS, >= 1.66 P/>=1.80 G	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2784	E	LENS POLYCARB OR EQUAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2785	M	CORNEAL TISSUE PROCESSING	-	-	-	Fee Schedule	1100	-	-	-	-	000	999	-
V2786	E	OCCUPATIONAL MULTIFOCAL LENS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2787	E	ASTIGMATISM-CORRECT FUNCTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2788	E	PRESBYOPIA-CORRECT FUNCTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2790	N	AMNIOTIC MEMBRANE	-	-	-	Bundled	000	-	-	-	-	000	999	-
V2797	E	VIS ITEM/SVC IN OTHER CODE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V2799	E	MISC VISION ITEM OR SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5008	E	HEARING SCREENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5010	E	ASSESSMENT FOR HEARING AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5011	E	HEARING AID FITTING/CHECKING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5014	E	HEARING AID REPAIR/MODIFYING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5020	E	CONFORMITY EVALUATION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5030	E	BODY-WORN HEARING AID AIR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5040	E	BODY-WORN HEARING AID BONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5050	E	HEARING AID MONAURAL IN EAR	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5060	E	BEHIND EAR HEARING AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5070	E	GLASSES AIR CONDUCTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5080	E	GLASSES BONE CONDUCTION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5090	E	HEARING AID DISPENSING FEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5095	E	IMPLANT MID EAR HEARING PROS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5100	E	BODY-WORN BILAT HEARING AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5110	E	HEARING AID DISPENSING FEE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5120	E	BODY-WORN BINAUR HEARING AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5130	E	IN EAR BINAURAL HEARING AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5140	E	BEHIND EAR BINAUR HEARING AI	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5150	E	GLASSES BINAURAL HEARING AID	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5160	E	DISPENSING FEE BINAURAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5171	E	HEARING AID MONAURAL ITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5172	E	HEARING AID MONAURAL ITC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5181	E	HEARING AID MONAURAL BTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5190	E	HEARING AID MONAURAL GLASSES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5200	E	DISP FEE CONTRALATERAL MONAU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5211	E	HEARING AID BINAURAL ITE/ITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5212	E	HEARING AID BINAURAL ITE/ITC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5213	E	HEARING AID BINAURAL ITE/BTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

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V5214	E	HEARING AID BINAURAL ITC/ITC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5215	E	HEARING AID BINAURAL ITC/BTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5221	E	HEARING AID BINAURAL BTE/BTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5230	E	HEARING AID BINAURAL GLASSES	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5240	E	DISP FEE CONTRALATERAL BINAU	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5241	E	DISPENSING FEE, MONAURAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5242	E	HEARING AID, MONAURAL, CIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5243	E	HEARING AID, MONAURAL, ITC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5244	E	HEARING AID, PROG, MON, CIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5245	E	HEARING AID, PROG, MON, ITC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5246	E	HEARING AID, PROG, MON, ITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5247	E	HEARING AID, PROG, MON, BTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5248	E	HEARING AID, BINAURAL, CIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5249	E	HEARING AID, BINAURAL, ITC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5250	E	HEARING AID, PROG, BIN, CIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5251	E	HEARING AID, PROG, BIN, ITC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5252	E	HEARING AID, PROG, BIN, ITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5253	E	HEARING AID, PROG, BIN, BTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5254	E	HEARING ID, DIGIT, MON, CIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5255	E	HEARING AID, DIGIT, MON, ITC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5256	E	HEARING AID, DIGIT, MON, ITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5257	E	HEARING AID, DIGIT, MON, BTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5258	E	HEARING AID, DIGIT, BIN, CIC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5259	E	HEARING AID, DIGIT, BIN, ITC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5260	E	HEARING AID, DIGIT, BIN, ITE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5261	E	HEARING AID, DIGIT, BIN, BTE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5262	E	HEARING AID, DISP, MONAURAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5263	E	HEARING AID, DISP, BINAURAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5264	E	EAR MOLD/INSERT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5265	E	EAR MOLD/INSERT, DISP	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5266	E	BATTERY FOR HEARING DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5267	E	HEARING AID SUP/ACCESS/DEV	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5268	E	ALD TELEPHONE AMPLIFIER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5269	E	ALERTING DEVICE, ANY TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5270	E	ALD, TV AMPLIFIER, ANY TYPE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5271	E	ALD, TV CAPTION DECODER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5272	E	TDD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5273	E	ALD FOR COCHLEAR IMPLANT	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5274	E	ALD UNSPECIFIED	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5275	E	EAR IMPRESSION	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5281	E	ALD FM/DM SYSTEM, MONAURAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5282	E	ALD FM/DM SYSTEM BINAURAL	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5283	E	ALD NECK, LOOP IND RECEIVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5284	E	ALD FM/DM EAR LEVEL RECEIVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5285	E	ALD FM/DM AUD INPUT RECEIVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5286	E	ALD BLU TOOTH FM/DM RECEIVER	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5287	E	ALD FM/DM RECEIVER, NOS	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5288	E	ALD FM/DM TRANSMITTER ALD	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5289	E	ALD FM/DM ADAPT/BOOT COUPLIN	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5290	E	ALD TRANSMITTER MICROPHONE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5298	E	HEARING AID NOC	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5299	E	HEARING SERVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5336	E	REPAIR COMMUNICATION DEVICE	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5362	E	SPEECH SCREENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5363	E	LANGUAGE SCREENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-
V5364	E	DYSPHAGIA SCREENING	-	-	-	Not Allowed	000	-	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.